Official Disability Guidelines
Overview

TDI-DWC
By Matt Zurek
Official Disability Guidelines

ODG: Good to Go! (link to complimentary online self training tool)

Integrated with Treatment Guidelines (ODG Treatment in Workers’ Comp, 9th edition)
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Official Disability Guidelines

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ODG - TWC
ODG Treatment
Integrated Treatment/Disability Duration Guidelines
Low Back - Lumbar & Thoracic (Acute & Chronic)

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(updated 01/14/10)

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## Procedure Summary – Low Back

### Abobotulinum toxin A (Dysport)
- See Botulinum toxin.

### Activity restrictions
- See Work.

### Acupuncture
- Not recommended for acute low back pain. (Tulder-Cochrane, 2000) (Furlan-Cochrane, 2005) Recommended as an option for chronic low back pain in conjunction with other interventions. (See the Pain Chapter.) Acupuncture has been found to be more effective than no treatment for pain, but the evidence for acute back pain does not support its use. (Furlan-Cochrane, 2005) (Manheimer, 2005) (van Tulder, 2005) (Tho Haake, 2007) (Santaguida, 2009) These authors have reported that acupuncture provides a greater effect than sham treatment, while other studies have found no difference. (Binkhaus, 2006) In this latter case, both modalities were shown to be more effective than no treatment. (Haake, 2006) To be better than other treatment (either conventional or alternative) in terms of pain or function. Acupuncture has been shown to add to (improving pain and function) when compared to conventional therapy alone. (van Tulder, 2005) (Manheimer, 2005) (Furlan-Cochrane, 2005) mixed, with some lower-quality trials producing positive results, but trials with higher validity scores tending to be negative or inconclusive. Expectations to influence the outcome independently of the treatment itself. (Tulder-Cochrane, 2000) (Cherkin, 2001) (van Tulder-Spine, 2003) (Giles-Spine, 2003) (Müller, 2005) (Airaksinen, 2006) A recent RCT comparing usual care to acupuncture plus usual care found that at 24 weeks, patients were significantly more likely to report 12 months pain free and less likely to report they required use of medication for pain (after only 12 weeks). (Thomas, 2005) Note: This recent Thomas study prompted the UK Health Tech Assessment to recommend a systematic review of randomized controlled trials concluded that acupuncture versus no treatment, and as an adjunct to conventional care for chronic LBP. (Yuan, 2008) This recent quality RCT concluded that actual or sham acupuncture appears to be equally effective for low back pain with other conditions in which this modality is recommended. Ongoing research is needed to determine if the benefits of acupuncture is conflicting, with higher-quality trials showing no benefit. (Kirkaldy, 2007) According to a recent NEJM review, 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 are as effective as real acupuncture. The simplest explanation of such findings is that the specific therapeutic effects of acupuncture are mostly attributable to contextual and psychosocial factors, such as patients’ beliefs and expectations, attention effects, and spatially directed attention on the part of the patient. (Berman, 2010) This passiv intervention should be an adjunct to active treatment.

### 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 repetitive stress-related pain.)

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**The 21st Texas Workers’ Compensation Educational Conference**
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ODG Training Options:

http://www.worklossdata.com/odgtraining.htm
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http://www.worklossdata.com/