Good afternoon (or morning). I’m George Parisotto, Administrative Director for California’s Department of Industrial Relations, Division of Workers’ Compensation. Welcome to the DWC’s educational webinar entitled “California’s Medical Treatment Utilization Schedule” also known as the MTUS. I’m glad you can join us today. This is the first of two educational webinars that the DWC will be presenting.

Our next educational webinar will be on the Drug Formulary. We anticipate the Office of Administrative Law approving the formulary regulations by December 7th and we will hold the Drug Formulary webinar shortly thereafter.

We hope you will find these webinars helpful as you prepare for the updates to the MTUS guidelines which will become effective on December 1st and the new Drug Formulary regulations which will become effective at the beginning of next year. For those unable to attend, the webinar slides will be posted online for on demand viewing.

So let’s get started! Let me begin by introducing the Executive Medical Director for the DWC, Dr. Ray Meister.
Thank you George... and welcome everyone! At the Division of Workers’ Compensation, we establish policy and guidelines for the evaluation and treatment of injured workers. California law gives your patient the right to receive medical treatment that is reasonably necessary to cure or relieve from the effects of his or her work-related injury or condition. Treating providers in California’s workers’ compensation system are required to provide evidence-based medical treatment. This means treatments that have been scientifically proven to be effective. The MTUS provides the framework for the evaluation and treatment of California’s workers. The MTUS includes a set of guidelines covering which treatments are effective for most work-related injuries or conditions.

Our goal is that all physicians who treat California’s workers understand and follow the MTUS. Understanding and following the MTUS is not only required by law, but it will facilitate the approval of your treatment plans and improve the outcomes of your patients.
Todays webinar “California’s Medical Treatment Utilization Schedule (MTUS)” webinar will be in two parts:
- Thorough discussion of the MTUS.
  - Why is the MTUS important? What is the MTUS?
  - How to apply the Medical Evidence Search Sequence to find treatment recommendations.
  - Explain the clinical documentation requirements to get your treatment requests approved.
  - Illustrate how Utilization Review (UR) and Independent Medical Review (IMR) physicians apply the MTUS Methodology for Evaluating Medical Evidence.
- ReedGroup will provide a demonstration of their available tools.

In the second part of this webinar, I will introduce Lucy Shannon from the ReedGroup. Lucy will provide a demonstration of their available tools that, we believe, will make this entire process much easier and efficient for treating providers, reviewing physicians, and others in the workers’ comp system.

So let me begin by introducing John Cortes...
Thank you Dr. Meister.

So, why is the MTUS important?

The MTUS was developed to establish evidenced based, peer-reviewed, nationally recognized standards of care to guide the evaluation and treatment of injured workers. The core of the MTUS is its medical treatment guidelines.

California law requires use of the MTUS treatment guidelines. California Labor Code section 4600(b) states “medical treatment that is reasonably required to cure or relieve the injured worker. . . means treatment that is based upon the guidelines adopted by the administrative director. . . “

In addition, Labor Code section 4604.5(a) makes it clear that recommendations found in the MTUS guidelines are “presumed correct” on the issue of extent and scope of medical treatment. The term “presumed correct” means that recommendations found in the MTUS guidelines will automatically be applied to guide your patient’s care unless you disagree with the recommendations and wish to challenge it. Dr. Meister will discuss the details of how to challenge the MTUS’ presumption of correctness later on.
The MTUS is important because it is the primary source of guidance for treating physicians and physician reviewers in California’s workers’ compensation system. The MTUS provides the pathway to providing appropriate patient care and getting treatment requests approved.
What is the MTUS?

When most people think of the MTUS, they think of medical treatment guidelines...but, it is more than that! The MTUS is a set of regulations that provide the clinician with an analytical framework for the evaluation and treatment of injured workers in the California workers’ compensation system. It is found within the California Code of Regulations, title 8, sections 9792.20 – 9792.26.

Again, the medical treatment guidelines are considered the core of the MTUS. However, in addition to medical treatment guidelines, the MTUS regulations provide definitions to terms, establishes the primary role of the medical guidelines in the MTUS for the evaluation and treatment of injured workers, provides a medical evidence search sequence when looking for treatment recommendations, and provides the methodology to use when evaluating conflicting recommendations.

