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California Workers' Compensation Institute

February 16, 2016

The California Workers' Compensation Institute supports the addition of guidelines on Mental Illness into the regulations on Medical Treatment Utilization Schedule (MTUS) but recommends revising the draft of Section 9792.23.8 and of the Mental Illness and Stress Guideline as described below.

Section 9792.23.8

Recommendation 1

(a) The Administrative Director adopts and incorporates by reference the Mental Illness & Stress Guideline [insert effective date] consisting of an edited version from the Mental Illness and Stress section of the (Official Disability Guidelines, March 25, 2015), which the Division of Workers' Compensation has adapted with permission from the publisher into the MTUS from the Official Disability Guidelines.

Discussion

The draft Guideline does not, and should not, simply adopt and incorporate by reference the entirety of the Mental Illness & Stress Guideline (Official Disability Guidelines, March 25, 2015). The draft version excludes some portions of the Official Disability Guidelines, and further the Institute believes some adaptations to the draft version are necessary for reasons described below.

We note that the verbiage proposed in Section 9792.24.2 on the Chronic Pain Medical Treatment Guidelines in the MTUS includes the recommended "consisting of an edited version from the Official Disability Guidelines,"..."which the Division of Workers' Compensation has adapted with permission from the publisher," and we believe that language is appropriate in this section as well.

Recommendation 2

The Institute recommends addressing stress, where it is reasonable and necessary to do so in order to cure or relieve from the effects of an industrial injury or illness, as a special topic under Section 9792.24 in a new section 9792.24.4.

Discussion

Since stress is not a body part or injury, and since stress may have a role in a variety of injuries and illnesses, and not just mental illness, we believe stress will be more appropriately addressed as a special topic in the MTUS. The procedures appropriate for stress relief can be separated from procedures that address specific mental illnesses, and adopted into a new Guideline on stress.

The Mental Illness Guideline

Recommendations and rationale

- Because stress is not an injury or illness, we suggest confining this new Guideline in Section 9792.23.8 to mental illness and changing its name to “Mental Illness Guideline.”
- Remove from the Guideline the Treatment Planning section, which is problematic and includes some inappropriate -- or even unlawful material; for example:
 - The introductory note to that section states it “is not intended to be a rule and therefore should not be used as a basis for Utilization Review.” Something not intended to be a rule should not be part of the California Rules and Regulations.
 - The section suggests addressing and evaluating a potential workers’ compensation mental illness outside of the workers’ compensation system “given the harmful health effects of involvement in workers’ compensation”
- Limit procedure topics to treatment/test modalities for mental illness and remove from the procedure summary topics such as:
 - Definitions – e.g., for “major depressive disorder” and “post-traumatic stress disorder”
 - other topics that are not medical treatments – such as “activity restrictions,” “causality,” “insomnia,” “optimism,” “return to work,” “spiritual support,” and “work”
- List each treatment/test so that it can be quickly located alphabetically to find appropriate recommendations and conditions
- Consolidate recommendations under the name of the procedure. Sometimes procedures are listed by condition, and sometimes they are not. For consistency and ease of use, the Institute recommends listing the procedure once and stating the recommendations for each condition under that procedure
- Revise the study search and study summaries and recommendations to focus on employees suffering work-related mental illnesses. Many of the study summaries and recommendations in this draft are focused on chronic pain patients instead of on employees with mental illnesses; however mental illnesses are not limited to employees with chronic pain. It appears that the recommendations on psych tests are based only on literature searches related to chronic pain by D.Bruins in 2001, performed for the

Colorado Division of Workers' Compensation on Psychological Tests Commonly Used in the Assessment of Chronic Pain Patients. The tests all state:

