

# SI-L&I Colloquium

## Updates on Quality Initiatives

6/29/16

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IIMAC



# Industrial Insurance Medical Advisory Committee



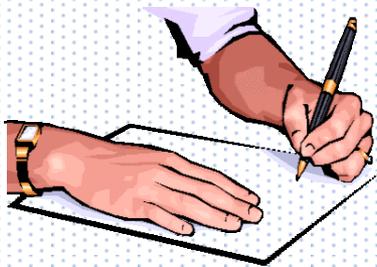
## **RCW 51.36.140:**

“Shall advise the department on matters related to the provision of safe, effective, and cost-effective treatments for injured workers, including but not limited to the **development of practice guidelines and coverage criteria** review of coverage decisions and technology assessments, review of medical programs, and review of rules pertaining to health care issues.”





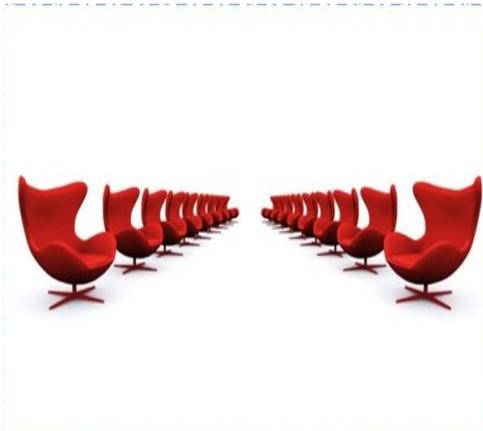
**Subcommittee**



**Draft  
Guideline(s)**



**IIMAC**





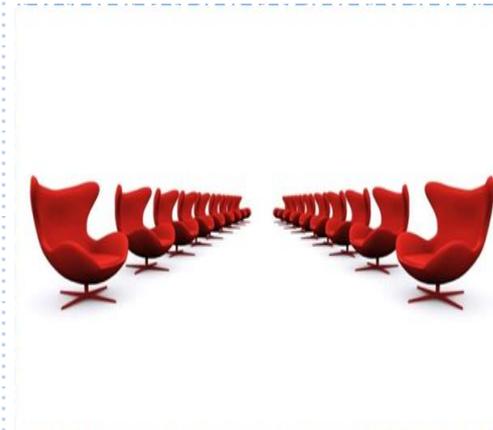
**IIMAC  
Feedback**



**Public  
Input**



**IIMAC  
Vote**



# L&I Approved Surgeries before and after Guidelines Implemented

IIMAC GUIDELINES	Year before Guideline	After Guideline
Carpal Tunnel Syndrome (Effective 4/09)	<b>2008</b> (2008)	<b>1380</b> (2013 data) <b>31% reduction</b>
Proximal Median Nerve Entrapment (Effective 8/09)	<b>38</b> (58 total 2009)	<b>10</b> (2012 data) <b>74% reduction</b>
Ulnar Neuropathy at the Elbow (Effective 1/10)	<b>302</b> (2009)	<b>187</b> (2012 data) <b>38% reduction</b>
Radial Tunnel Syndrome (Effective 4/10)	<b>57</b> (2009)	<b>19</b> (2012 data) <b>67% reduction</b>
Thoracic Outlet Syndrome (Effective 10/10)	<b>58</b> (2009)	<b>30</b> (2013) <b>48% reduction</b>

# Shoulder Conditions

## Diagnosis and Treatment Guideline

<http://www.lni.wa.gov/ClaimsIns/Files/OMD/MedTreat/FINALguidelineShoulderConditionsOct242013.pdf>

