

Intradiscal Electrothermal Therapy (IDET)

Origination: 02/01/01	Revised:	Annual Review: 10/27/11
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Purpose:

The Medical Technology Assessment Committee will review published scientific literature and information from appropriate government regulatory bodies (when available) related to Intradiscal Electrothermal Therapy in order to determine inclusion in the benefit plan.

Compliance Status:

- Food and Drug Administration (FDA): Approved disposable intradiscal catheter and an electrothermal generator

Recommendation:

A recommendation was made by the MTAC following discussion by committee members based on current literature:

- *Intradiscal Electrothermal Therapy (IDET)* is considered investigational and therefore, not a covered benefit.

Additional Information

- IDET is used to treat chronic, long-term discogenic pain. “Since the last update of this report in 2000, there have been a few published case series, including a two-year follow-up study, but the results of these studies have not caused ECRI to change its original conclusions. Although intradiscal electrothermal (IDET) therapy may be appealing because it is an outpatient procedure and may be lower in direct medical costs initially, the available data do not support using it out side controlled clinical trial at this time.”
Source: ECRI, Target Fact Sheet, July 2002



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Disclaimer Information:

Coverage Issues Guidelines and Medical Technology Assessment Recommendations are developed to determine coverage for AvMed Health Plans' benefits, and are published to provide a better understanding of the basis upon which coverage decisions are made. AvMed Health Plans makes coverage decisions using these guidelines, along with the Member's benefit document. The use of this guideline is neither a guarantee of payment nor a final prediction of how specific claim(s) will be adjudicated.

Coverage Issues Guidelines and Medical Technology Assessment Recommendations are developed for selected therapeutic or diagnostic services found to be safe, but proven effective in a limited, defined population of patients or clinical circumstances. They include concise clinical coverage criteria based on current literature review, consultation with practicing physicians in the AvMed Health Plans service area who are medical experts in the particular field, FDA and other government agency policies, and standards adopted by national accreditation organizations.

Treating providers are solely responsible for the medical advice and treatment of Members. This guideline may be updated and therefore is subject to change.