- “Not recommended/recommended as a first-line option psychological test in the assessment of chronic pain patients”:
 - BAP-2 (Behavioral Assessment of Pain-2)
 - BBHI 2 (Brief Battery for Health Improvement – 2nd edition)
 - BDI – ii (beck Depression Inventory-2nd edition)
 - BHI 2 (Battery for Health Improvement – 2nd edition)
 - BSI (Brief Symptom Inventory)
 - BSI 18 (Brief Symptom Inventory-18)
 - CES-D (Center for Epidemiological Studies Depression Scale)
 - MBHI (Millon Behavioral Health Inventory)
 - MBMD (Millon Behavioral Medical Diagnostic)
 - MCMI-111 (Millon Clinical Multiaxial Inventory, 3rd edition)
 - Minnesota multiphasic personality inventory (MMPI)
 - MMPI-2 (Minnesota Inventory- 2nd edition)
 - MPI (Multidimensional Pain Inventory)
 - MPQ (McGill Pain Questionnaire)
 - MPQ-SF (McGill Pain Questionnaire – Short Form)
 - Oswestry Disability Questionnaire
 - P-3 (Pain Patient Profile)
 - PAB (Pain Assessment Battery)
 - PAI (Personality Assessment Inventory)
 - PDS (Post Traumatic Stress Diagnostic Scale)
 - PHQ (Patient Health Questionnaire)
 - PPI (Pain Presentation Inventory)
 - PRIME MD (Primary Care Evaluation for Mental Disorders)
 - SCL-90-R (Symptom Checklist -90 Revised)
 - VAS (Visual Analogue Pain Scale)
 - Zung Depression Inventory
- Remove all references in the recommendations to “ODG Guidelines.” The adopted guidelines will be MTUS guidelines and referring to “ODG Guidelines” will result in some potential internal conflicts with other MTUS guidelines (e.g., Acupuncture Guidelines), as well as confusion and disputes over whether or not such language refers to ODG current guidelines. Some examples of procedures with “ODG Guidelines” that need revision:
 - Acupuncture:
 - “ODG Acupuncture Guidelines:
Initial trial of 3-4 visits over 2 weeks
With evidence of objective functional improvement, total of up to 8-12 visits over 4-6 weeks”

- Cognitive behavioral therapy (CBT); Cognitive therapy for depression; Cognitive therapy for PTSD; Insomnia treatment; Psychotherapy for MDD (major depressive disorder); and PTSD psychotherapy interventions:
 - “ODG Psychotherapy Guidelines:
 - Up to 13-20 visits over 7-20 weeks (individual sessions), if progress is being made.
(The provider should evaluate symptom improvement during the process, so treatment failures can be identified early and alternative treatment strategies can be pursued if appropriate.)
 - In cases of severe Major Depression or PTSD, up to 50 sessions if progress is being made.”
- Physical medicine treatment:
 - “ODG Physical Therapy Guidelines:
Allow for fading of treatment frequency, plus active self-directed home PT..
Any mental condition:
6 visits over 6 weeks.”
- Clarify the recommendations to avoid potential disputes, for example:
 - “Not recommended for...” may be interpreted to mean it is recommended for anything other than what is specified. “Not recommended” will suffice if the procedure is not recommended for any procedure, otherwise exceptions, if any, need to be clearly stated.
 - “Not recommended as a first line option” or “Not recommended as a first-line treatment” does not always indicate for what conditions this applies.
 - “Not recommended for long-term use” may be interpreted by some to mean it is recommended for short-term use or for anything other than long-term use, whereas others may interpret this to mean there is no recommendation other than in the case of long-term use.
 - “Recommend consideration” is not clear. Clarification will help treating and reviewing physicians identify reasonable and necessary care for mental illnesses.

The Institute believes that a Guideline for Mental Illness in the Clinical Topics section of the MTUS and a Guideline on Stress in the Special Topic section of the MTUS can benefit injured employees by providing treating, evaluating and reviewing physicians with guidance on the most effective treatments for mental illnesses, and the best methods to attenuate stress, based on the best available medical evidence.