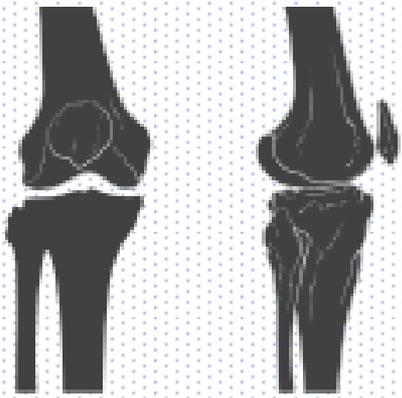
- Major changes:
  - Rotator cuff tear repair
    - Distal clavicle resection as a routine part of acute rotator cuff tear repair is not covered.
    - Repeat cuff tear repair after previous rotator cuff surgery. One revision may be considered. Second and subsequent revision is not covered if massive tear.
    - Smoking/nicotine use is a strong relative contraindication for rotator cuff surgery
  - Partial claviclectomy must have documented pain relief with an anesthetic injection as well as ...
  - Total/hemi shoulder replacement if post traumatic issues related to severe proximal humerus fracture.
  - Diagnostic arthroscopy not covered

# Diagnosis and Treatment of Cervical Radiculopathy and Myelopathy

<http://www.lni.wa.gov/ClaimsIns/Files/OMD/MedTreat/2014CervicalGuideline-FINAL.pdf>

## Highlights:

- Criteria for selective nerve root blocks.
- 3 or more levels will be reviewed by a physician.
- Surgery for adjacent segment pathology and cervical fusion will generally not be accepted unless directly related to prior surgery (such as hardware issues)
- Repeat surgery for pseudoarthrosis, must wait a year
- Repeat surgery at same level, not due to pseudoarthrosis require case review and must have documented substantial improvement in pain and function after first surgery before a second surgery will be approved.
- Nicotine use strong contraindication. Cervical fusions and repeat fusions for radiculopathy must abstain from nicotine for 4 weeks before surgery.



# Surgical Knee Guideline effective August 1, 2016

- What's a KL score?
- When is a full or partial meniscectomy covered in a degenerative knee
- What do you do if a total knee replacement is requested and a patient has a BMI (body mass index) is greater than 40?

<http://www.lni.wa.gov/ClaimsIns/Files/OMD/MedTreat/KneeGuidelineFINAL2016.pdf>

# Other initiatives

- Input on care of injured workers with special needs such as from:
  - catastrophic injuries
  - additional behavioral health issues update with new DSM-r rules
  - ongoing use of opioids

## Opioids and acute pain



**Patients prescribed narcotics for acute back pain during the first week have a higher incidence of time loss and long term disability.**

(Franklin GM, Stover BD, Turner JA, Fulton-Kehoe D, Wickizer TM. 2008. Early opioid prescription and subsequent disability among workers with back injuries. *Spine* 33:199–204.)



Early opioid use increases risk of disability in L&I population.

