



PROVIDING BETTER CARE TO WORKERS: INDEPENDENT MEDICAL REVIEW MEDICAL TREATMENT UTILIZATION SCHEDULE

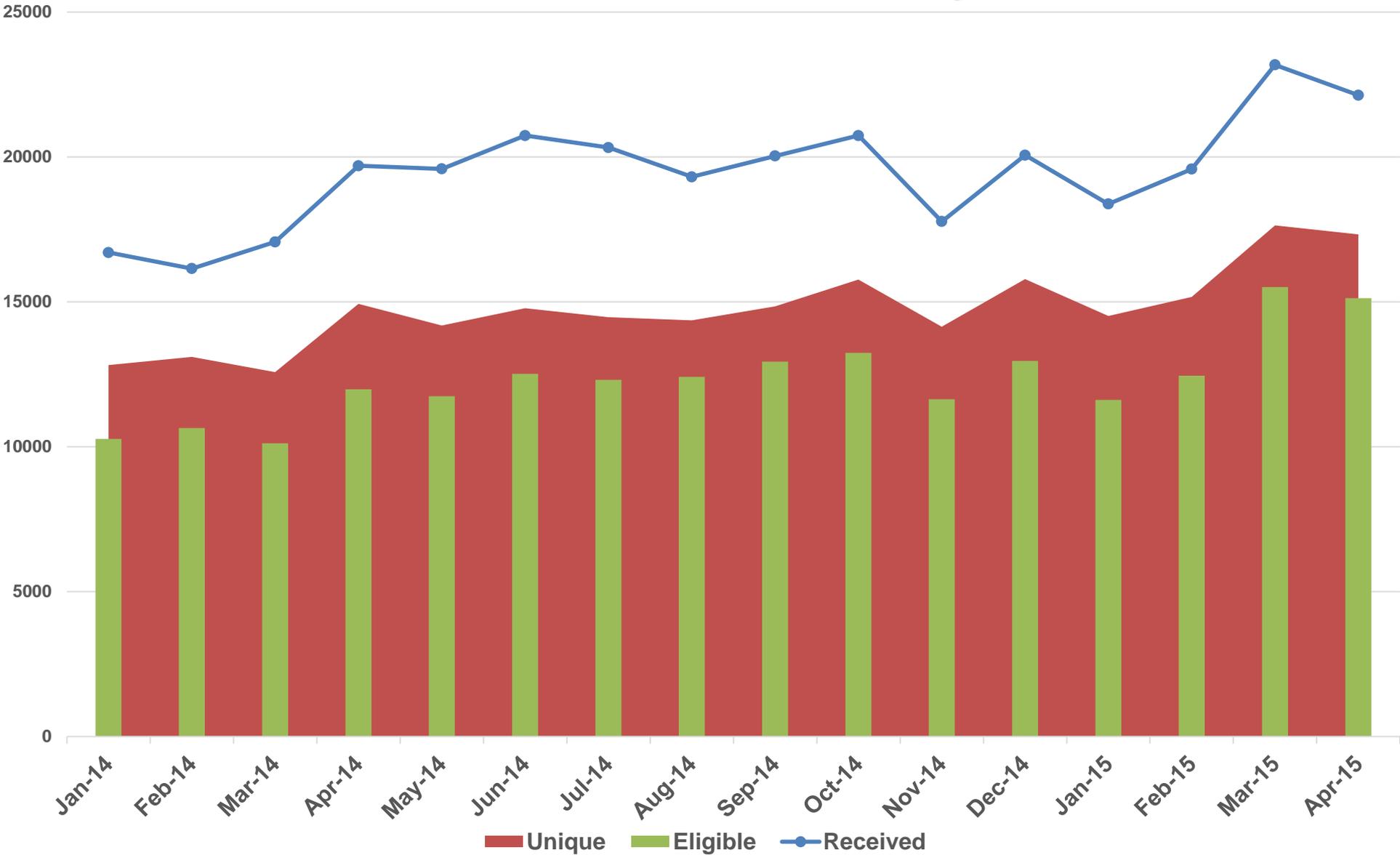
Commission on Health and Safety in Workers' Compensation
June 4, 2015