Bert Arnold, Esq.
President, California Applicants' Attorneys Association

February 16, 2016

The California Applicants' Attorneys Association ("CAAA") appreciates the opportunity to provide comments on the DWC Forum for the draft Mental Illness and Stress Guidelines. Initially, CAAA supports the "Explanation of Medical Literature Ratings" on page 1 of the proposed guidelines which includes a list of "Ranking by Type of Evidence" as a helpful guidepost for treating and evaluating physicians.

We also believe that the ODG Guidelines are generally acceptable as to what is included for treatment of mental illness and stress medical conditions. However, our concern is with regard to what is NOT included both within the ODG guidelines themselves, as well as what is not incorporated from the ODG into the MTUS. As the ODG Mental Illness and Stress Chapter was revised on December 17, 2015, and the version used in these proposed guidelines is from March 25, 2015 we are unable to provide any meaningful comment upon the differences in the proposed MTUS and the ODG other than to note large sections of the ODG have been either left out of the MTUS or were updated after March 25, 2015. Therefore, we recommend that the most recent version of the ODG be incorporated into the MTUS, or an explanation be provided as to why the most recent version is not being used.

Additionally, the ODG guidelines are not broad or comprehensive enough to cover all diagnoses of mental health conditions. A greater list of medications are available for treatment of mental health conditions which are widely accepted in the medical community as effective but they are not included in the ODG guidelines. For example, the ODG guidelines are silent on the use of frequently prescribed atypical antidepressants such as Effexor and Brintellix. The biology of each individual patient is complex and some may not clinically respond to a certain medication or they may experience serious side effects where another patient may not, and these medications have proven useful in those cases. The proposed Mental Illness and Stress treatment guidelines should be inclusive of all medication and treatment options available for mental and stress injuries.

CAAA strongly contends that the role of clinical expertise and individual patient variations should be explicitly endorsed in the introduction to these MTUS guidelines, including and considering these factors in every case, otherwise, these guidelines are just "one size fits all" cookbook medicine, which will be a poor fit for the majority of injured workers. An example of this "one size fits all" approach is on page 7 of the proposed guidelines regarding Antidepressants - SSRI's versus Tricyclics where it is stated "SSRIs are not recommended for depression over Tricyclic antidepressants in every case". While Tricyclic antidepressants (TCAs) are among the most effective antidepressants available, their poor tolerance for some patients makes them difficult to use. A UR reviewing physician may interpret this statement to mean that SSRIs may not be prescribed until a trial with a Tricyclic antidepressant has been completed.

This is why the **clinical judgment of the physician** is essential to appropriate medical care being provided to an injured worker with a mental illness or stress related medical condition. Prescribing the wrong medication to an individual with co-morbid medical conditions, or a history of taking other medications with adverse health effects could have disastrous consequences. A strict application of any of these treatment guidelines could have a significant negative impact on the case ranging from increased costs to the employer from longer periods of disability, and increased medical expenses, to increased suffering by the injured worker, to a fatality with the grief and hardship imposed on the family.

CAAA further recommends that additional treatment guidelines be considered in the proposed revisions to the MTUS Guidelines, to ensure that they are inclusive of all medication and treatment options available for mental and stress injuries. For example, the AMA clinical practice guidelines are considered the “gold standard” for medical care in the United States and are evidence based, but haven’t even been considered as part of the MTUS review process. Of interest is the following contained within the AMA guidelines “ When used by health plans or health care organizations, such criteria must allow variation and take into account individual patient differences and the resources available in the particular health care system or setting to provide recommended care.”

In consideration of the need for recognition of clinical judgment and individual patient variation in every case, we recommend that the “Treatment Planning” section on pages 2 and 3 of the proposed guidelines be deleted and replaced with an introductory paragraph stating that the following guides should be administered including the standard set forth in Labor Code section 9792.20(d): “‘Evidence-Based Medicine (EBM)’ means a systematic approach to making clinical decisions which allows the integration of the best available research evidence with clinical expertise and patient values.”

