

GOVERNOR'S CONFERENCE

2014

Carla J. Huitt, MD, MPH

Medical Director for Worker's Compensation

Montana Department of Labor and Industry

MEDICAL STATUS FORM UPDATE

☞ **39-71-1036. Medical status form.** (1) The department shall create a medical status form to be provided to a health care provider providing treatment for a compensable injury or occupational disease.

(2) The form must contain, at a minimum, the following information

MEDICAL STATUS FORM MINIMUM REQUIREMENTS

- Employees last and first name
- Claim number
- Diagnosed Condition
- Treatment Plan
- Medications
- Off Work: Start Date
- Anticipated release to Modified duty
- Anticipated release to Full duty
- Work Restrictions—Temporary or Permanent
- Anticipated date of Maximum Medical Improvement
- Next Appointment

DATA FROM INSURERS

▣ First year

- Only 20-30% of the patient encounters had a completed form
- Of those completed only 30% were completed correctly

▣ Second year

- 60% of the physicians were completing the form
- Of those completed about 50% to 60% were completed correctly

IMPROVING FORM

- ▣ **Contacted Providers, Provider Groups and Insurance adjustors**
 - **Issues with the current form:**
 - ▣ Too Long
 - ▣ Too Complex
 - ▣ Insurance industry terms lost the communication link between the doctor, the employee and the employer
 - ▣ Providers lack of understanding the use of the form

IMPROVING FORM

▣ STEPS TAKEN TO IMPROVE THE FORM

- Made it shorter
- Simplified the form
- Focused on capabilities of the injured worker to be communicated to the employer
- Department has focused on reaching and educating providers on the use of the form through SAW/RTW

MEDICAL STATUS FORM

Medical Provider/Employee Copy



Employer
Contact
Information
(Optional)

Employee Info

Employee's Name
(Last, First) _____

Date of Birth
(mm/dd/yyyy) _____

Provider
Timestamp _____

Claim Number _____

Date of Injury
(mm/dd/yyyy) _____

Provider
Contact
Information _____

Released for Work?

<input type="checkbox"/>	Employee Released to Full Duty	Date	_____	To	_____	
<input type="checkbox"/>	Employee Released to Modified Duty (See Work Abilities)	Date	_____	To	_____	
<input type="checkbox"/>	Employee May Work Limited Hours: _____ hours per day	Date	_____	To	_____	
<input type="checkbox"/>	Employee May Work Part-time: _____	Date	_____	To	_____	
<input type="checkbox"/>	Employee Not Released to Work	Date	_____	To	_____	
<input type="checkbox"/>	Capacity Duration (estimate days):	<input type="checkbox"/> 1-10	<input type="checkbox"/> 11-20	<input type="checkbox"/> 21-30	<input type="checkbox"/> 30+	<input type="checkbox"/> permanent

		Blank Space = Not Restricted (NR)	Continuous	Frequent	Occasional	Never	
Modified Work Abilities	Hand/Wrist	<input type="checkbox"/> L, <input type="checkbox"/> R, <input type="checkbox"/> B	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	Grasping	<input type="checkbox"/> L, <input type="checkbox"/> R, <input type="checkbox"/> B	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	Pushing/Pulling	<input type="checkbox"/> L, <input type="checkbox"/> R, <input type="checkbox"/> B	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	Fine Manipulation	<input type="checkbox"/> L, <input type="checkbox"/> R, <input type="checkbox"/> B	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	Reaching	<input type="checkbox"/> L, <input type="checkbox"/> R, <input type="checkbox"/> B	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	Bending		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	Climbing		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	Lifting 01-10 lbs.		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	Lifting 11-20 lbs.		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	Lifting 21-25 lbs.		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	Lifting 26-50 lbs.		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	Lifting 51-70 lbs.		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	Number of Hours Employee May:		Sit	Stand	Walk		
	List Other Restrictions:						
Signatures	Employee Signature			Date			
	Provider Signature			Date			
<input type="checkbox"/> Copy of Medical Status Form to employee			Date of Next Visit _____				

