

Medical Advisory Committee
Minutes
Friday, March 18, 2005
Labor and Industries Building, Conference Room F

Members Present:

Ronald Bowman, MD, Chair
Tim Keenan, MD, Vice Chair
Rebecca Brown, RN, Insurer Representative
Hans Carlson, MD
Franklin Wong, Managed Care Representative
Linda Jefferson, CPDM, Employer Representative
Charles Carter, MD
Maria Carraher, Worker Representative
Brad Lorber, MD
Gary Rischeitelli, MD, Consulting Member

Members Absent:

Pam DeVisser, FNP
Frank Prideaux, DC
Tom Williams, PT

Staff Present:

Kevin Willingham, Committee Administrator, Workers' Compensation Division
Colleen Guido, Workers' Compensation Division
Nancy Bieber, Workers' Compensation Division
Barry Jones, Workers' Compensation Division
Sandra Savage, Workers' Compensation Division
Nathan Johnson, Information Management Division

Decision Criteria for New Technologies:

December 2001 Definitions Policy: The committee reviewed its policy and did not decide to make changes.

Decision Criteria: The committee considered how best to review and discuss new technologies in order to make recommendations to the Director of the Department of Consumer and Business Service regarding whether utilization of a new technology should be compensable within the workers' compensation system. The committee clarified that the discussion and decision criteria is limited to new technologies:

- Federal Drug Administration approval is necessary, but not determinative. For a new device, "501(k) approval" is not sufficient.

- All studies need to be reviewed on a case-by-case basis. To be persuasive, a study must be:
 - Valid
 - Well done (free of bias and flaws), and
 - Of sufficient size
- A double-blind, randomized prospective study is the “gold” standard and preferred. However a retrospective and case series can be persuasive if it meets the above criteria.
- Study subjects do not need to be only patients with workers’ compensation claims. However, study outcomes must give confidence to the committee by demonstrating in a significant percentage of study participants that the new technology will overcome the “injured-worker effect.” The committee did not reach an agreement as what would be considered significant efficacy.

Intradiscal Electrothermal Therapy (IDET)

The committee voted in September 2004 to recommend the IDET be compensable when certain criteria were met. The vote at that time was 5 recommending it be compensable, and 1 vote against. The Workers’ Compensation Division proposed an administrative rule to reflect the recommendation. At the request of a committee member, the division did not adopt the rule, and brought the issue back to the committee for further discussion.

The recent IDET study specifically excluded the workers’ compensation population. It was recognized that there is a difference between how workers’ compensation and personal-injury patients respond as compared to the population at large.

There are very few studies that include a workers’ compensation population, much less have only a workers’ compensation population. Placing a requirement that a study include workers’ compensation population would significantly decrease the number of studies available for review. The committee agreed that requiring a workers’ compensation participation in a study was not feasible.

In the IDET study, 60% who actually had the procedure reported a better outcome compared to the 40% of placebo group who reported a better outcome, but there was no information available that the 60% had good results. Also, the 40% improvement of the placebo group when compared with the 60% provided less confidence that the IDET would overcome the injured-worker effect.

The committee voted on the motion to determine the IDET procedure compensable at one or two levels when the following criteria are met: no previous lumbar surgery; no abnormal neurological examination findings other than ankle-reflex changes; no radicular pain; no structural deformities at the painful segment level; no intervertebral disc herniations greater than 4 mm; no sequestered intervertebral disc herniations; no uncontrolled or acute medical illnesses, chronic severe conditions or pregnancy; pain > six months; failure to respond to nonoperative care after > 6 weeks; a score less than 20 on the Beck depression scale; no surgical interventions within the previous 3 months; and less than 30% disc height narrowing on lateral plain film radiographs.

Three members voted for recommending the procedure be compensable when the criteria were met: Carraher, Keenan, and Jefferson.

Six members voted for recommending the procedure remain not compensable: Bowman, Carter, Carlson, Wong, Lorber, and Brown.

This recommendation will supersede all previous recommendations. The committee administrator will draft a recommendation to the Director consistent with the committee's decision.

Medical Quality Initiative Update:

Nancy Bieber, Barry Jones, and Nathan Johnson presented the update. In the January MAC meeting, the group thought that it should identify the first treatment for which it would develop standards. Following that, the stakeholders presented questions to the division regarding what the initiative was, and why it was being developed. In response to these inquiries, the division will hold meetings over the next two to four months to gather stakeholder input.

The initiative's is to lessen the impact of medical inflation on the cost of claims, not to control medical costs. There are currently three components to initiative:

- Treatment guidelines,
- Physician certification/tiered compensation, and
- Electronic data interchange for medical billing

The components may change after receiving input from the stakeholder. The concepts are parallel to activity through the state and the nation — moving to evidence-based medicine, looking at new ways to structure payment, paying for quality, *etc.* The division is hopeful that committee members are involved in the initiative's development, but not sure of exactly how at this point.

Future Planning

The next meeting is scheduled for May 20, 2005. The committee will plan on discussing Interferential Stimulation, ACI Advisory Guideline, and receive an update on Senate Bill 311 relating to Independent Medical Examinations.