

January 25, 2008

Regarding: Florida Society of Interventional Pain Physicians, Inc.
Intradiscal Thermal
Therapy

Members of the Committee for Medicare National Coverage Determination:

I am writing this response regarding the National Coverage Determination for Intradiscal Thermal Therapy. As the current president of the Florida Society of Interventional Pain Physicians (FSIPP), my response is on behalf of our entire organization. I have attached a literature review with a brief outline of each of 20 articles supporting these procedures for your review. Of course the literature contains hundreds of articles, but I find these to be well stated and from top investigators and Universities in the Country.

Since the first injection of chymopapain in 1963, percutaneous intradiscal therapies have been have evolved and been used to treat discogenic back and leg pain. The percutaneous techniques treat contained disc herniations and internal disc derangements by decompressing disc material. Mechanically removing or cauterizing small volume of tissue from the disc nucleus and or annulus leads to a large reduction in overall disc pressure with consequent relief of neural compression.

Although rigorous clinical testing of the efficacy of these procedures is ongoing there are scarce reports of complications the most notable being discitis. With a 40-year history confirming the concept of percutaneous disc decompression and subsequent intradiscal thermal therapy the results are promising. Early biomechanical and histologic investigations into the effects of Intradiscal Thermal Therapy were conflicting. However the recent literature has increased the support and recognition of this modality of therapy. As with all areas of medical knowledge ongoing studies are necessary to improve the safety and efficacy of the intervention as well as expand the data. In the case of intradiscal thermal therapy, however, I am confident that we have achieved sufficient data to allow coverage. To date, minimally-invasive intradiscal thermal therapy has received honorable attention in the University, Private Sector and Literature (see attachment).

Low back pain (LBP) is a major physical and socioeconomic entity. A significant percentage of LBP is attributable to internal disc disruption costing individuals their livelihood and financial burdens leading to the necessity of Social Security Disability. The management of internal disc disruption has traditionally been limited to either conservative treatment or spinal fusion. In patients who are functionally disabled surgical spinal fusion a costly offers an invasive intervention with statistically significant complications.

Our organization is strongly in favor of a positive coverage determination for Intradiscal Thermal Therapy. Please feel free to contact me if you have any further questions or needs that I may address.

Sincerely,
Lora Brown, MD, ABIPP, DAPM
President, FSIPP