Rupali Das, MD, MPH, DWC Executive Medical Director

PROVIDING APPROPRIATE MEDICAL CARE IN THE WORKERS' COMPENSATION SYSTEM

INDEPENDENT MEDICAL REVIEW

IMR Applications: 63% Eligible

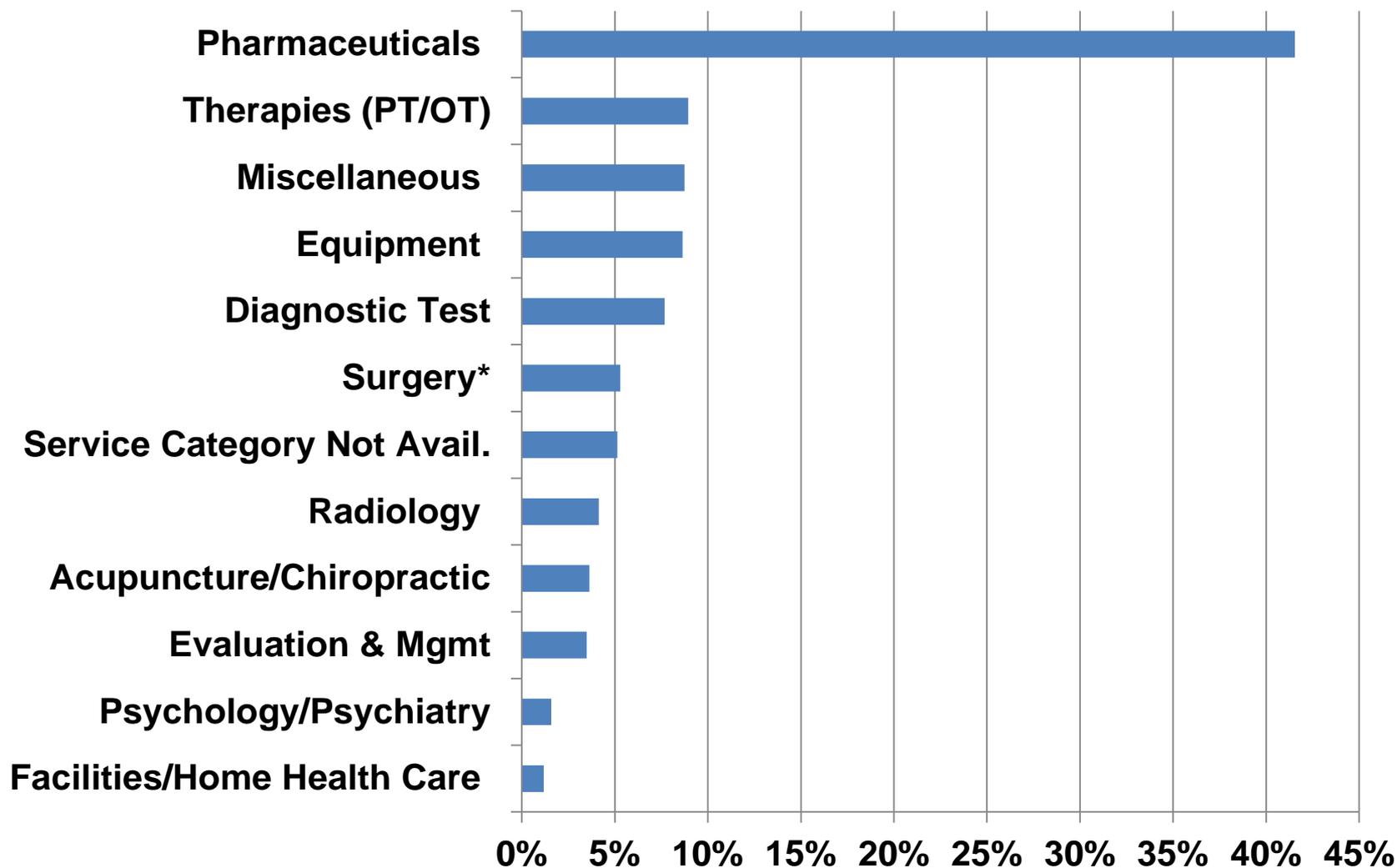


Why Do We Track Metrics?

- Provides objective measures of practices in the field
 - Identify trends in inappropriate practices
 - Target outreach (education, penalties)
 - Aids in teaching, learning where most needed
 - Measure effectiveness of interventions
-
- Not a substitute for paying attention to individual stories



2014 IMR Medical Treatment Categories



*Surgical issues include surgical procedures, pre- and post-operative care, and engagement of assistant surgeons.