As stated at the beginning of the Treatment Planning section, it “is not designed to be a rule, and therefore should not be used as a basis for Utilization Review.” As this section is not to be used as a basis for Utilization Review it has no place in the treatment guidelines. It will cause confusion and unnecessary friction and disputes as to the interpretation and application of this section to treatment decisions. To avoid this, the treatment planning section should be deleted from the MTUS.

In conclusion, the key principle underlying these guidelines is that clinical decisions are to be based on Evidence Based Medicine (EBM), as set forth in Labor Code §9792.20(d): “‘Evidence-Based Medicine (EBM)’ means a systematic approach to making clinical decisions which allows the integration of the best available research evidence with clinical expertise and patient values.” This definition recognizes that determining the proper treatment for every patient and condition is not simply a matter of finding the treatment option supported by the highest level of medical evidence. CAAA urges that “the integration of the best available research evidence with clinical expertise and patient values” must be the foundation for any further proposed modifications to the MTUS to insure that injured workers have access to the highest quality and most effective medical treatment for their injury.

Robert Ward, Clinical Director
CID Management

February 15, 2016

The intent of the DWC is clearly to adopt an adaptation of the ODG chapter on Mental Illness & Stress; as evidenced by the concurrent release of the associated draft, "Medical Treatment Utilization Schedule (MTUS), Mental Illness & Stress Guideline, February 2016".

Issue:

The actual wording of the proposed regulatory alteration is inconsistent with this intent.

The proposed regulatory language literally states that the Administrative Director is adopting and incorporating by reference the ODG chapter from 3/25/2015.

The proposed guideline is not the actual material that the proposed regulation states is to be adopted. The proposed guideline is an adaptation of that actual material to be adopted.

Since the ODG frequently updates chapters and does not make available archived older versions, it will not be possible for treating physicians, claims administrators, UR physicians, IMR physicians, WCAB judges or any interested party to consult the actual content of the 3/25/2015 ODG chapter on Mental Illness & Stress.

Consequently, use of the proposed regulatory language will also make it impossible for these parties to consult the actual MTUS content.

Recommended correction:

For this reason, it is recommended that the proposed regulation be amended to reflect an adoption of the DWC's February 2016 adaptation of the 3/25/2015 ODG chapter on Mental Illness & Stress.

Overall, the adoption of a version of the current/recent ODG in place of the 2004 ACOEM chapter represents a much-needed update and also provides greater clarity and detail for all stakeholders.

That being said, there are a few areas where additional clarification would be very beneficial.

Acupuncture:

Issue:

Per the current language of 8CCR9792.24.1, the use of acupuncture for conditions falling under 8CCR9792.23.8 (mental illness & stress) is governed by 9792.24.1. This means that the recommendations for acupuncture in the proposed guideline have no effect/standing, and will only serve to create confusion to the extent that there is variance between the 2 sets of recommendations.

Recommendation for correction:

Consequently, there should either be a removal of the acupuncture recommendation from the guideline draft; or an amendment of 9792.24.1 such that the use of acupuncture for mental illness & stress no longer falls within the umbrella of 9792.24.1.

Psychological assessment tools:

Such tools specifically recommended in the proposed guidelines include BAP-2; BBHI 2; BDI-II; BHI-2; BSI; BSI-18; CES-D; depression screening; MBHI; MBMD; MCMI-111; MMPI; MMPI-2; MPQ; MPQ-SF; ODI; P-3; PAB; PAI; PDS; PHQ; PPI; PRIME-MD; SCL-90-R; SIP; SF-36; VAS; and Zung Depression Inventory.

Issue:

The guideline draft deals with the "common sense" understanding of medical necessity that is typical of the ODG; but fails to address the technical meaning of medical necessity that arises in the context of employer liability under LC4600.

The unanswered question in the guideline recommendations is:

Under what circumstances is psychological testing separately compensable; in addition to an office visit (E/M service) provided on the same date?