Treatment Plan	Employee Progress:	<input type="checkbox"/>	As expected/better than expected
		<input type="checkbox"/>	Slower than expected
	Current Rehab:	<input type="checkbox"/>	PT OT Home Exercise
		<input type="checkbox"/>	Other:
	Surgery:	<input type="checkbox"/>	Not Indicated
		<input type="checkbox"/>	Possible
		<input type="checkbox"/>	Planned
	Comments:		

<input type="checkbox"/> Treatment Concluded by provider:	_____
<input type="checkbox"/> Max. Medical Improvement (MMI):	_____
Care Transferred to:	_____
Consultation needed with:	_____
Study Pending:	_____
Medications:	_____
Opioids prescribed for:	<input type="checkbox"/> Acute Pain <input type="checkbox"/> Chronic Pain
Diagnosis:	_____

GENERAL GUIDELINE PRINCIPLES

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

Complex Regional
Pain Syndrome
(CRPS)

Eye Injury

Organization of Each Guideline

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

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

Organization of Each Guideline

Therapeutic Procedures— Operative

- ▣ Surgical Interventions

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

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?**

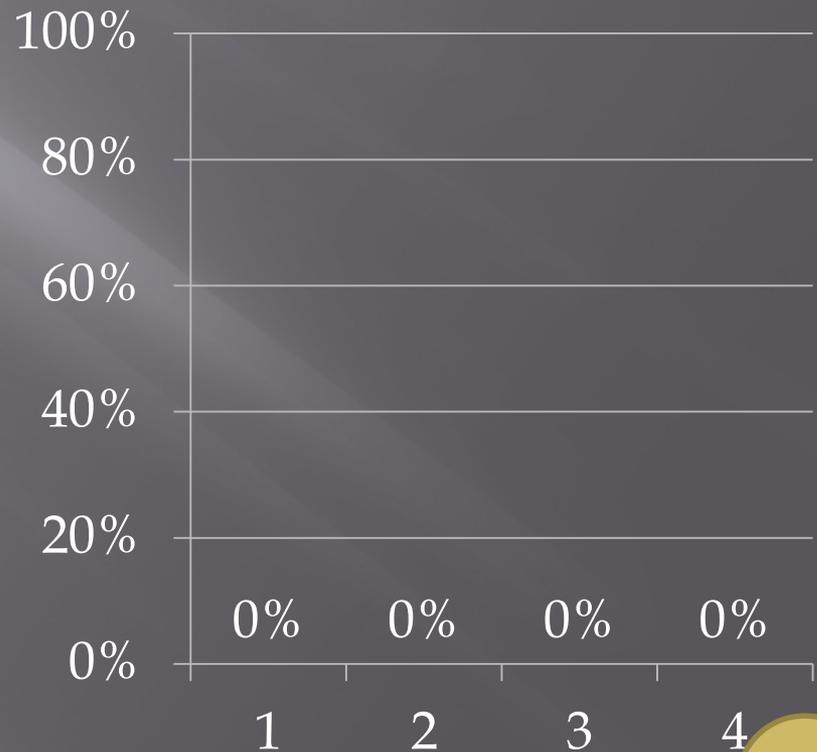
A 25-year-old meat cutter develops work-related carpal tunnel syndrome. She is initially treated with a splint, steroid injections, and removal from work.

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.