% Of All Treatment Decisions, N=275,476

IMR Medical Treatment Categories

Refined: Non-Pharmaceutical

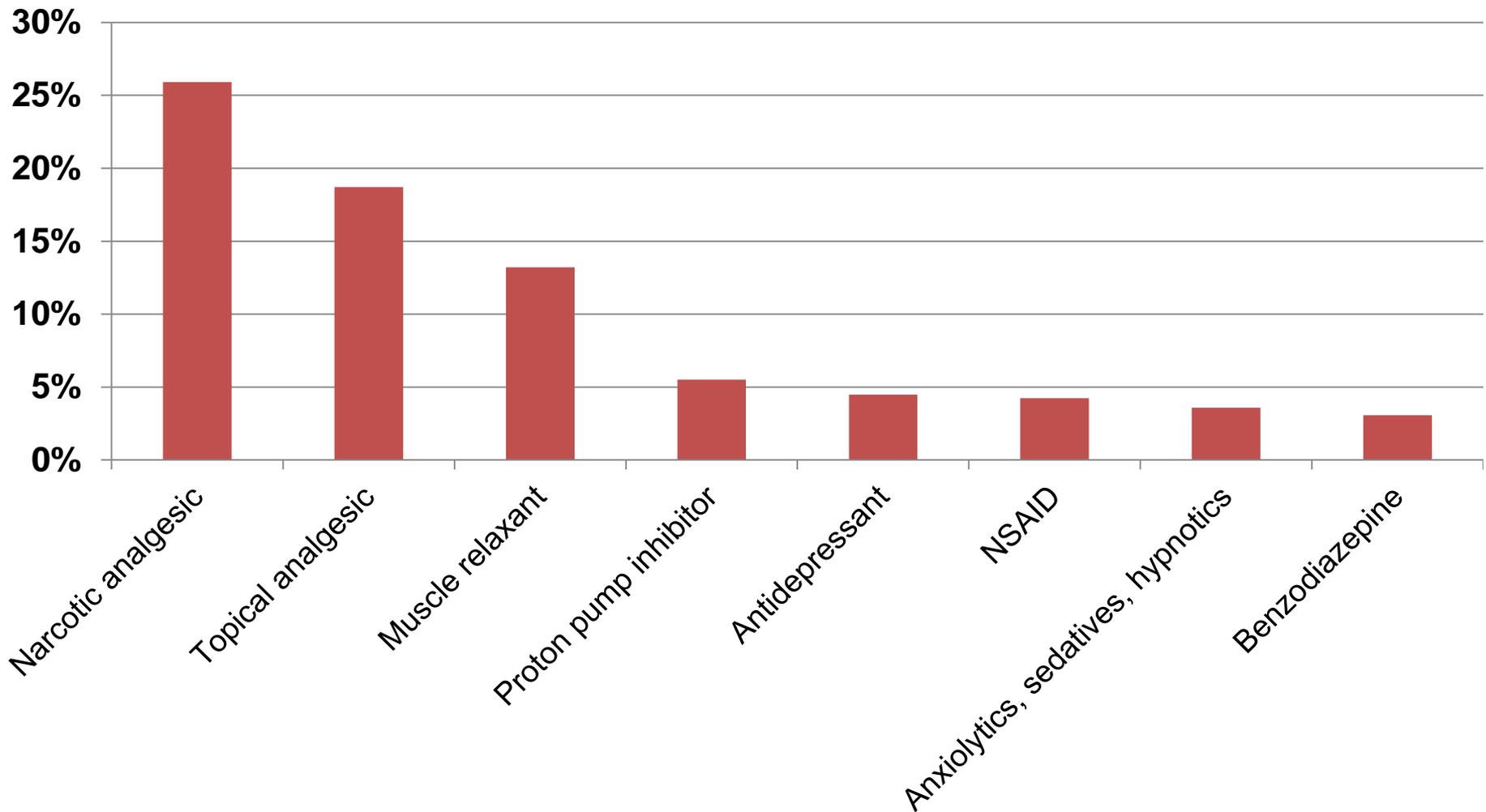
- Diagnostic testing
 - Electrodiagnostic tests (e.g., EMG, NCV)
 - Radiological tests (e.g., CT, MRI, X-Ray)
- Equipment (DMEPOS)
 - Durable medical equipment (DME)—other/electrical stimulation
 - Prosthetics and orthotics
 - Supplies
- Evaluation & Management (E&M)
 - Dental Services
 - Other medical specialties, excluding surgery, psychology/psychiatry
 - Pain management specialist
- Home health care
 - Home health care
 - Other home care
 - Rehab facilities