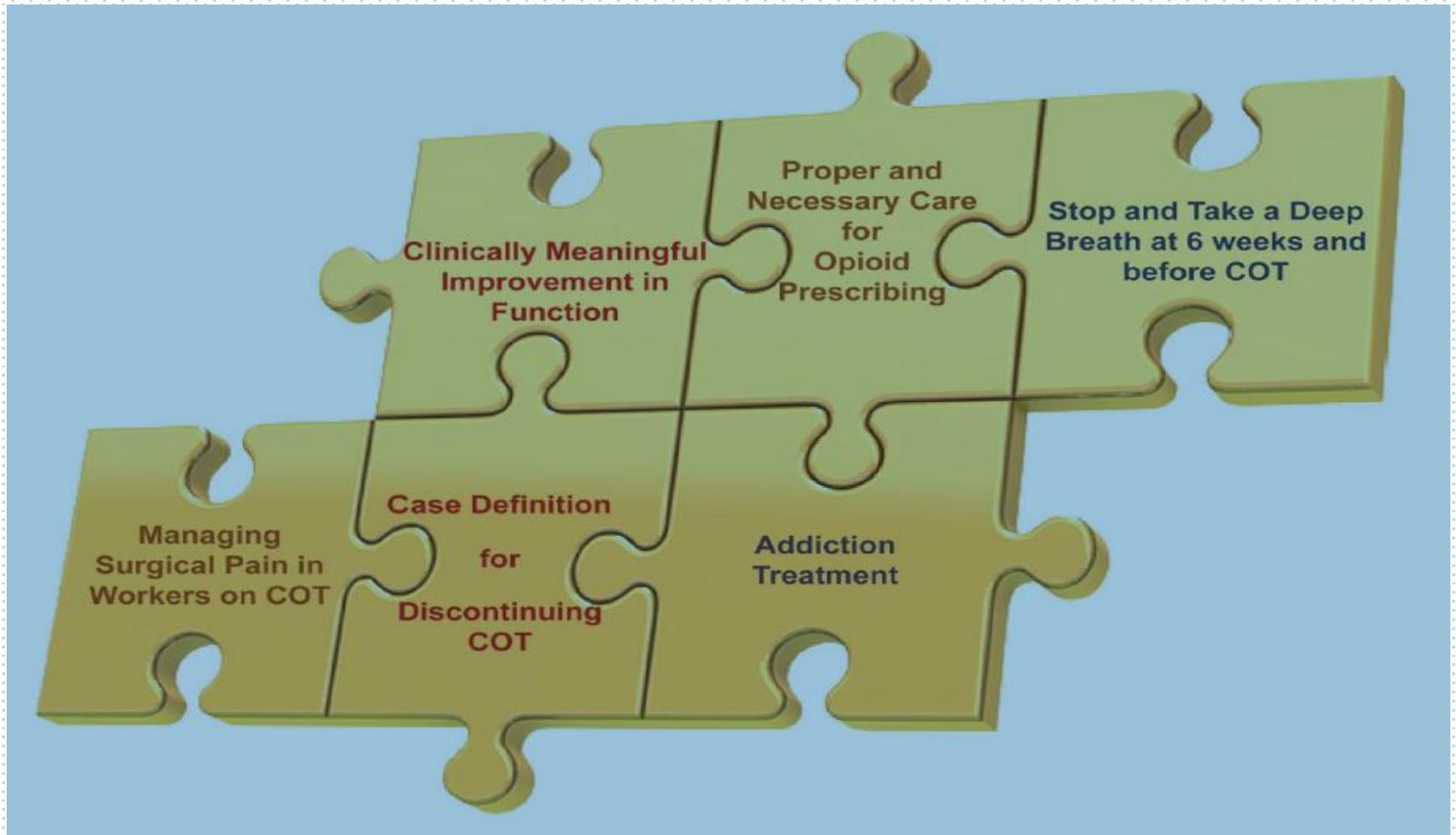
Spine 2008;33:199-204.

# Opioid use in Workers Compensation

- Dramatic increase in opioid use to treat non-cancer pain over past decade.
- In Washington, **42%** of workers with compensable back injuries received an opioid prescription in 1<sup>st</sup> year after injury. **16%** of those continued on opioids after one year.

# Guideline for Prescribing Opioids to Treat Pain in Injured Workers

Effective July 1, 2013



# L&I OPIOID GUIDELINE HIGHLIGHTS

- Effective use of opioids must result in “clinically meaningful improvement in function” and if continued after development of a severe adverse outcome: [this] **“is not proper and necessary care in the Washington State workers’ compensation system.”**
- The department or insurer will cover opioids for **up to 6 weeks** when prescribed to treat acute injury or after surgery
- Use of chronic opioid therapy requires regular monitoring and documentation, such as screening for risk of co-morbid conditions with validated tools, checking the Prescription Monitoring Program database, assessing **clinically meaningful improvement in function** and administering random urine drug tests

# ...L&I OPIOID GUIDELINE HIGHLIGHTS

- Use after surgery
- Help to discontinue
- Addiction management



# Advisory Committee on Healthcare Innovation and Evaluation

- Representatives from business, labor, IIMAC and IICAC providers to advise on L&I healthcare programs such as...
  - Provider Network
  - Centers for Occupational Health and Education, COHEs
  - Top Tier
  - Support SI participation in COHEs and/or other healthcare initiatives.



The Solution

Continuous Process  
Improvement  
Through  
Collaboration