



**BlueCross
BlueShield
of Arizona**

An Independent Licensee of the
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**MEDICAL COVERAGE GUIDELINES
SECTION: SURGERY**

**ORIGINAL EFFECTIVE DATE: 08/21/13
LAST REVIEW DATE: 08/13/14
LAST CRITERIA REVISION DATE:
ARCHIVE DATE:**

PERCUTANEOUS INTRADISCAL ELECTROTHERMAL (IDET) ANNULOPLASTY AND PERCUTANEOUS INTRADISCAL RADIOFREQUENCY ANNULOPLASTY

Coverage for services, procedures, medical devices and drugs are dependent upon benefit eligibility as outlined in the member's specific benefit plan. This Medical Coverage Guideline must be read in its entirety to determine coverage eligibility, if any.

The section identified as "Description" defines or describes a service, procedure, medical device or drug and is in no way intended as a statement of medical necessity and/or coverage.

The section identified as "Criteria" defines criteria to determine whether a service, procedure, medical device or drug is considered medically necessary or experimental or investigational.

State or federal mandates, e.g., FEP program, may dictate that any drug, device or biological product approved by the U.S. Food and Drug Administration (FDA) may not be considered experimental or investigational and thus the drug, device or biological product may be assessed only on the basis of medical necessity.

Medical Coverage Guidelines are subject to change as new information becomes available.

For purposes of this Medical Coverage Guideline, the terms "experimental" and "investigational" are considered to be interchangeable.

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Description:

Intradiscal annuloplasty therapies use energy sources to thermally treat discogenic low back pain arising from annular tears. Thermal annuloplasty techniques are designed to decrease pain arising from the annulus and enhance its structural integrity.

Intradiscal Electrothermal Annuloplasty (IDET):

IDET is a minimally invasive surgical procedure that uses radiofrequency (RF) energy to treat chronic low back pain related to disc disease. Initially, the involved disc is identified with discography. A catheter with a thermal coil is inserted posterolaterally into the disc annulus or nucleus. Electrothermal heat is generated within the coil. The disc material is heated at a temperature of 90 degrees for up to 20 minutes, shrinking the collagen material and allowing the disc to shrink. Destruction of the adjacent nociceptive pain fibers may also occur.



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PERCUTANEOUS INTRADISCAL ELECTROTHERMAL (IDET) ANNULOPLASTY AND PERCUTANEOUS INTRADISCAL RADIOFREQUENCY ANNULOPLASTY (cont.)

Description: (cont.)

Percutaneous Intradiscal Radiofrequency Thermocoagulation (PIRFT):

PIRFT is a minimally invasive surgical procedure and also uses RF energy to treat chronic low back pain related to disc disease. It differs from IDET in that the energy is applied directly to the center of the disc rather than around the annulus. The disc material is heated at a temperature of 70 degrees for 90 seconds, destroying nociceptive pain fibers.

Intradiscal Biacuplasty (IDB):

IDB is a minimally invasive surgical procedure that has been investigated as a treatment for chronic low back pain related to disc disease. It uses cooled RF electrodes placed on the posterolateral sides of the intervertebral annulus fibrosus. It is believed that by using cooled probes a larger area may be treated than with regular needle probes.

Criteria:

- IDET or PIRFT for the treatment of discogenic back pain is considered ***experimental or investigational*** based upon:
 1. Insufficient scientific evidence to permit conclusions concerning the effect on health outcomes, and
 2. Insufficient evidence to support improvement of the net health outcome, and
 3. Insufficient evidence to support improvement of the net health outcome as much as, or more than, established alternatives.
- IDB for the treatment of back pain as the result of an annular tear is considered ***experimental or investigational*** based upon:
 1. Insufficient scientific evidence to permit conclusions concerning the effect on health outcomes, and
 2. Insufficient evidence to support improvement of the net health outcome, and
 3. Insufficient evidence to support improvement of the net health outcome as much as, or more than, established alternatives.



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(cont.)**

Resources:

Resources prior to 08/21/13 may be requested from the BCBSAZ Medical Policy and Technology Research Department.

1. 7.01.72 BCBS Association Medical Policy Reference Manual, Percutaneous Intradiscal Electrothermal Annuloplasty and Percutaneous Intradiscal Radiofrequency Thermocoagulation.
2. Guterl, C.C., et al., Challenges and strategies in the repair of ruptured annulus fibrosus. Eur Cell Mater, 2013, 25: p. 1-21.