The MTUS is based on the principles of evidence-based medicine (EBM).
There are several elements you must consider when providing care to your patients. Practicing evidence-based medicine is an important part of this process. The MTUS is based on the principals of evidence-based medicine.

EBM is not cookbook medicine, nor is it meant to cut costs or withhold treatments from patients. Evidence-based medicine is a systematic approach to making clinical decisions by using recommendations supported by the best available evidence and integrating it with your clinical expertise and your patient’s values.

Patient outcomes improve when an evidence-based approach is used.
As I’m sure most of you are aware, the DWC recently made evidence-based updates to the MTUS. By Administrative Director Order pursuant to Labor Code section 5307.27(a) we incorporated by reference the most recent American College of Occupational and Environmental Medicine’s (ACOEM’s) most recent treatment guidelines to the MTUS.

- Administrative Director Order making evidence-based updates to the MTUS with accompanying addendums.

As I’m sure most of you are aware, the DWC recently made evidence-based updates to the MTUS. By Administrative Director Order pursuant to Labor Code section 5307.27(a) we incorporated by reference the most recent American College of Occupational and Environmental Medicine’s medical treatment guidelines or ACOEM into the MTUS. The AD Order was signed and posted on the DWC’s internet website on November 1, 2017 and is effective for all medical services rendered on or after December 1, 2017.

This slide contains the link where you can find the AD Order which includes the regulatory amendments made and hyperlinks to the updated ACOEM guidelines.
**Evidence-Based Updates to MTUS**

- Neck and Upper Back Complaints → Cervical and Thoracic Spine Disorders Guideline
- Shoulder Complaints Chapter → Shoulder Disorders Guideline
- Elbow Disorders → Elbow Disorders Chapter
- Forearm, Wrist, and Hand Complaints → Hand, Wrist, and Forearm Disorders Guideline
- Low Back Complaint → Low Back Disorders Guideline
- Knee Complaints → Knee Disorders Guideline
- Ankle and Foot Complaints → Ankle and Foot Disorders Guideline
- Eye → Eye Disorders Chapter
- Chronic Pain Medical Treatment Guidelines → Chronic Pain Medical Treatment Guideline
- Opioids Treatment Guidelines → Opioids Treatment Guideline
- General Approaches Guidelines → Initial Approaches to Treatment

Before the completion of these recent updates, the MTUS still contained many guidelines from ACOEM’s 2nd Edition published in 2004. We have now adopted the most recent ACOEM guidelines into the MTUS. Many of the updated guidelines are directly replacing older guidelines but with slightly different titles. For example, the Cervical and Thoracic Spine Disorders Guideline has replaced the Neck and Upper Back Complaints Chapter. The Shoulder Disorders Guidelines has replaced the Shoulder Complaints Chapter.

Please take a look at the list on this slide which shows the titles of the updated ACOEM guidelines which are directly replacing their older counterparts.
Evidence-Based Updates to MTUS

These Guidelines are being added:
- Hip and Groin Guideline
- Occupational/Work Related Asthma Guideline
- Occupational Interstitial Lung Disease Guideline

These Guidelines are going to be deleted because these treatments are addressed in the other guidelines:
- Acupuncture Medical Treatment Guidelines
- Postsurgical Treatment Guidelines

NOTE: Stress Related Conditions Guideline has no replacement. ACOEM’s updated guideline is not yet ready, but psychological treatment and evaluation related to chronic pain is addressed in the Chronic Pain Guideline.

In addition to the updated guidelines that have directly replaced the older guidelines, we have added new ACOEM guidelines into the MTUS. We have added: the Hip and Groin Guideline, the Occupational/Work Related Asthma Guideline, and the Occupational Interstitial Lung Disease Guideline.

Finally, we deleted the Acupuncture Medical Treatment Guidelines and the Postsurgical Treatment Guidelines because these treatments are now addressed in the corresponding updated clinical topic guidelines, and/or the Chronic Pain Guideline, and/or the Opioids Guideline.

