

TREATMENT GUIDELINES IN WASHINGTON WORKERS' COMPENSATION

OVERVIEW

The Washington State Department of Labor and Industries' (L&I) Office of the Medical Director (OMD) develops treatment guidelines in collaboration with the Industrial Insurance Medical Advisory Committees (IIMAC). IIMAC forms subcommittees to develop the guideline; the subcommittee includes community clinicians and subject matter experts.

Treatment guidelines are meant to ensure that appropriate and quality care is delivered in a transparent, accountable manner. Created using evidenced-based data and supporting scientific literature, treatment guidelines provide recommendations and education for physicians/clinical practitioners, utilization review, and claim management processes.

Current [treatment guidelines](#) are available for review.

HISTORY

Background

L&I recognized the need for treatment guidelines in 1988 when the utilization review (UR) program was established. L&I published its first guideline to establish admission criteria for the inpatient non-surgical treatment of back pain. Within one year, these admissions fell by 60 percent. L&I then requested help from the Washington State Medical Association (WSMA) Industrial Insurance Advisory Committee to draft more guidelines and criteria. In 1989, this partnership developed the lumbar fusion guideline using clinical expertise from several prominent spine surgeons from the Seattle area. Between 1989 and 2004, 18 more guidelines were completed.

As the UR program grew, so did the need for more treatment guidelines and criteria. L&I originally contracted with a vendor who used nationally recognized proprietary surgical criteria to establish medical necessity. However, in many cases they lacked sufficient detail and specificity for OMD's goal of assuring quality care for workers. Today, the UR program provides reviews using OMD's treatment guidelines.

Advisory Committee Establishment

In 2007, new legislation passed authorizing OMD to form the Washington State Industrial Insurance Medical Advisory Committee (IIMAC). OMD receives nominations from statewide clinical groups, specialties, and associations, and 14

appointed physicians/clinical providers agree to serve. Under authority of [RCW 51.36.140](#) (1), the committee:

“...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.”

This collaboration between state government and community based clinical experts enables a multi-perspective, robust discussion and analysis of scientific research, cost, utilization, and outcome data on a broad array of topics related to the quality of medical care received by workers.

The IIMAC meets quarterly with L&I’s medical director, executive leaders, and staff to address medical practice issues in the workers’ compensation system. These meetings are subject to the Open Public Meetings Act ([RCW 42.30](#)). Subcommittees form at the direction of IIMAC to created or revise guidelines, as needed.

TREATMENT GUIDELINE PROCESS

Topic Selection

Well-designed guidelines should strive to increase best practices, and decrease inappropriate surgical requests. Feedback from L&I staff, IIMAC, UR, and the community guides topic selection. The process for topic selection includes the ability for the guideline to:

- Identify clear-cut indications for conditions and procedures
- Prevent unnecessary or harmful procedures
- Provide evidenced-based scientific support
- Implement efficient, effective, and safe care

Prioritization

Prioritization depends on established criteria:

1. Cause for concern
 - a. Patient safety – is there a risk to the patient?
 - b. Efficacy – what does the outcome data look like?
 - c. Utilization – what is the prevalence and cost?
 - d. Practice variation – if there is wide variation from best practice, why?
 - e. Rapidly emerging or diffusing technology – what are the implications?
2. Business needs
 - a. Business partners (e.g., IIMAC members or clinical specialists)

- b. Utilization Review
 - c. Controversy regarding procedure, drug, or device
 - d. Legal requirements (e.g., Health Technology Assessment Clinical Committee decisions, FDA rulings, Board of Industrial Insurance Appeal decisions, etc.)
- 3. Economies of scale
 - a. Medical services or procedures are related (e.g. same specialty area) so it makes sense to develop both guidelines together
 - b. Other agencies and payers (e.g. the Agency Medical Directors' Group) are working on an issue/guideline so it makes sense for us to work it.
- 4. Age of guideline (for revisions)
 - a. Review of current guideline indicates need to revise it.
 - b. National Guidelines Clearinghouse requires review & update every 5 years.

Treatment Guideline Development

Treatment guideline development uses the best available scientific evidence and clinical expertise.

The process:

1. Finalize treatment guideline topic selection
2. Form the subcommittee – includes selected IIMAC members and clinical community experts (depending on the topic, this may include: physicians, chiropractors, pharmacists, psychologists, nurse practitioners, and contracted UR team members). L&I's medical director and staff from multiple programs also attend subcommittee meetings.
3. Review and summarize relevant peer-reviewed medical literature, and claim and billing data, if relevant
4. Draft the guideline and present to IIMAC (Subcommittee)
5. Announce public comment time period, and distribute/post the proposed treatment guideline using listserv and IIMAC's webpage
6. Discuss/review public input
7. Draft revision, if necessary
8. Approve the treatment guideline (IIMAC)
9. Adopt the treatment guideline (L&I)
10. Post, distribute, and implement the new guideline
11. Monitor and evaluate the new guideline
12. Review and revise the new guideline, as necessary

Implementation

Implementation occurs through communication, education, and application.

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L&I treatment guidelines have priority over other proprietary guidelines and criteria that may exist. If L&I guidelines are not available, proprietary ones may be used. Reviewers apply each treatment guideline as a standard for the Washington workers' compensation program. For the minority of workers who appear to fall outside of the treatment guideline and whose complexity of clinical findings exceeds the specificity of the guideline, further physician review may occur through medical consultation.

- UR and its vendor implement treatment guidelines
- Reviewers recommend approval to the claim manager when a surgical procedure is requested for a patient who meets the treatment guideline criteria.
- OMD medical consultants receive referral requests who review the patient's file, offer to discuss the case with the requesting attending provider, and make recommendations to the claim manager, if the treatment guideline does not meet criteria.

The flexibility built into this decision making process is important -- IIMAC develops surgical indications efficiently, and legitimizes the work of the subcommittee and guideline for practicing clinicians in Washington.

L&I distributes completed treatment guidelines through web pages and provider listserv*. To ensure proper application, L&I offers education and training. OMD offers continuing medical education (CME) credits, as appropriate.

*To join the listserv:

<https://public.govdelivery.com/accounts/WADLI/subscriber/new>

Evaluation

The department evaluates treatment guidelines and criteria regularly to ensure they are current and effective. Evaluation factors include:

- New scientific literature
- Worker-based health outcomes
- Reports from UR
- Cost and utilization data
- Claim reviews
- Issues raised by providers, workers, or employers

Revision occurs, as needed, and in collaboration with IIMAC, L&I clinicians/staff, and relevant program leads.