



Specialty Independent Review Organization

**Notice of Independent Review Decision**

**Date notice sent to all parties: 2/19/2013**

**IRO CASE #:**

**DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:**

The item in dispute is the prospective medical necessity of acupuncture x 12 visits.

**A DESCRIPTION OF THE QUALIFICATIONS FOR EACH PHYSICIAN OR OTHER HEALTH CARE PROVIDER WHO REVIEWED THE DECISION:**

The reviewer is a Medical Doctor who is board certified in Anesthesiology.

**REVIEW OUTCOME:**

Upon independent review, the reviewer finds that the previous adverse determination/adverse determinations should be:

- Upheld (Agree)
- Overturned (Disagree)
- Partially Overturned (Agree in part/Disagree in part)

The reviewer agrees with the previous adverse determination regarding the prospective medical necessity of acupuncture x 12 visits.

**INFORMATION PROVIDED TO THE IRO FOR REVIEW:**

**PATIENT CLINICAL HISTORY [SUMMARY]:**

The patient is a female who was injured on xx/xx/xx. The patient was injured when a file cabinet fell on her. Records indicate that in the past the patient was approved to receive 48 sessions of acupuncture treatment. Office visit note dated 12/03/2012 indicates the patient has low back pain with radiation to the lower extremities. Objectively, there was documentation of tenderness to palpation of the lower back region. A lumbar MRI obtained on 03/17/2010 revealed findings consistent with moderate to severe spondylosis at multiple levels in the lumbar spine, with evidence of scoliosis. Lumbar MRIs were also performed on 06/13/2008 and 01/02/2007. Examination on 10/15/2012 indicated

that pain levels were described as a 5/10. On this date, there was documentation of good strength in the lower extremities. Another office visit on 01/28/2013 documents that the patient's pain is 10/10, though there is no physical examination documented with this note.

**ANALYSIS AND EXPLANATION OF THE DECISION INCLUDE CLINICAL BASIS, FINDINGS, AND CONCLUSIONS USED TO SUPPORT THE DECISION:**

Not recommended for acute low back pain. (Tulder-Cochrane, 2000) (Furlan-Cochrane, 2005) Recommended as an option for chronic low back pain using a short course of treatment in conjunction with other interventions. (See the Pain Chapter.) Acupuncture has been found to be more effective than no treatment for short-term pain relief in chronic low back pain, but the evidence for acute back pain does not support its use. (Furlan-Cochrane, 2005) (Manheimer, 2005) (Van Tulder, 2005) (Thomas, 2005) (Ratcliffe, 2006) (Thomas, 2006) (Haake, 2007)

(Santaguida, 2009) These authors have reported that acupuncture provides a greater effect than sham treatment, while others have reported non-significant differences between the two modalities. (Brinkhaus, 2006) In this latter case, both modalities were shown to be more effective than no treatment. (Haake, 2007)

Acupuncture has not been found to be better than other treatment (either conventional or alternative) in terms of pain or function. Acupuncture has been shown to add to the treatment effect of conventional therapy alone. (Van Tulder, 2005) (Manheimer, 2005) (Furlan-Cochrane, 2005) Overall, outcomes from trials have been mixed, with some lower-quality trials producing positive results, but trials with higher validity scores tending to be negative or inconclusive. There is a tendency for patient expectations to influence the outcome independently of the treatment itself. (Tulder-Cochrane, 2000) (Cherkin, 2001) (Van Tulder-Spine, 1999) (Smith, 2000) (Cherkin-Annals, 2003) (Giles-Spine, 2003) (Muller, 2005) (Airaksinen, 2006)

A recent RCT comparing usual care to acupuncture plus usual care found that at 24 months the acupuncture/usual care subjects were significantly more likely to report 12 months pain free and less likely to report they required use of medication for pain (after only 10 treatments that were performed at the beginning of the protocol). (Thomas, 2005) Note: This recent Thomas study promoted the UK Health Tech Assessment to recommend acupuncture for chronic LBP.