IMR Medical Treatment Categories

Refined: Non-Pharmaceutical, continued

- **Programs**
 - Addiction treatment
 - Functional restoration programs
 - Gym membership, other programs
 - Weight management & exercise
- **Rehabilitation services**
 - Acupuncture
 - Chiropractic
 - Physical & Occupational therapy
 - Functional capacity evaluation, misc. rehab services
- **Surgery**
 - Arthroscopic surgery
 - Non-arthroscopic surgery
 - Other surgical services, adjunct services
 - Surgery consultations, evaluations
- **Psychological/psychiatric services**
 - Cognitive behavioral therapy
 - E&M by psychologist/psychiatrist
 - Group therapy
 - Hypnotherapy
 - Neuropsychiatric testing
 - Other psychological services

2014 Pharmaceutical IMR Decisions: Top Drug Classes, Random Sample



Random sample of 780 pharmaceutical IMR decisions from 2014.

IMR Medical Treatment Categories Refined: Pharmaceuticals

Non-injection

- More than 50 categories
 - E.g., Muscle relaxants
- Nearly 300 subcategories
 - E.g., Neuromuscular blockers

Injection

- Steroids
- Botox (for headache)
- Misc. blocks
- Compounds medications
- Other (antibiotics)
- Multiple subcategories

More is *Not* Better

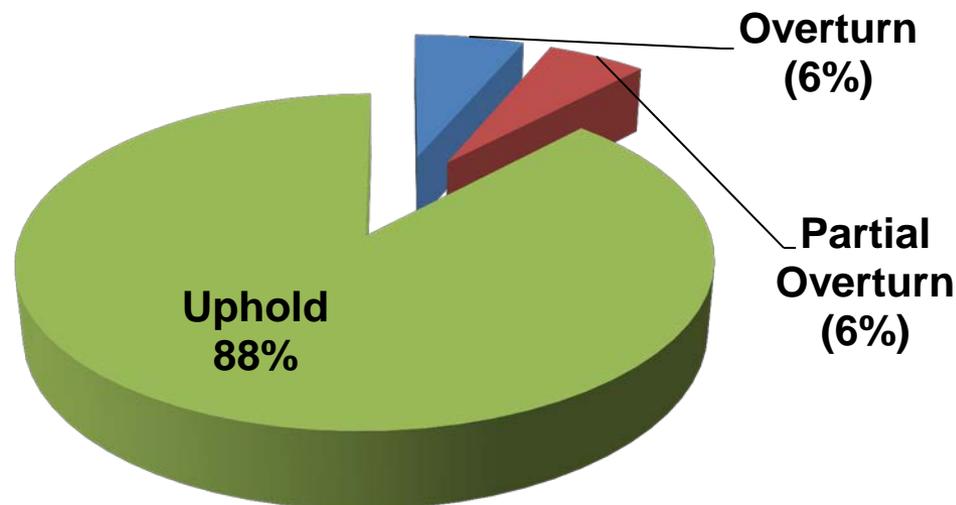
ANNALS OF HEALTH CARE | MAY 11, 2015 ISSUE

OVERKILL

An avalanche of unnecessary medical care is harming patients physically and financially. What can we do about it?

BY ATUL GAWANDE

“Doctors are in a powerful position. We can recommend care of little or no value because it enhances our incomes, because it’s our habit, or because we genuinely but incorrectly believe in it, and patients will tend to follow our recommendations.”



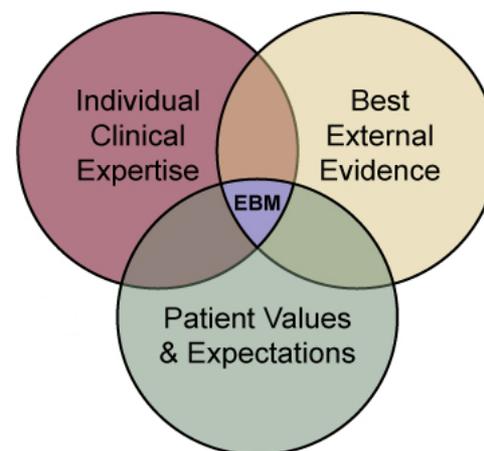
2014 IMR Final Determination Letters, N=144,644