In the context of a request for specific assessment on a DWC Form RFA, a reviewing physician (UR or IMR) would be looking at the recommendations in this guideline to see if the assessment was supported.

In the event that the assessment was supported from the "common sense" perspective and was authorized on that basis, employers would then be liable for such assessment; even if that assessment should have been considered to be part of the evaluation component of the E/M service.

Recommendation for correction:

The DWC should consider offering recommendations regarding which assessments, and/or under what conditions, an appropriate psychological assessment instrument should be authorized as a separately compensable service; or alternatively considered as an unnecessary duplication of service already included in the E/M services.

Group therapy:

Issues:

Guideline does not make any mention of the use of this form of treatment in conjunction with any diagnosis other than PTSD.

Guideline does not make any recommendations regarding the appropriate duration/frequency of a trial of such treatment; duration/frequency of a course of ongoing treatment; or any criteria on which to base a decision to continue such treatment.

Recommendation for correction:

DWC should consider whether this form of treatment is appropriate for other diagnosis; if so, indicate which other diagnoses; and if not, should explicitly state so.

DWC should provide recommendations for appropriate duration/frequency of trial treatment; ongoing treatment; and criteria for continuation of treatment.

Light therapy:

Issue:

Guideline does not specify whether the recommendation is for a form of supervised passive treatment in a provider's office; or for the provision of some form of lighting equipment to be used on the home and/or work setting.

Recommendation for correction:

DWC should clarify whether the treatment recommended is a form of physician-provided therapy or DME.

If therapy, DWC should provide recommendations for appropriate duration/frequency of trial treatment; ongoing treatment; and criteria for continuation of treatment.

Massage therapy:

Issues:

Guideline does not indicate what diagnoses or criteria constitute support for this form of treatment. Guidelines also offer no discussion of appropriate duration or frequency of treatment, nor any consideration of outcomes. As written, the guideline constitutes a "green light" for unlimited and never-ending massage for any injured worker with any diagnosis of mental illness or stress.

Recommendation for correction:

DWC should provide patient selection criteria for this service.

DWC should provide recommendations for appropriate duration/frequency of trial treatment; ongoing treatment; and criteria for continuation of treatment.

Mind/body interventions (for stress relief)

Issues:

Guideline does not indicate what diagnoses or criteria constitute support for this form of treatment. Guidelines also offer no discussion of appropriate duration or frequency of treatment, nor any consideration of outcomes. As written, the guideline constitutes a "green light" for unlimited and never-ending service for any injured worker claiming stress.

Recommendation for correction:

DWC should provide patient selection criteria for this service.

DWC should provide recommendations for appropriate duration/frequency of trial treatment; ongoing treatment; and criteria for continuation of treatment.

Music (for relaxation/stress management)

Issues:

Guideline does not actually indicate what is being considered. It would not be unreasonable for an applicant claiming stress to be deemed in need of season tickets to the local philharmonic as treatment under this guideline.

Guideline does not indicate what diagnoses or criteria constitute support for this form of treatment. Guidelines also offer no discussion of appropriate duration or frequency of treatment, nor any consideration of outcomes. As written, the guideline constitutes a "green light" for unlimited and never-ending massage for any injured worker claiming stress.

Recommendation for correction:

DWC should provide patient selection criteria for this service.

DWC should indicate what service(s) are included under this heading.

DWC should provide recommendations for appropriate duration/frequency of trial treatment; ongoing treatment; and criteria for continuation of treatment.

Spiritual support

The guideline authors appear to have intended to inform treating physicians that spiritual support has a positive influence; without an intention to classify spiritual support as a form of medical treatment.

Issue:

Guideline effectively classifies spiritual support as a form of medical treatment; and makes employers liable for the "costs" of such treatment. The guideline further specifies that such should be supported "if sought by the patient".

This creates a circumstance under which "donations" and similar expenses to a church, spiritual organization or spiritual advisor could be charged to the employer as a cost of treatment.

