



OCCUPATIONAL HEALTH **BEST PRACTICES**

— Working together to keep people working —

Health Policy News for Self-Insured Employers

WSIA Liaison Committee

October 2021

Legislative Summaries

SB5018: Concerning Acupuncture and Eastern Medicine

This bill, now law, affects L&I but primarily dealt with a provider type scope of practice, which is in the realm of the Department of Health. This bill's language was nearly identical to SB 6038 from the 2020 legislative session. This bill does not change or affect L&I coverage for acupuncture.

Key Points:

- Redefined acupuncture from a singular/specific modality (e.g., acupuncture needling), to a holistic set of services that encompasses treatments such as ear/aural acupuncture, acupressure, cupping, and Qi gong.
- Adds “intramuscular needling and dry needling of trigger points and other nonspecific points throughout the body in accordance with acupuncture and Eastern medicine training”.
- Adds language regarding use of local anesthetics for point injection, and language requiring training and education for administration of oxygen and/or epinephrine in emergency situations.
 - General opinion is that this is to allow providers to have access to wholesale prices for these materials.
- Sunrise review conducted by DOH in 2020 did not find that the bill added or expanded the scope of practice of acupuncture and Eastern medicine providers.

Pharmacy

Generics Save Money

- As of 2017, the average cost of a brand-name drug was more than 18 times higher than its generic equivalent.
- Maximizing generic drug use through formulary coverage status and periodic billing audits is one of the primary cost saving strategies for the state fund pharmacy program.
- In 2020, 95% of prescriptions billed under state fund claims were for generic drugs.
- In an earlier study by the Workers' Compensation Research Institute, L&I average prescription cost per claim was 40% lower than the median of the 17 other State's workers compensation insurers in this area. One of the main reasons is high generic drug use by Washington workers.

Pilots

Master's Level Therapist (MLT) Pilot Project

- Ongoing pilot for up to 4 years starting in 2019
 - 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)
- Focus on provision of behavioral health interventions and expanding access to trained behavioral/mental health providers.
 - Currently 57 providers enrolled.
- More information is on the [MLT Webpage](http://lni.wa.gov/MLT) (lni.wa.gov/MLT)
 - Email - MLT@lni.wa.gov
 - [Master's Level Therapists Pilot Project Fact Sheet](#)

Coverage Decisions

New Decisions

- [Non-invasive, non-pharmacologic treatments for tinnitus](#), effective 2/1/2021.

Updated Decisions

- [Sacroiliac \(SI\) Joint Fusion](#), September 2021.
- [Neuromuscular Electrical Stimulators \(NMES\)](#), updated September 2021.

Guidelines

Lumbar Spine Surgery Guideline

The IIMAC and its Lumbar Spine Surgery Guideline Subcommittee, in partnership with L&I and the Office of the Medical Director, produced the Lumbar Spine Surgery Guideline as a best practice standard for treatment of certain lumbar conditions and procedures.

Providers who are in the department's Medical Provider Network will be required to follow this guideline as it applies to the treatment provided to injured workers. The guideline went into effect October 3rd, 2021.

Some changes to note include:

- Updated coverage criteria table for fusion and decompression procedures.
- Requirement of an X-ray read by a radiologist for some surgical procedures.
- MRI with contrast required for some repeat surgical procedures to rule out post-op epidural scarring.
- Updated narrative guidance including fitness for surgery, opioids, and substantial evidence synthesis on covered topics.

Helpful Links/Resources

World Health Organization Disability Assessment Schedule (WHODAS) Usage Update

Recommendations were made to add substantially equivalent, validated instruments in addition to the WHODAS 2.0 when treating mental health conditions.

- Allow the SF-36 and PROMIS 10 as alternatives to WHODAS 2.0 and list them in the “Authorization and Reporting Requirements for Mental Health Specialists” document and relevant IME policies. This will not remove WHODAS 2.0 as a valid option.
- Change the use of WHODAS or other validated instruments to be optional in the *Medical Examiner’s Handbook* and other relevant policies for IME psychiatric examinations. Requirements will be refocused on ensuring detailed reporting of relatedness, response to care, and potential for RTW.

Q&A

Washington Self-Insurers Association

Questions to the Office of the Medical Director

- Where can we get more information about how COVID has affected SI employers?
 - [SI and Coronavirus Common Questions](#)
- What is L&I's main phone number for self-insurance?
 - 360-902-6901
 - We encourage you to use Secure File Transfer (SFT) instead of sending paper files to us. To set up this service, contact us - Bill.Bailey@Lni.wa.gov
- How can I learn more about treating Mental Health?
 - L&I’s [Mental Health Services](http://lni.wa.gov/mentalhealth) webpage (lni.wa.gov/mentalhealth) has helpful information.
- Will questionnaires pass for auto authorization?
 - Yes, if they are answered correctly. The UR recommendation for approval is auto generated -- if the questionnaire passes. However, in most cases the CM must authorize. There are some cases (about 20%) that can be authorized by the advanced imaging nurse.
- Can we request that OMD implement a review?
 - To determine this, the SI CM coordinates or reaches out to their designated ONC. The option is based on the situation. For instance, the external medical consultants cannot review a denial that was a Comagine decision or in cases where the department has non-coverage decisions.
- What questions do you recommend claims examiners ask APs who are requesting MRIs in order to confirm if an MRI is medically necessary & appropriate?
 - If the AP uses the Advanced Imaging Questionnaires/MTG, positive answers to those questions would indicate a need for an MRI. Please see the [Advanced Imaging Guideline Checklists](#).
 - The Self Insurers claims staff or their TPA should read the guideline/ checklist and differentiate between acute or chronic.

- Lumbar MRIs should not be done in the first 6 weeks after injury unless there are “red flag” objective findings, such as fever.
- In striving for the highest level of care & safety, because each injured worker is unique, review requires careful consideration.
- Any recommendations on how to verify if a worker is a good candidate for a requested surgery, especially when they've been in poor compliance with PT?
 - By use of the WA L&I [Medical Treatment Guidelines](#) and other Utilization Review resources (MD Guidelines, WHO, CDC, etc.)
 - Candidacy for most surgery is based on these evidence-based medical treatment guidelines; however, other factors that may indicate issues related to worse prognosis for good recovery, while not exclusionary, should be considered. For example, smoking and taking chronic opioids are poor prognostic indicators for lumbar fusion. In these cases requesting surgeons should address these issues prior to requesting surgery.