PROVIDING APPROPRIATE MEDICAL CARE IN THE WORKERS' COMPENSATION SYSTEM

Medical Treatment Utilization Schedule

MTUS Regulations Updated April 2015: Based on principles of evidence-based medicine

- Describes how to use EBM to provide appropriate treatment.
- It is possible for providers to use a systematic approach to clinical decision-making combining the best available evidence with clinical expertise and patient values.
- EBM results in better long-term outcomes



<http://www.cochrane.org/about-us/evidence-based-health-care>

MTUS Key Points

- The Medical Treatment Utilization Schedule helps physicians provide better care for patients
- Physicians may base treatment on recommendations on guidance other than the MTUS when
 1. The MTUS is silent, OR
 2. The MTUS is rebutted by a higher level of medical evidence
- To rebut the MTUS
 - Follow Medical Evidence Search Sequence
 - Quality (applicability, bias)
 - Hierarchy of evidence
 - Provide a higher level of evidence than that contained in the MTUS

Medical Evidence Search Sequence Responsibilities

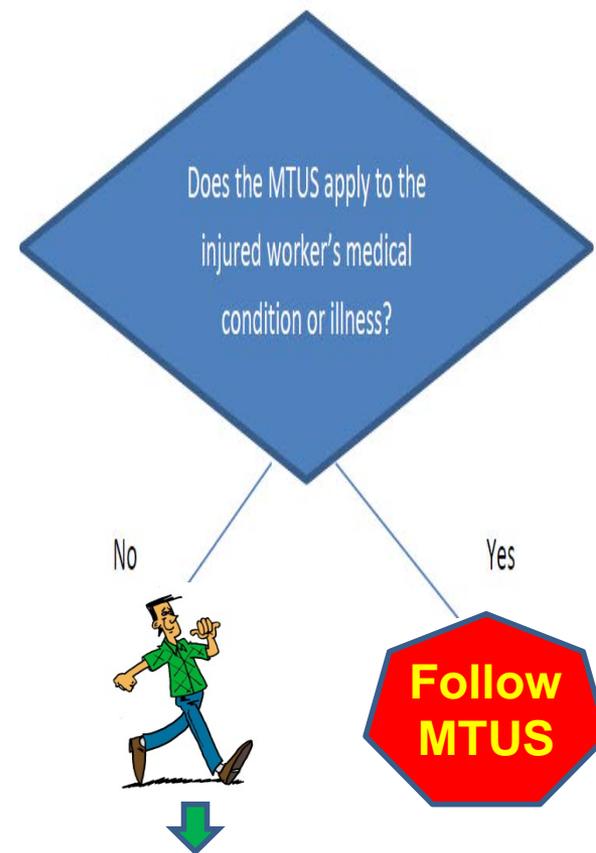
Medical evidence search sequence should be conducted by:

- Treating physicians, on Request for Authorization
- Utilization Review physicians, if the request is modified or denied based on sources outside the MTUS
- Independent Medical Review physicians, if IMR upholds UR based on sources outside the MTUS

How Physicians Use EBM for Workers

- Does the MTUS apply?
- The MTUS applies if it contains recommendations relevant to the worker's condition
- If yes, follow MTUS