Recommendation for correction:

DWC should consider removing this section; or clarifying that its presence is intended as information for treating physicians, and that spiritual support is not a medical treatment.

Stress inoculation training

Issues:

Guideline does not make any mention of the use of this form of treatment in conjunction with any diagnosis other than PTSD.

Guideline does not make any recommendations regarding the appropriate duration/frequency of a trial of such treatment; duration/frequency of a course of ongoing treatment; or any criteria on which to base a decision to continue such treatment.

Recommendation for correction:

DWC should consider whether this form of treatment is appropriate for other diagnosis; if so, indicate which other diagnoses; and if not, should explicitly state so.

DWC should provide recommendations for appropriate duration/frequency of trial treatment; ongoing treatment; and criteria for continuation of treatment.

Yoga

The guideline authors appear to have intended this entry as supportive of the use of yoga; without an intention to classify yoga as medical treatment.

Issues:

Guideline effectively classifies yoga as a form of medical treatment, with no patient selection criteria, no recommended frequency/duration, and no mention of treatment outcomes. This effectively makes the employer liable for any and all expenses associated with participation in yoga by any employee with a stress claim.

Recommendation for correction:

DWC should consider removing this section; or clarifying that its presence is intended as information for treating physicians, and that spiritual support is not a medical treatment.

In the event that the DWC intends to classify yoga as medical treatment, the DWC should provide patient selection criteria; recommendations on duration and frequency of both a trial and course of care; and outcomes criteria for continuation of treatment.

Sharon L. Hulbert, Assistant General Counsel
Zenith Insurance Company

February 16, 2016

Mental health issues are extremely important to consider when treating injured workers. An inclusive treatment guideline for mental health is a welcome addition to the MTUS. We appreciate DWC's recognition of the importance of this issue. Our additional suggestions are offered below. Each comment is organized by section and page number and proposed language has been suggested where applicable.

1. Page 4, Acupressure – Please verify that the section is complete. The first sentence appears to be incomplete as it references “both pre-operative anxiety”, but then does not include a second medical condition. We recommend that you either remove the reference to “both” or add the condition that may be missing.
2. Page 6, Under Antidepressants for treatment of MDD, it states at the bottom of the page that Milnacipran is a “first-line therapy suitable for most depressed patients”. However, it is also noted that the FDA has not approved its use for depression. How can Milnacipran be a first-line therapy for depression when its use will be off label given it is not yet approved by the FDA for depression?
3. Page 7, Antidepressants – SSRI is misspelled in a few locations within this guideline, please review and correct. Additionally for clarity and consistency, we suggest using the acronym SSRI in the following sentence instead of spelling it out: “In the short-term treatment of bipolar depression, it may be prudent to use a ~~selective serotonin reuptake inhibitor~~ **SSRI** or a monoamine oxidase inhibitor rather than a tricyclic antidepressant as first-line treatment.”
4. Page 10, BAP-2 – This section as well as other sections addressing psych overlap with chapters in the MTUS guidelines that address pain management. Please verify that when the mental health guidelines include subject matter that is also addressed in another MTUS chapter, such as pain management, that a cross comparison between the chapters was conducted to make sure the chapters are consistent.
5. Page 14, Cognitive Behavioral Therapy – this section includes specific numbers of sessions and Zenith supports this specificity. There are other topics in this chapter that do not include specific numbers of sessions. We understand that enumerating the number of sessions for all types of therapy may not be possible due to a lack of evidence based guidelines to support that type of recommendation. In those situations, Zenith recommends clearly stating that the number of sessions should be based on clinical and medical evidence and documented continued improvement of the patient with treatment. An example of where a general statement was included is on Page 18, Cognitive therapy for general stress. Examples where no statement requiring documentation of continued improvement was included are on Page 18, Cognitive behavioral stress management, and Page 21, Dialectical Behavior Therapy. Without guidelines stating that treatment is not