Application of Guidelines

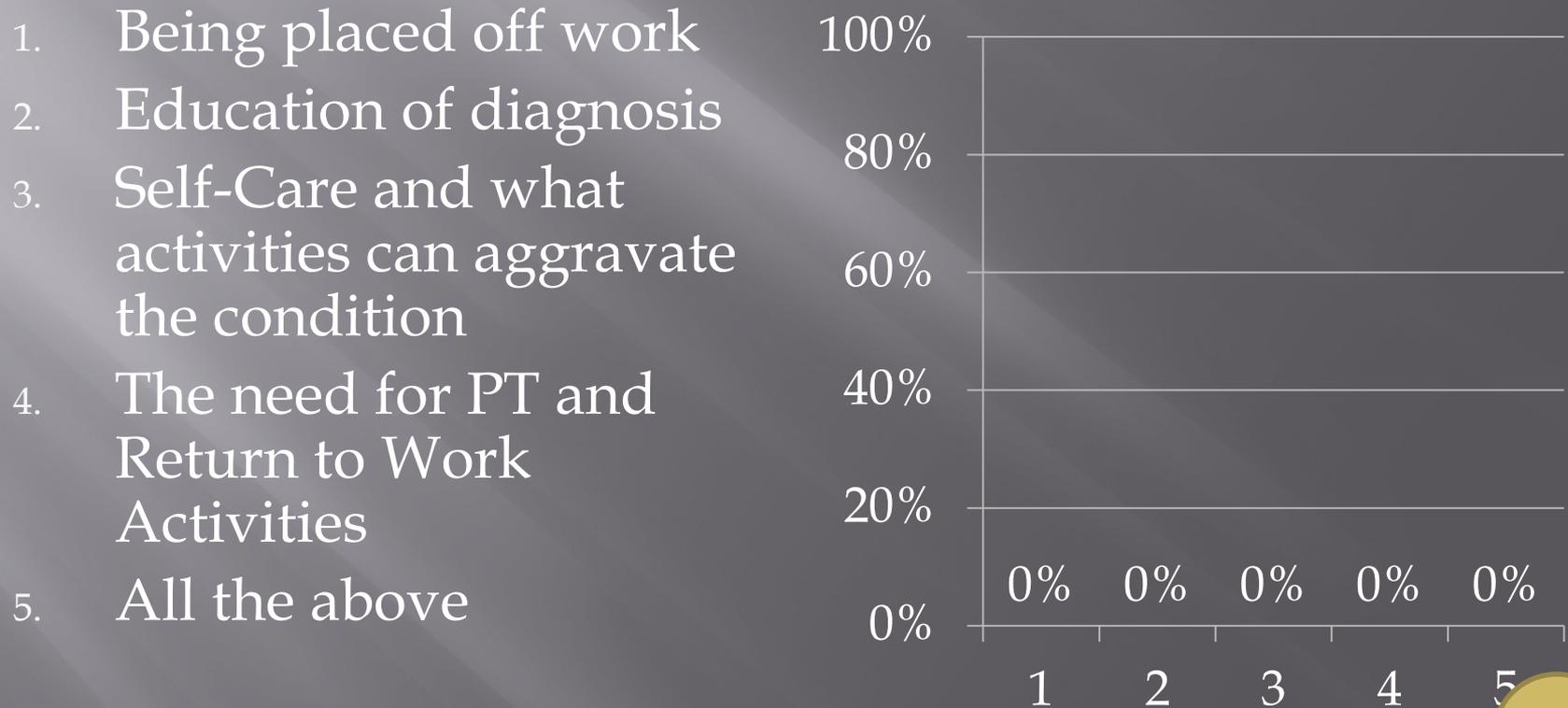
What Information do you need in order to assess the results of her current care?

1. Medical status form and work abilities
2. Office notes with exam findings demonstrating functional improvement
3. Bill for services
4. Both 1 & 2



