

## January 24, 2014 Industrial Insurance Medical Advisory Committee Meeting

### Minutes for Meeting

Topic	Discussion & Outcome(s)
	<p><b>Members present:</b> Drs. Bishop, Carter, Chamblin, Friedman, Gutke, Harmon, Howe, Lang, Nilson, Thielke, Waring, Zoltani</p> <p><b>Members absent:</b> Dr. Tauben</p> <p><b>L&amp;I staff present:</b> Gary Franklin, Lee Glass, Leah Hole-Marshall, Teresa Cooper, Bintu Marong, Ian Zhao, Joanne McDaniel, Hal Stockbridge, Jami Lifka, Jaymie Mai, Diane Reus, Vicki Kennedy, Ryan Guppy, Bob Mootz, Steve Reinmuth</p> <p><b>Public:</b> Regine Neiders</p> <p>No one joined by phone.</p>
Welcome and minutes approved	<p>Dr. Chamblin opened the meeting and welcomed our newest member, Dr. Greg Gutke, who works with Group Health Occupational Medicine and was recently with Occupational Medicine Services in the U.S. Air Force.</p> <p>The minutes from the 10-24-13 meeting were read and approved by unanimous vote.</p>
Update on Advisory Committee on Healthcare Innovation and Evaluation (ACHIEV)	<p>This is the group formerly known as the Provider Network Advisory Group. They meet quarterly right before the IIMAC meeting. The chair is Dianna Chamblin of IIMAC, and the newly chosen vice-chair is Ron Wilcox of IICAC. Some questions were discussed regarding reasons for providers getting denials from Medical Provider Network.</p>
Re-review of carpal tunnel syndrome guideline	<p>Bintu Marong presented research on carpal tunnel syndrome since the guideline was published in 2009. There were no significant changed recommendations in regard to causation, treatment or recovery; there was new evidence that standard rehabilitation protocols are appropriate and no special rehab program is needed. The most obvious change is the increased use of ultrasound to diagnose carpal tunnel syndrome. The research demonstrates that US can be useful, but is not as accurate as electrodiagnostic testing, and should probably not be substituted for it. The American Association of Neuromuscular and Electrodiagnostic Medicine (AANEM) seems to be endorsing ultrasound, but still keeps electrodiagnostic tests (EDX) as the gold standard.</p> <p>Discussion: Why change the wording at all if the gold standard has not changed? Diagnostic ultrasound should probably not continue to be called investigational. The surgeons in the group mentioned that they would not rely on ultrasound to diagnose CTS; that the testing is very user-dependent. Some mentioned that US could be used if the carpal tunnel release does not provide pain relief, or to look for other anatomic feature that could be causing pain. A positive response to an injection might be a better indicator for a re-repair. It was recommended that the causation section be revised, with stronger wording about office tasks causing CTS only in certain circumstances of very heavy work. We should have better definitions of repetitive, continuous usage of the wrists. The department agrees that causation is a difficult issue, with most of our occupational diseases. The department plans to address this soon with the help of the new associate medical director. Recommend not to try to change this section now.</p> <p>The wording of the editing was changed from what was presented to the committee. We will replace the wording on p. 7, section C, of the Carpal Tunnel Syndrome Guideline with:</p> <p><i>Some studies have suggested that Magnetic Resonance Imaging (MRI) neurography<sup>16</sup> and ultrasound<sup>17</sup> may have utility in the diagnosis of CTS. However, these test have not been shown to be more accurate than EDX in high quality studies. The Department does not cover these services.</i></p> <p>We will also add some of the references reviewed for this update. The guideline will be</p>