Important note, ACOEM’s updates to the Stress Related Conditions Guidelines is not yet ready for publication. However, psychological treatment and evaluations related to chronic pain is addressed in the Chronic Pain Guideline. The DWC’s temporary regulatory solution until ACOEM completes its updates to the Stress Related Conditions guideline is as follows:

For psychological treatment and evaluation related to chronic pain, the Chronic Pain guideline shall be used. However, if the injured worker’s psychological condition, treatment or evaluation is unrelated to chronic pain, then medical care and evaluation shall be in accordance with other medical treatment guidelines or peer-reviewed
studies found by applying the Medical Evidence Search Sequence set forth in the MTUS regulations in section 9792.21.1.
Where can you find the MTUS guidelines?

- As previously mentioned, California Labor Code section 4600(b) states, “medical treatment that is reasonably required to cure or relieve the injured worker from the effects of his or her injury means treatment that is based upon the guidelines adopted by the administrative director. . . “

- Updated ACOEM guidelines are posted on the DWC’s website for rulemaking viewing purposes only.

- The ACOEM guidelines are copyright protected.

- Commercial use of the ACOEM guidelines requires the purchase of a license from ReedGroup, ACOEM’s publisher.

Where can you find the MTUS guidelines?

As previously mentioned, California law requires use of the MTUS to determine medical treatment that is reasonably necessary to cure or relieve the injured worker from the effects of his or her injury.

Although the DWC has posted the updated ACOEM guidelines incorporated by reference into the MTUS on our website, we posted it for rulemaking viewing purposes only.

The ACOEM guidelines are copyright protected. In fact, the ACOEM guidelines posted on the DWC’s website are secured PDF files. You can view them but they cannot be printed, copied, pasted or edited. Commercial use of the ACOEM guidelines requires the purchase of a license from ReedGroup, ACOEM’s publisher. Dr. Ray Meister, will provide more details about the purchase of a commercial license later on this webinar.

I will now hand it over to Dr. Meister to explain the process when making a treatment request.
Thank you, John.

I know that the clinicians caring for California’s injured workers want to provide the best care that is supported by the best available evidence. I know that many of you have your “go-to” treatments and that it takes time to learn new guidelines. As an occ med physician, I understand the time constraints you are all faced with. However, I believe that a bit of up-front time and effort to learn the rules around the MTUS and to become familiar with the new MTUS treatment guidelines applicable to your practice will benefit you and your patients and that it is very likely that you provide better care and save time and effort in the long run.

Let me begin by introducing the Medical Evidence Search Sequence. Every workers’ compensation clinician and reviewing physician should be familiar with it because it is a regulatory requirement that establishes the sequence or order that must be followed when conducting a medical evidence search (see section 9792.21.1). The Medical Evidence Search Sequence is NOT a hierarchy of evidence. Finding a recommendation in any of the sources mentioned does not necessarily mean you must end your search. However, the search sequence was designed to make things more efficient and consistent for clinicians and medical reviewers by taking advantage of work that has
already been done by guideline makers. Therefore, if the MTUS treatment guidelines address your patients injury or condition, there is a good chance those recommendations are supported by the best available evidence.
As the Medical Evidence Search Sequence mandates, always begin by searching in the MTUS guidelines. Now that the DWC has adopted the most recent ACOEM guidelines, your patient’s injury or condition will most likely be addressed in the MTUS guidelines.

Take a look at the yellow flow-chart on the right-hand side of the slide. Ask yourself, “Is my patient’s condition or injury addressed by an MTUS guideline?”

If the answer is yes, then ask yourself “Does the recommendation found in the MTUS guideline support my treatment request or treatment plan?”

If the care you wish to provide IS supported by the MTUS guidelines, then simply apply the MTUS guideline recommendation to the treatment of your patient! There is no mystery to this. In fact, it is a very simple process.

However, let me emphasize! Without proper documentation, your request for authorization (RFA) can still be denied even if you’ve followed this process. Proper documentation is the key to approval.
Providing proper documentation that substantiates the need for your requested treatment is the most important step to getting your treatment requests approved. You must complete the Doctor's First Report (DFR) or Progress Report (PR-2) and Request For Authorization (RFA) that includes the clinical rationale to substantiate the need for your requested treatment.

The regulations do not require that you cite the MTUS guideline in the RFA if your treatment plan is supported by recommendations found in the MTUS treatment guidelines. However, the DWC recommends that you provide an MTUS guideline citation in your RFA to make it clear to a utilization reviewer that recommendations found in the MTUS treatment guidelines support your treatment plan.