Application of Guidelines

What Important Elements of Care Were Not Addressed



General Guideline Principles

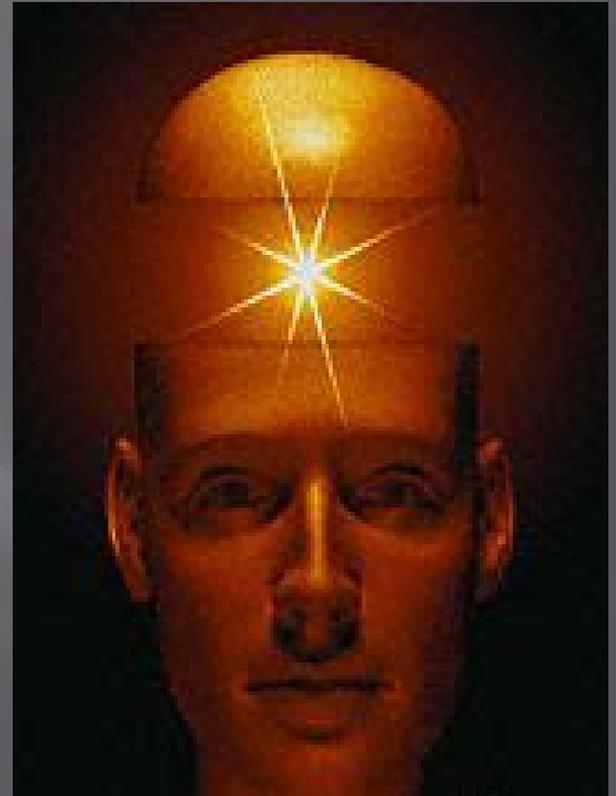
2. Education

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



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



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 has 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.

Application of Guidelines

What areas in the guidelines should you consult and what are areas of concern?

1. Low Back
2. Chronic Pain
3. No Active Physical Therapy
4. 1 & 2
5. 1 & 3



General Guideline Principles

3. Treatment Duration

- ▣ Begins at initiation of treatment
- ▣ Time to effect - If no effect within limits 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