	updated on the website and posted to the National Guideline Clearinghouse.
Guidelines Review	<p>The new shoulder guideline went into effect January 1. One difficulty was noted during meetings with claims administration. The department has a policy that smoking cessation can only be covered in the event of need for spinal fusion surgery. Payment for smoking cessation for revision rotator cuff surgery, as recommended in the guideline, would be denied based on this policy. Changing the policy is a lengthy and involved process. It appears that the committee will find, after research, that smoking is contraindicated in many surgical situations. Rather than changing the policy for one guideline at a time, the department would like to create a more comprehensive policy around coverage for smoking cessation. The IIMAC recommends that the department pursue this as soon as possible. The following change will be made to the shoulder guideline: remove the words, "smoking cessation may be covered in some cases...". This change was unanimously approved by the committee.</p> <p>Teresa presented the timeline for re-review of relatively current guidelines, and a possible timeline for working on new guidelines. The committee would like to get some feedback on how useful our guidelines have been. For instance, what is the change in numbers of surgeries for PMNE or RNE, from before the guideline implementation to after? Teresa will get this data for IIMAC. After the cervical guideline is finished (June), the next guideline full review is likely to be knees or ankle/foot. A subcommittee member pointed out how big and difficult these subjects are, and asked for the committee to have patience with the subcommittees.</p> <p>Gary Franklin announced that the Agency Medical Directors' Group (AMDG) will be reconvening soon to update its 2010 Opioid Prescribing Guideline. Dr. Franklin, Dr. Tauben and Dr. Lessler of the Health Care Authority are among the members of the group. They will form subgroups to draft or revise sections on tapering, dependence and addiction, perioperative use of opioids, and use of opioid alternatives to treat pain. The next meeting date has not been set.</p>
Update from cervical surgery subcommittee	Bob Lang gave the update on the subcommittee. They have met twice and have an outline of the guideline and definitions of radiculopathy and myelopathy, as well as a start on criteria for ACDF, laminectomy, artificial disc replacement and foraminotomy.
Health Technology Clinical Committee (HTCC) update	Ian Zhao presented information on two recent HTCC decisions: hip resurfacing and hyaluronic acid. Hip resurfacing will not be covered; this is a change for L&I but with minimal impact, as we have only paid for about 4 cases in the past 3 years. Hyaluronic acid is covered with conditions, which are more stringent than we have had in the past. We expect a small impact at L&I.
Psych project update	Jami Lifka presented some work the department and a few IIMAC members have been doing to address some issues with psychological care for injured and ill workers. They have drafted a charter, which was shared with the committee, and held focus groups with claim adjudicators, occupational nurses, and Health Services Analysis staff. Stephen Thielke presented the DSM-5 background and changes from DSM-IV. He covered the history of the manuals for psychiatric diagnoses. Many payers are adopting DSM 5 now, especially since ICD 10 is going into effect this year. The Centers for Medicaid and Medicare Services (CMS) has not yet adopted the DSM 5; Regence and Premera are intending to do so next year. Some changes pertinent to L&I are: pain disorder is not a discrete disorder, substance use disorder is on a continuum, and PTSD is not an anxiety disorder. The global assessment of functioning (GAF) is no longer recommended, and no one test has replaced it, although use of the WHODAS tool is suggested. Discussion occurred about how to deal with chronic pain, which may not be psychogenic. Committee member asked if L&I is definitely going to adopt ICD 10 (yes), and if self-insurers are going to (no). The committee decided to recommend that the department adopt DSM 5 as soon as possible. The psychological services guideline does not need to be changed right now, as it instructs providers to use "DSM IV or the most current edition."



Update on risk of harm project	Ian presented the department's challenging work on further defining risk of harm to put into use in regards to the provider network. They have looked at mortality from prescription opioids, and have contracted with outside researchers to look at data from repeat surgeries. Chris Howe shared a bit about their first meeting. Jaymie Mai shared a draft of a checklist that may be used to review charts for opioid-related deaths. A couple of changes were suggested.
Department Nursing Update	Diane Reus, clinical nurse specialist for the L&I occupational health nurses, shared information about the recent expansion of the ONC team and the new criteria for referrals. She shared the phone list of ONCs and the referral criteria.
Adjourn	The meeting was adjourned at 5:00.

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