



OCCUPATIONAL HEALTH **BEST PRACTICES**

— Working together to keep people working —

Health Policy News for Self-Insured Employers

WSIA Liaison Committee

January 2021

Coverage Decisions

Health Policy Unit - Ian Zhao

- Implemented through the Health Technology Clinical Committee (HTCC) and L&I
 - L&I is required by statute to implement HTCC coverage decisions (RCW 70.14.120)
- Implementation does not indicate coverage
 - L&I does not cover Non-vasopneumatic Compression Devices without a Cryotherapy Component, or whole exome sequencing.
- Coverage decision list can be found on the L&I Website: <https://lni.wa.gov/patient-care/treating-patients/conditions-and-treatments/>
- 13 coverage decisions July 2019 to present:
 - Pending - [Tinnitus: non-invasive, non-pharmacologic treatments](#) (HTCC)
 - November 2020 - [Non-vasopneumatic Compression Devices without a Cryotherapy Component](#) (L&I)
 - September 2020* - [Cryotherapy Devices With or Without Compression \(re-review\)](#) (L&I)
 - September 2020 - [Stem cell therapy for musculoskeletal pain](#) (HTCC)
 - September 2020* - [Vagal nerve stimulation for epilepsy and depression](#) (HTCC)
 - July 2020 - [Cell-free DNA prenatal screening for chromosomal aneuploidies](#) (HTCC)
 - July 2020 - [Whole exome sequencing](#) (HTCC)
 - May 2020^ - [Femoroacetabular impingement syndrome - re-review](#) (HTCC)
 - February 2020 - [Perineural injection therapy \(PIT\) for chronic pain](#) (L&I)
 - December 2019 - [Diaphragmatic/Phrenic Nerve Stimulation \(Diaphragm pacing\)](#) (L&I)
 - October 2019 - [Proton beam therapy - re-review](#) (HTCC)
 - September 2019 - [Sacroiliac joint fusion](#) (HTCC)
 - September 2019 - [Peripheral nerve ablation for limb pain](#) (HTCC)

*Last reviewed and updated

^Last reviewed and confirmed

Guidelines

Zach Gray - IIMAC Subcommittee: Lumbar Surgery

- Work began in March of 2019 to update current lumbar surgery guideline
 - Expert subcommittee formed with community physicians, members of the Industrial Insurance Medical Advisory Committee, and L&I Staff

IIMAC Members	Community Clinical Experts
Chris Howe, MD (Chair) Spine Surgery, Renton & Covington	David Folweiler, DC North Seattle
Andrew Friedman, MD Physiatry - Pain Management Virginia Mason, Seattle	Virtaj Singh, MD Physiatry & Pain Mgmt, Seattle Spine and Sports Medicine
Kirk Harmon, MD Occupational Medicine MultiCare, Tacoma	Amir Jalali, MD Physiatry, The Everett Clinic, Everett
Robert Lang, MD Neurosurgery, Olympia	James Babington, MD Physiatry & Pain Management, Swedish Medical - Edmonds
J.C. Leveque, MD Neurosurgery, Virginia Mason	Amitoz Manhas, MD Inland Neurosurgery, Spokane
	Scott Price, MD Neurosurgery ProOrtho - Issaquah, Kirkland, Monroe
	Ted Wagner, MD University of Washington

- Includes updates to fusion and decompression procedures based on current best evidence and expert opinion

Fusion for:	Decompression for:
Spondylolisthesis	Disc herniation
Prior fusion (at adjacent/same level)	Recurrent disc herniation
Prior decompression(s) at same level	Foraminal stenosis
Spondylolisthesis \geq Grade 2	Synovial cyst
Pseudarthrosis, with/without hardware failure	Nerve root entrapment
Recurrent disc herniation	Acute cauda equina syndrome
Foraminal stenosis	Central spinal stenosis
Adjacent segment pathology	

Pilots

Dr. Morgan Young & Zach Gray - Master's Level Therapist (MLT) Pilot Project

- Ongoing pilot for up to 4 years
 - November 2019 to now—Open enrollment of up to 300 providers including:
 - Licensed Independent Clinical Social Workers (LICSWs)
 - Licensed Marriage and Family Therapists (LMFTs)
 - Licensed Mental Health Counselors (LMHCs)
- January 1, 2020—delivery of services began, focused on:
 - Provision of behavioral health interventions
 - Expanding access to trained behavioral/mental health providers
- More information: lni.wa.gov/MLT
 - Email - MLT@lni.wa.gov
 - [Master's Level Therapists Pilot Project](#)

SI Liaisons

Washington Self-Insurers Association & Office of the Medical Director

Both new to our liaison roles, we are excited to work together and learn from each other as we explore new and innovative ways to serve our self-insured employers.