A recent systematic review of randomized controlled trials concluded that acupuncture versus no treatment, and as adjunct to conventional care, should be advocated for the treatment of chronic LBP. (Yuan, 2008) This recent quality RCT concluded that actual or sham acupuncture appear to be equally effective for low back pain, raising questions about acupuncture's purported mechanisms of action. (Cherkin, 2009) For an overview of acupuncture and other conditions in which this modality is recommended see the Pain Chapter. Evidence for the benefit of acupuncture is conflicting, with higher quality trials showing no benefit. (Kinkade, 2007)

According to a recent NEJM review, there is continuing debate in the medical community regarding the role of the placebo effect in acupuncture, and the most recent well-powered clinical trials of acupuncture for chronic low back pain showed that sham acupuncture was as effective as real acupuncture. The simplest explanation of such findings is that the specific therapeutic effects of acupuncture, if present, are small, whereas its clinically relevant benefits are mostly attributable to contextual and psychosocial factors, such as patients' beliefs and expectations, attention from the acupuncturist, and highly focused, spatially directed attention on the part of the patient. (Berman, 2010) This systematic review found insufficient evidence to support the effectiveness of acupuncture for either acute or subacute low back pain in general, but it may be valuable for some patients. (McIntosh, 2011) Another systematic review found that acupuncture was cost-effective for both subacute or chronic LBP. (Lin, 2011) This passive intervention should be an adjunct to active rehab efforts. Payers

may want to consider a trial of acupuncture for acute LBP if it would facilitate participation in active rehab efforts.

ODG Acupuncture Guidelines: Initial trial of 3-4 visits over 2 weeks. With evidence of objective functional improvement, total of up to 8-12 visits over 4-6 weeks (Note: The evidence is inconclusive for repeating this procedure beyond an initial short course of therapy.)

Based on the clinical information provided, the reconsideration request for acupuncture x 12 visits (the provider has changed the number of treatments to 12 from the original 52) is not recommended as medically necessary. There is a lack of sufficient clinical information to support this request. Though the patient has undergone prior acupuncture treatments, there is no clinical documentation of response to treatment other than subjective narrative. There lacks clear support for continuation of the acupuncture treatments or evidence that those treatments will be effective. There also lacks current detailed physical examination submitted for review and no specific, time-limited treatment goals were provided.

Additionally, there are no prior acupuncture records available and even if those were helpful, current evidence-based guidelines do not support future treatments. Therefore, this request is not medically necessary.

**A DESCRIPTION AND THE SOURCE OF THE SCREENING CRITERIA OR OTHER CLINICAL BASIS USED TO MAKE THE DECISION:**

- ACOEM- AMERICAN COLLEGE OF OCCUPATIONAL & ENVIRONMENTAL MEDICINE UM KNOWLEDGEBASE**
- AHCPR- AGENCY FOR HEALTHCARE RESEARCH & QUALITY GUIDELINES**
- DWC- DIVISION OF WORKERS COMPENSATION POLICIES OR GUIDELINES**
- EUROPEAN GUIDELINES FOR MANAGEMENT OF CHRONIC LOW BACK PAIN**
- INTERQUAL CRITERIA**
- MEDICAL JUDGEMENT, CLINICAL EXPERIENCE, AND EXPERTISE IN ACCORDANCE WITH ACCEPTED MEDICAL STANDARDS**
- MERCY CENTER CONSENSUS CONFERENCE GUIDELINES**
- MILLIMAN CARE GUIDELINES**

- ODG- OFFICIAL DISABILITY GUIDELINES & TREATMENT GUIDELINES**
- PRESSLEY REED, THE MEDICAL DISABILITY ADVISOR**
- TEXAS GUIDELINES FOR CHIROPRACTIC QUALITY ASSURANCE & PRACTICE PARAMETERS**
- TEXAS TACADA GUIDELINES**
- TMF SCREENING CRITERIA MANUAL**
- PEER REVIEWED NATIONALLY ACCEPTED MEDICAL LITERATURE (PROVIDE A DESCRIPTION)**
- OTHER EVIDENCE BASED, SCIENTIFICALLY VALID, OUTCOME FOCUSED GUIDELINES (PROVIDE A DESCRIPTION)**