**Important caution!** Merely citing an MTUS guideline is NOT enough. Your treatment request could still be denied even if you cited recommendations found in the MTUS treatment guidelines, if you do not provide the relevant clinical details in your documentation. Use the MTUS criteria as a guide for your clinical documentation. Your clinical documentation must support the use of that recommendation, for that patient, in that situation.

To summarize, if your treatment plan is supported by recommendations found in the MTUS treatment guidelines AND you’ve provided the proper clinical documentation your treatment request will most likely be approved. REMEMBER, documentation is the
key!
We now turn to the use of recommendations found outside of the MTUS guidelines for patient treatment. Here is a slide that shows the Medical Evidence Search Sequence again. But this time, the treating provider is searching for treatment recommendations outside of the MTUS guidelines.

There are only two limited situations that may warrant treatment based on recommendations found outside of the MTUS guidelines. Take a look at the red box on the right-hand side of the slide.

The first situation is when your patient’s medical condition is not addressed in the MTUS guidelines.

The second situation is when your patient’s medical condition is addressed in the MTUS guidelines but the recommendations do not support your desired treatment plan. Recommendations found in the MTUS guidelines are “presumed correct”. So, if you disagree with these recommendations you may challenge them by finding recommendations outside of the MTUS that are supported with a higher level of evidence. Remember, as a treating physician you bear the burden of proving the medical necessity of your treatment requests. If you are challenging the MTUS, be prepared to take the extra steps.
In both situations, you will need to find recommendations outside of the MTUS guidelines that support your treatment plan. In order for your treatment plan to be approved, the recommendation you find must be supported by the best available evidence.
This slide shows the process to follow when making a treatment request supported by evidence found outside of the MTUS treatment guidelines.

On the left-hand side of the slide in blue, is a condensed version of the Medical Evidence Search Sequence. Here, the treating provider is searching for treatment recommendations outside of the MTUS guidelines because one of the two limited situations for searching outside of the MTUS treatment guidelines exists as illustrated by the red box.

Once you have found a recommendation outside of the MTUS guidelines, follow the process illustrated by the yellow flow chart on the right-hand side of the slide.

In order for your treatment plan to be approved, the recommendation you find must be supported by the best available evidence.

However, how do you know if the recommendation you’ve found is supported by the best available evidence? I will discuss that process in a little while.

Let me first cover proper documentation as it pertains to treatment recommendations.
found outside of the MTUS treatment guidelines.
To successfully challenge recommendations found in the MTUS guidelines, treating physicians must cite recommendations supported with a higher level of evidence than that contained in the guidelines found in the MTUS. If you believe recommendations you’ve found outside of the MTUS guidelines meet this criteria, then you must provide:

1. A clear concise statement in the Request for Authorization that the MTUS’ presumption of correctness is being challenged;
2. A citation to the guideline or study containing the recommendation you believe guides the proper medical treatment;
3. A copy of that study or the relevant section of the guideline containing the recommendation you believe should guide treatment.
4. Lastly, if more than one citation is noted, provide a copy of each with an explanation of how it provides additional information not addressed in the primary citation.

If your patients injury or condition is NOT covered by an MTUS guideline, the documentary requirements will be similar except a “clear concise statement that the MTUS’ presumption of correctness is being challenged” is not required. Also, a citation to the guideline or study containing the recommendation you believe guides the proper medical treatment is not required but is strongly recommended by the DWC.
Let's move on to the next topic.

What are the roles of Utilization Review and Independent Medical Review physicians? Simply put, they determine if your treatment request is medically necessary. They are required to follow the analytical framework established by the MTUS to ensure that the recommendations guiding patient care is supported by the best available evidence. Since recommendations found in the MTUS guidelines are presumed correct, UR and IMR physicians will first evaluate your treatment requests by determining if they are addressed by a guideline in the MTUS.

Recall my previous comment, if your treatment plan is supported by a recommendation found in the MTUS treatment guidelines AND you’ve provided the proper clinical documentation your treatment request will most likely be approved. REMEMBER, documentation is the key!
However, things get a little more complicated when there are conflicting recommendations that could potentially guide your patient’s care.

