

<b>Case Number:</b>	CM13-0021615		
<b>Date Assigned:</b>	11/13/2013	<b>Date of Injury:</b>	11/09/2010
<b>Decision Date:</b>	01/27/2014	<b>UR Denial Date:</b>	08/23/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/09/2013

### HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Family Practice, has a subspecialty in Preventive Medicine and is licensed to practice in California. He/she has been in active clinical practice for more than five years and is currently working at least 24 hours a week in active practice. The physician reviewer was selected based on his/her clinical experience, education, background, and expertise in the same or similar specialties that evaluate and/or treat the medical condition and disputed items/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

### CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

The patient who sustained an injury on 10/26/88 has a long-standing history of lumbago. An MRI of the lumbar spine on 11/29/10 showed disk desiccations. An exam report on 6/6/13 stated that she does not want to take pain medications. However, when she had previously stopped her medications for over a week the pain was intolerable. She has been using a TENs unit and doing back classes. She has found acupuncture helpful (has completed numerous weeks since July 2012). Due to flare-ups the claimant requested a Gokhale Pali Pain free chair for work ergonomics and additional acupuncture for 6 months were requested on 8/1/13.

### IMR ISSUES, DECISIONS AND RATIONALES

The Final Determination was based on decisions for the disputed items/services set forth below:

**The request for a Gokhale Pali Free Chair:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation the Official Disability Guidelines (ODG), Lumbar Support.

**Decision rationale:** The Gokhale Pali Chair is a chair with stretch soft nubs for back comfort and non-slip patches on the seat. The MTUS and ACOEM guidelines do not comment on the use

of this chair for back pain. In addition, there are no medical studies to support the use of this chair for back pain. According to the ODG guidelines: Recommended as an option for compression fractures and specific treatment of spondylolisthesis, documented instability, and for treatment of nonspecific LBP (very low-quality evidence, but may be a conservative option). Under study for post-operative use; the use of the Gokhale Pain chair is not supported by the guidelines or the current medical literature and is not medically necessary.

**The request for 6 acupuncture visits:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Acupuncture Treatment Guidelines, Chronic Pain Treatment Guidelines.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 309. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Acupuncture.

**Decision rationale:** The claimant had received several treatments of acupuncture over a year. According to the ACOEM guidelines acupuncture does not meet the inclusion criteria for evidence-based medicine. Table 12-8 of the guidelines considers this form of therapy optional. According to the ODG guidelines: Not recommended for acute low back pain, but recommended as an option for chronic low back pain using a short course of treatment in conjunction with other active interventions. In this case the claimant had received more than a short course of acupuncture and further intervention is not medically necessary supported by the guidelines or literature for prolonged intervention.