We look forward to providing the information you seek through newsletters, email distribution, and WSIA conferences as we honor to our shared mission, “keep Washington safe and working”.

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Q&A

WSIA Fall September Conference – Participant Questions

QUESTION: Are there any new efforts being made to hold providers more accountable to the guidelines and better to weed out those who don't comply or routinely do their own thing?

ANSWER: Provider Quality and Compliance in collaboration with the Office of the Medical Director (OMD) through the Occupational Nurse Consultant (ONC) team. The Regional ONCs are working towards addressing providers who have improvement opportunities in the areas mentioned. There are also projects such as the Provider Recognition Program (formerly called Top Tier Pilot) which would incentivize providers working in our system.

QUESTION: How does one contact the department if they want to report a provider that is not following guidelines or engaging best or safe practice?

ANSWER: Comments / Quality Concerns / Feedback - Submit in writing.

Either send an email to: ProviderComplaint@lni.wa.gov

Or, mail or fax to:

Department of Labor & Industries
Attn: Provider Quality and Compliance Manager
PO Box 44322
Olympia, WA 98504-4322

Fax: (360) 902-4249

QUESTION: In other countries, and in WA State, we have Coverage / Non-Coverage decisions to innovatively balance best care and cost – being good stewards with public monies.

- What should we do regarding consequence of *Murray* – within the US, health costs are astronomical?

ANSWER: The Department is currently evaluating the impact of *Murray*. We expect that the vast majority of non-covered procedures and tests in individual cases remain non-covered

- What can we do to improve health care costs overall?

ANSWER: Promote evidence-based health care services with an emphasis on purchasing safe, effective, and cost-effective health care services. :

- Consistent use of health policies, coverage decisions and outpatient drug formularies.
- Use the highest quality utilization review services such as through Comagine ensuring consistent application of guidelines and coverage policies
- Participate in innovative strategies for reducing disability and improving health care. An excellent example are the Centers for Occupational Health Education (COHE).

QUESTION: How do Self-Insured Employers (SIE) /Third Party Administrators (TPA) best access the OMD and what services will they provide to SIE/TPAs on areas such as PPD rating errors, treatment issues, etc.?

ANSWER: Currently, the Self-insurance (SI) Claims Managers (CM) send any medical questions to the ONC supervisors via a share email box - this an internal email address and should only be used by the SI and Crime Victim CMs in L&I.

TPA's should access OMD through their CMs (who refer their questions to the ONC Supervisors via the internal, shared email box).

Supervisors address the questions, conduct claim reviews, and make recommendations for self-insured claims. If after the claim is reviewed and it is appropriate, the designated ONC supervisor will prepare and send a referral to the External OMD Consultants*.

- The same process occurs with the use of External OMD Consultants*.

*The External OMD Consultants are the contracted external physicians that provide specific medical consultation on referred claims. The claims team commonly calls them the "OMD Consultants." We have approximately 30 contracted physicians in the following specialties: Physiatry, Chiropractic, Dental, Psychiatry, Orthopedics and Occupational Medicine.

QUESTION: With the increasingly limited number of options for BCAP IME doctors, do you have any recommendations for who TPAs should go to when seeking 2nd medical opinion in regards to need for lumbar surgeries?

ANSWER: The answer is multifaceted. All lumbar surgeries are sent to Comagine to determine if the request meets medical necessity -- Comagine does not review for causal relationship to the claim, only medical necessity. If the request for surgery is denied because it is a non-covered procedure, any protest to that decision would be reviewed by OMD staff. If the TPA feels that there is a question pertaining to a causal relationship of the lumbar surgery to the claim, then the designated ONC on the claim would review the file (for SI claim, the designated ONC would be the ONC Supervisor). If, after their review, the designated ONC feels it is appropriate for the External OMD Consultant review, they will prepare the file and send a referral to the External Consultants to seek their medical opinion.

The Department recommends using our surgical criteria for all spinal surgery requests. Such consistency is much more likely to be successful at the Board. Second opinions on surgery are often difficult to obtain outside of the referral network of the requesting surgeon and may not be really independent.

QUESTION: Prior to authorizing any lumbar surgeries, do you also recommend inquiring as to how many such procedures the surgeon has performed? If yes, is there a minimum number, or does that not give a good indicator of quality?

ANSWER: In our experience, neither the number of surgeries, nor the percent purported to have done well, are good measures to use in making coverage determinations for spinal surgery. The Department uses the medical treatment guidelines for initial review. If a guideline is not met, the Department implements physician review processes. In all denied procedures, the requesting surgeon is offered a peer-to-peer discussion as to whether there are any compelling clinical reasons to make an exception to the guidelines or to coverage criteria. If there are no such compelling reasons, the request will be denied.