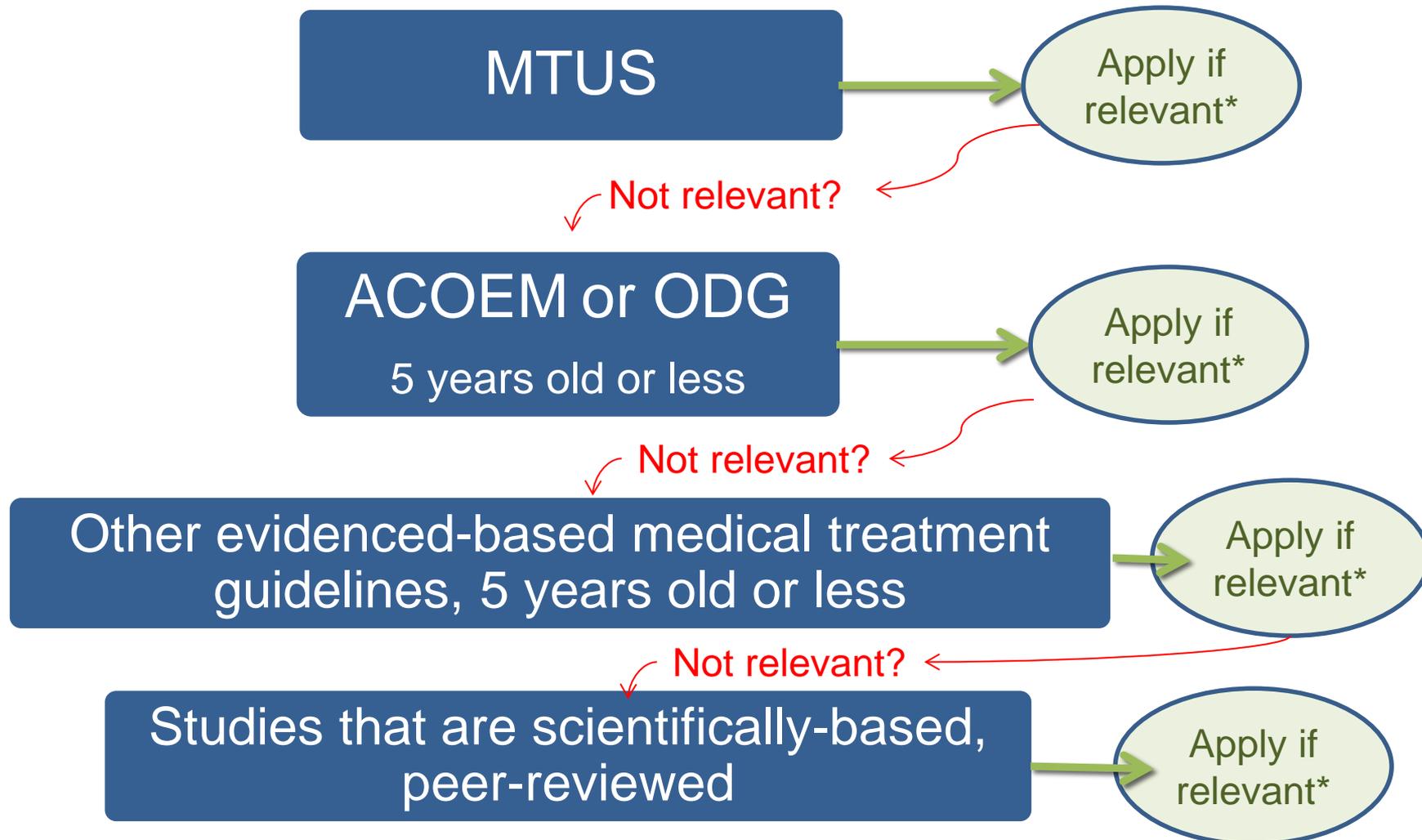
Determine if MTUS applies



If the MTUS Does Not Apply

- The Medical Evidence Search Sequence must be followed to find the best evidence on treatment
- The treating physician bears the burden of rebutting the MTUS's presumption of correctness

Medical Evidence Search Sequence



*Relevance means: does it apply?

Published Medical Literature Levels of Medical Evidence

1a Systematic review of RCT* with low risk of bias

1b RCTs,* low risk of bias

1c RCTs,* identified risks of bias

2 Non-randomized cohort studies that include controls

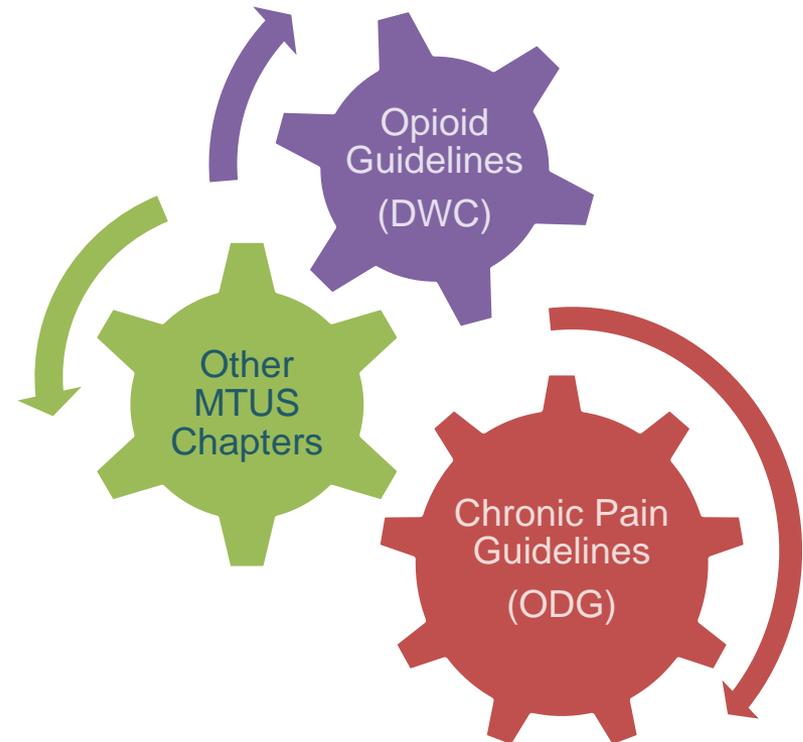
3 Case-control studies or historically controlled studies

