

UTILIZATION AND TREATMENT GUIDELINES



Carla J. Huitt, MD, MPH
Medical Director for Worker's Compensation
Montana Department of Labor and Industry

Areas Covered



- ❧ **Organization of the Guidelines**
- ❧ **Primary Principles and Application**

Nine Guidelines

Low Back Pain — Cervical Spine Injury

Shoulder Injury Chronic Pain

Upper Extremity Traumatic Brain Injury

Lower Extremity Eye Injury

Complex Regional
Pain Syndrome (CRPS)

3

Organization of Each Guideline

- œ General Guideline Principles
- œ Initial Diagnostic Procedures
 - œ Hx and PE
 - œ Initial Diagnostic Tests – frequently necessary to establish causation
- œ Follow Up Diagnostic Imaging and Tests

4

Organization of Each Guideline

Therapeutic Measures--Non-Operative

- Medication
- Education
- Exercise
- Active therapy
- Passive therapy
- Manipulation
- Job hazard evaluation
- Psychosocial Intervention
- Interdisciplinary Treatment
- Vocational Assessment and Rehabilitation

5

Organization of Each Guideline

Therapeutic Procedures— Operative

☞ Surgical Interventions

6

General Principles

1. Application of guidelines
2. Education
3. Treatment parameter duration
4. Active interventions
5. Active therapeutic exercise program
6. Functional improvement goals
7. Re-evaluate treatment every 3-4 weeks

7

General Principles (cont.)

8. Surgical interventions
9. Six-month time frame
10. Return to work
11. Delayed recovery
12. Guideline recommendations and inclusion of medical evidence
13. Care beyond maximum medical improvement

General Guideline Principles

1. Application of Guidelines

❖ What's wrong with this case?

A 25-year-old meat cutter develops work-related carpal tunnel syndrome. She is initially treated with a splint, steroid injections, and removal from work. Two weeks later, she reports minor decrease in pain and tingling in her thumb and index finger. She is still confused about her diagnosis and has been continuing her knitting while off work.

9

General Guideline Principles

❖ In this case:

- What important elements of care were not addressed?
- What information do you need in order to assess the results of her current care?

10

General Guideline Principles

2. Education

- ❧ Patient education on self-management of symptoms and prevention. (Hint: required for some surgical conditions)
- ❧ Also includes education of employers, insurers, and family.



11

General Guideline Principles

- ❧ Education should be used as a means to:
 - ❧ Facilitate self-management of symptoms
 - ❧ Aid in Prevention
- ❧ For all involved:
 - ❧ Patient, Family, Employer, Insurer
 - ❧ Can be individual or group



12

General Guideline Principles

❖ What's Wrong with this Case?

- A 40-year-old male truck driver with low back pain has been treated with manipulation for 6 episodes and no supervised active therapy as been ordered. He is still off work and his pain scale has gone from 8 to 7. The provider is requesting an additional 15 treatments.
- What areas in the guidelines should you consult?

13

General Guideline Principles

3. Treatment Duration

- ⌘ Begins at initiation of treatment
- ⌘ Time to effect - If no effect within
change treatment or reassess diagnosis
– low back 6 treatments
- ⌘ Optimum duration - best duration for
most cases – 8-12 weeks
- ⌘ Maximum duration should not exceed
this limit -28



14

General Guideline Principles

4. Active Interventions

- ☞ Passive and palliative treatment only to facilitate active rehabilitation, therapeutic exercise and functional treatment. Also described under therapies--passive in each section

15

General Guideline Principles

5. Active Therapeutic Exercise

- ☞ To improve strength, endurance, coordination, vocational duties.



16

General Guideline Principles

6. Functional Improvement Goals

- Defined by functional gains; e.g., positional tolerance, range of motion, and activities of daily living.
- Decrease in pain is not a functional gain



Strong encouragement for providers to document functional goals

17

General Guideline Principles

7. Re-evaluate every 3-4 weeks

- If no positive patient response, re-evaluate diagnosis or treatment.



18

General Guideline Principles

8. Surgical Interventions

- ☞ For functional gains not purely pain relief
- ☞ Positive correlation of clinical findings, clinical course and diagnostic tests
- ☞ Presence of a pathologic condition

19

General Guideline Principles

9. Six-Month Time Frame

- ☞ 50% of workers out for 6 months or more will ***never return to work***



20

General Guideline Principles

Six-Month Time Frame

Permanent Disability more likely with increased time away from the work place regardless of injury severity



21

General Guideline Principles

10. Return to Work

- ⌘ This is part of therapy
- ⌘ Careful detailed restrictions must be written e.g. – lifting, pushing, pulling, kneeling, driving, tool use, cold environments
- ⌘ Be sure provider understands patient's job before return to full duty. If unsure obtain advice of occupational professional.



22

General Guideline Principles



- Return to Work is a therapeutic measure.
- Options when employer cannot accommodate – volunteer activity, documented work at home, work simulation, etc.

23

General Guideline Principles

11. Delayed Recovery

If no progress at 6-12 weeks consider psychosocial evaluation and interdisciplinary treatment.

Required for chronic pain, CRPS, some surgery

- 3-10% of patients will fall outside of guidelines for additional treatment. The physician must justify additional treatment showing functional gains.

24

General Guideline Principles

- ❖ Determine if further psychosocial interventions are indicated
- ❖ All patients who are diagnosed as having chronic pain and CRPS should be referred for a Psychosocial Evaluation



25

General Guideline Principles

Other History Elements

- ❖ Medical Management History
- ❖ Substance Use/Abuse
- ❖ Other Factors Affecting Treatment Outcome
 - Compensation/Disability/Litigation
 - Treatment Expectations



26

General Guideline Principles

Interdisciplinary Rehabilitation Programs

- ❖ Gold standard treatment for those who have not responded to less intensive treatment;
- ❖ Consider within 6 months post-injury in patients with delayed recovery unless surgical interventions or other medical complications intervene



27

General Guideline Principles

12. Guideline recommendations

- ☞ All recommendations in the Guidelines represent reasonable care in specific cases – regardless of evidence level.
- ☞ Other procedures are specified as not recommended

28

General Guideline Principles

13. Care Beyond Maximum Medical Improvement (MMI)

- ☞ Only chronic pain and CRPS-1 Guidelines contain post MMI care recommendations.
- ☞ Other Guidelines are not intended to address post-MMI care.

29

General Guideline Principles

Care Beyond MMI

☞ MMI:

- ☞ When authorizing physician no longer believes that further medical intervention is likely to result in improved function

☞ Preexisting Conditions:

- ☞ Should be treated until patient returns to prior level of functioning or MMI; and,
- ☞ Treated until its negative impact has been controlled.

30

General Guideline Principles

Determining Appropriate Treatment

- ☞ Has a clear diagnosis been made?
- ☞ Has patient education and initial conservative therapy begun? (active RX/return to work)
- ☞ Is the patient making functional gains?
 - ☞ Return to work with increasing ability
 - ☞ Increased strength, range of motion, activities of daily living
 - ☞ Decreased need for medication

31

Conclusions

- Organization of the Guidelines
- Primary Principles and Application

32