Conflicting recommendations can occur when:

1. Recommendations in the MTUS guidelines do not support your desired treatment plan and you’ve searched the medical literature and cited recommendations found outside of the MTUS;

2. The MTUS guidelines do not address your patient’s condition and you’ve found and cited recommendations outside of the MTUS guidelines.
   - Here, since the MTUS guidelines are silent, both the UR and IMR physicians are obligated to search the medical literature to find recommendations outside of the MTUS. The recommendations they find may conflict with the recommendations you’ve found.
UR and IMR physicians are required to:

- Apply the MTUS Methodology for Evaluating Medical Evidence when there are conflicting recommendations.

- Evaluate the quality and strength of the underlying studies used to support each recommendation and, if necessary, apply the MTUS Hierarchy of Evidence to determine which is supported by the best available evidence.

- The recommendation supported by the best available evidence will then be used to determine the medical necessity of your requested treatment.

Even though “treating providers” are not required to formally apply the MTUS Methodology for Evaluating Medical Evidence, it is important to understand this process. If you recall, I asked the question earlier “how do you know if the recommendation you’ve found outside of the MTUS is supported by the best available evidence?” The answer is...by applying this methodology. I will NOT delve into the details of how to apply the MTUS Methodology for Evaluating Medical Evidence during this webinar. However, this slide provides a link to the California Code of Regulations section 9792.25.1 that details the methodology and the hierarchy of evidence used.
Once UR and IMR physicians have determined which recommendation is supported by the best available evidence, they shall include the following in their decisions:

1. A citation to the guideline or study containing the recommendation that guides medical treatment.

2. The level of evidence for each published study shall be documented and included in the UR and IMR decisions.

3. If more than one citation is noted, provide an explanation of how it provides additional information not addressed in the primary citation.

4. And finally, when relying on lower levels of evidence, a statement must be included that states higher levels of evidence are absent.
To summarize:

- The MTUS is a set of regulations that provide an analytical framework for the evaluation and treatment of injured workers.
- The recommendations found in the MTUS guidelines are presumed correct.
- Follow the Medical Evidence Search Sequence which requires you to always begin by reviewing the MTUS guidelines to determine if it contains a recommendation that addresses your patient’s condition and supports your desired treatment plan.
- Proper documentation is the key to getting treatment plans approved.
- Utilization Review and Independent Medical Review physicians determine if your treatment requests are medically necessary.
- When there are conflicting recommendations the MTUS Methodology for Evaluating Medical Evidence is applied.

Summary

- The MTUS is a set of regulations that provide an analytical framework for the evaluation and treatment of injured workers.
- The recommendations found in the MTUS guidelines are presumed correct.
- Follow the Medical Evidence Search Sequence which requires you to always begin by reviewing the MTUS guidelines to determine if it contains a recommendation that addresses your patient’s condition and supports your desired treatment plan.
- Proper documentation is the key to getting treatment plans approved.
- Utilization Review and Independent Medical Review physicians determine if your treatment requests are medically necessary.
- When there are conflicting recommendations the MTUS Methodology for Evaluating Medical Evidence is applied.
On my last slide, I would cover when a license to the ACOEM Practice Guidelines will be required.

- California requires the use of the MTUS Guidelines for physicians treating workers’ compensation patients.
- The MTUS is built on the foundation of ReedGroup’s ACOEM Practice Guidelines and Formulary.
- Using the ACOEM Guidelines to treat patients or for UR/IMR decisions is considered a commercial use of the Guidelines.
- A commercial license from ReedGroup is required when providers use the ACOEM Guidelines for any of these commercial purposes.
- CA providers may obtain an annual commercial license to the ACOEM guidelines and formulary at a discounted rate of $100/year: [http://go.reedgroup.com/MTUS](http://go.reedgroup.com/MTUS)
- Questions? Contact Carlos Luna via email or phone cluna@reedgroup.com / 303.407.0682

License for ACOEM Guidelines

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That is all I have today. Let me go ahead and introduce Lucy Shannon from the ReedGroup who will give you a summary of the ACOEM Guidelines, the MDGuidelines website and some of the exciting tools they have to offer.