4 Uncontrolled studies (case studies or case reports)

5 Published expert opinion

MTUS: Integration Across Guidelines

- Opioid Guidelines
 - Will enter 45-day Public Comment period (rulemaking)
 - Along with Chronic Pain Treatment Guidelines
- Other guidelines to be updated soon thereafter

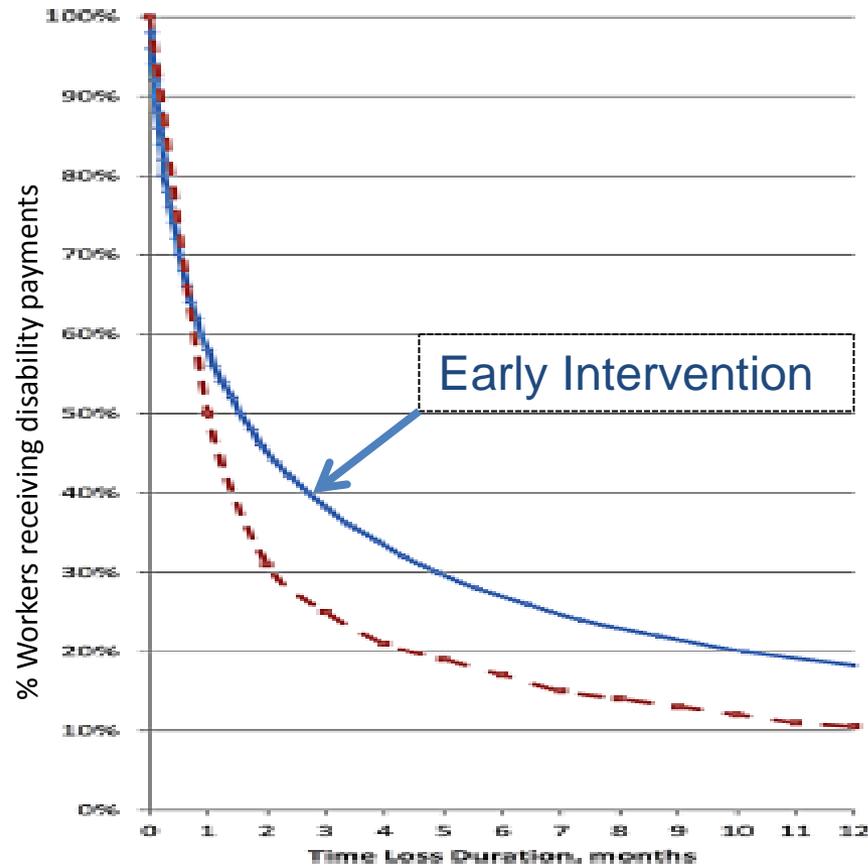


MTUS Basic Principles

Opioid Treatment for Non-Cancer Pain

- Consistent with Medical Board of California
- Patients should be educated about opioid risks
- Use multidisciplinary treatment for pain
- Opioids are not first line of treatment
 - May be used for severe acute pain with limited doses
- Discontinue as soon as possible (via tapering)
- Avoid some medications when using opioids
- Monitor patients on opioids: e.g., CURES*
- Document need for initiating and continuing chronic opioid use by measuring pain and function

Why follow guidelines?



Franklin 2015. Workers' Compensation: Poor Quality Health Care and the Growing Disability Problem in the United States. American Journal of Industrial Medicine; 58:245-251.

Resources

- Independent Medical Review
 - <http://www.dir.ca.gov/dwc/IMR.htm>
- Medical Treatment Utilization Schedule
 - <http://www.dir.ca.gov/dwc/MTUS/MTUS.html>