- medically necessary without documented improvement, we are concerned that treatment could be continued for an indefinite period of time with no benefit to the injured worker.
6. 6. Page 21, Depression: the gene factor – This appears to a summary of literature that addresses causation, not treatment. Therefore, we recommend it be removed as MTUS should not address causation but rather should focus on treatment.
 7. 7. Page 35, Major depressive disorder – This is a definition and should be removed. Guidelines should focus on providing the actual treatment guidelines and not restate definitions from other sources. Users should be referred to the most current version of the Diagnostic and Statistical Manual of Mental Disorders (DSM) if it is desired to provide a definition reference. The concern is that when a definition is included it will not be automatically updated if the underlying source changes the definition based on updated findings in the medical field. This would then create a conflict between the MTUS definition and the intended source definition. Therefore, we recommend removing the definition from MTUS. As an alternative, you could add language that states the definition is being provided as a convenience and that the definition of the most current version of the DSM takes precedence.
 8. 8. Page 36, Major depressive disorder, diagnosis – Same comment as for #7 above.
 9. 9. Page 60, SF36 – Zenith recommends adding the full title and a brief description of SF 36 such as follows: Short Form (36) Health Survey (SF 36TM) “**The Short Form (36) Health Survey** is a 36-item, patient-reported survey of patient health. The SF-36 is a measure of health status and an abbreviated variant of it, the SF-6D, is commonly used in health economics as a variable in the quality-adjusted life year calculation to determine the cost-effectiveness of a health treatment. The original SF-36 came out from the Medical Outcome Study, MOS, done by the RAND Corporation. Since then a group of researchers from the original study released a commercial version of SF-36 while the original SF-36 is available in public domain license free from RAND. A shorter version is the SF-12. If having only adequate physical and mental health summary scores is of interest, "then the SF12 may be the instrument of choice".” From Wikipedia
 10. Page 61, Stress, occupational – This section includes a section on Initial Evaluation and a section on Initial Therapy. For ease of use, it may be helpful to put each as their own section rather than having this as one long section.
 11. 11. The following comment applies to several sections beginning on page 63, including:
 - Stress & atherosclerosis (effect)
 - Stress & blood pressure (effect)
 - Stress & cancer (effect)
 - Stress & depression(effect)
 - Stress & physiology/mental performance(effect)
 - Stress & heart-related interventionsThe listed sections are not treatment recommendations and appear to be provided for informational purposes only and related to causation. MTUS generally focuses on treatment recommendations and including such materials could be confusing to users. Therefore, these sections should be removed or the titles clarified. If the decision is made to retain the sections, Zenith recommends adding the following language under the title in the title column: FOR INFORMATIONAL PURPOSES ONLY, NOT A RECOMMENDATION

We also were not certain why the word (effect) was under several of the titles. We would remove that from the title or clarify what is meant by (effect). We were assuming it meant the effect stress had on each condition but it was not clear.

12. Page 68, Transcranial magnetic stimulation (TMS) - Near the end of this section there is a bullet that states: “Standard treatment consists of the following”. Zenith believes this should not be part of the bullet list, but should be its own paragraph. We also believe it is not visible where located and should be moved up higher in the section or the first sentence should be bolded to make it more visible.
13. Page 69, Vagus nerve stimulation (VNS) – Zenith recommends rewording the first sentence for clarity to the following: “Not recommended for treatment of depression, except when used for treatment-resistant depression (TRD).”

Otherwise the section says it is not recommended for treatment of depression but then immediately says it is FDA-approved for treatment of treatment-resistant depression. These two sentences contradict each other and could be confusing to users.

14. Page 73, Yoga – see comment 5. Zenith recommends adding language that states there should be documentation of continued improvement of the work-related injury through the practice of yoga in order for sessions to be medically necessary. Otherwise, there may be a tendency to prescribe yoga with no ability to determine whether it is necessary for continued treatment of the work related injury.