General Guideline Principles

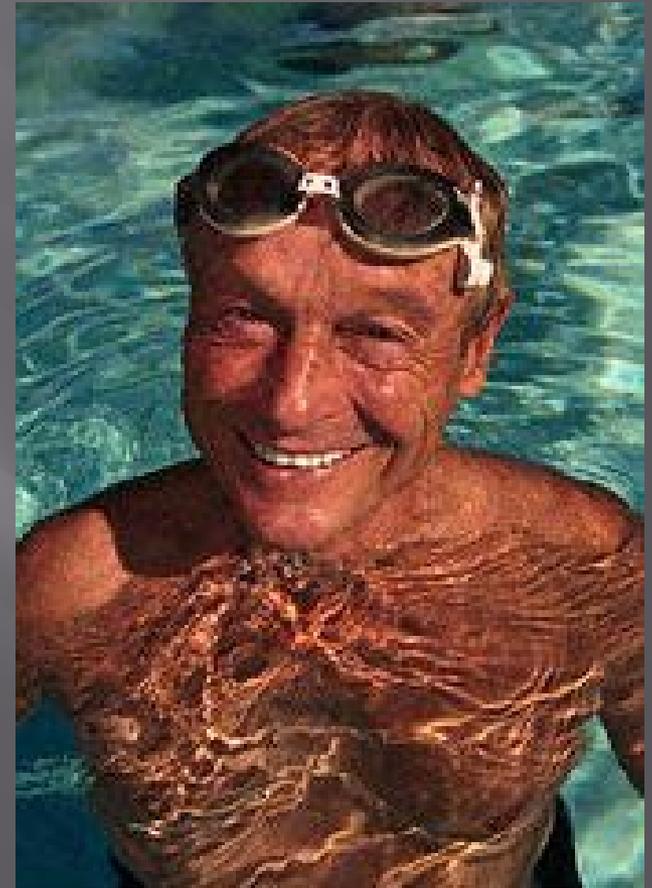
4. Active Interventions

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

General Guideline Principles

5. Active Therapeutic Exercise

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



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

General Guideline Principles

7. Re-evaluate every 3-4 weeks

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



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

General Guideline Principles

9. Six-Month Time Frame

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



General Guideline Principles

Six-Month Time Frame

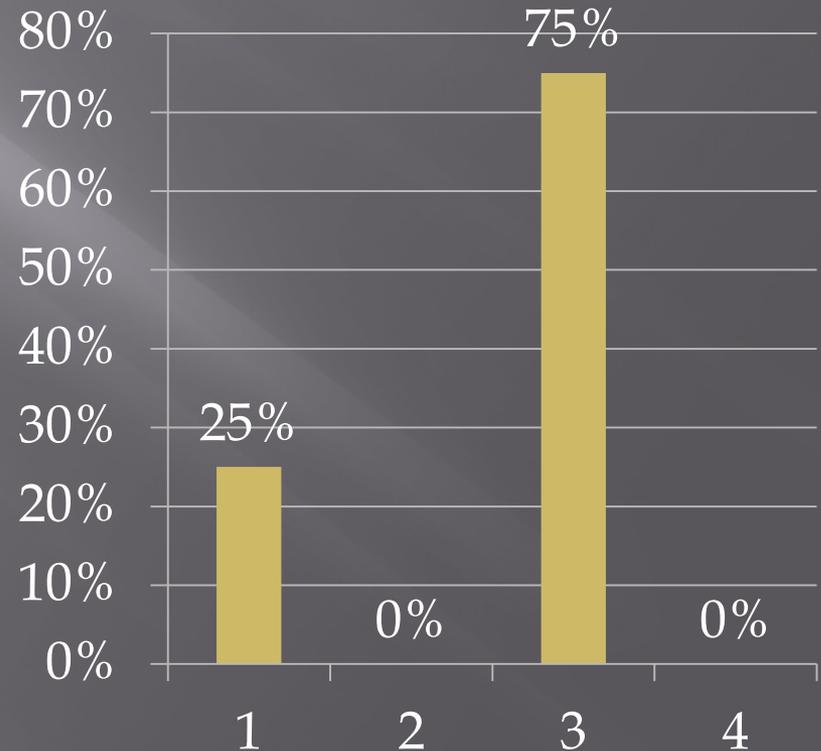
Permanent Disability more likely with increased time away from the work place regardless of injury severity



General Guideline Principals

What do the Guidelines say regarding Returning to Work?

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



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.



General Guideline Principles



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

General Guideline Principles

11. Delayed Recovery

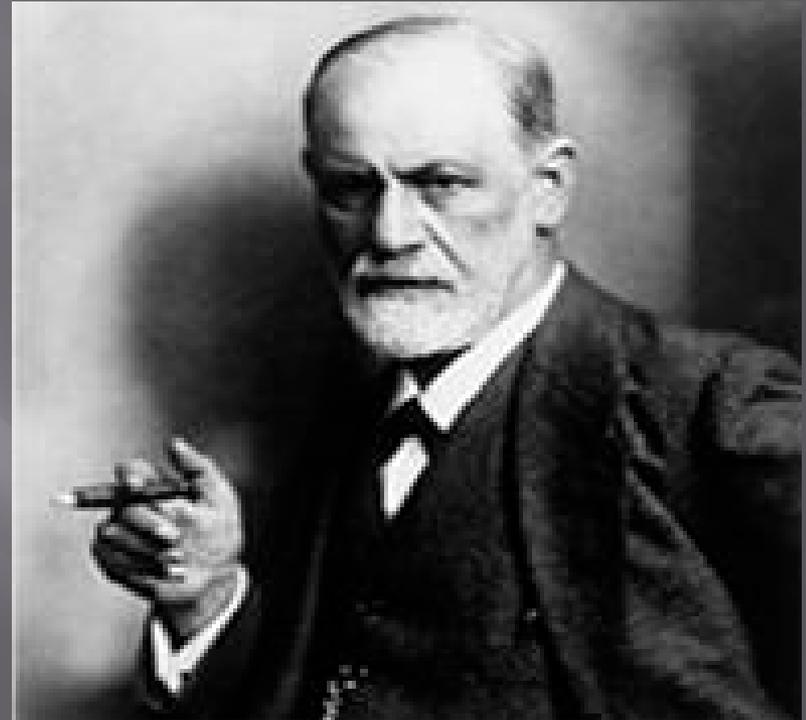
If no progress at 6-12 weeks consider psychosocial evaluation and interdisciplinary treatment.

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.

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



General Guideline Principles

Other History Elements

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



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



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

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.

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.

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

Conclusions

- Organization of the Guidelines
- Primary Principles and Application

UTILIZATION AND TREATMENT GUIDELINES UPDATES

Chronic Pain

▣ Introduction

- Added: Pain disorder associated with general medical condition may be used for treatment; however, it may not be used to establish impairment therefore, more specific DSM coding of the condition is required when appropriate.

▣ Definitions

- Several Modified

▣ Initial Eval and Diagnostic

- Added Causality
- Added in Substance Abuse
 - ▣ Nicotine Replacements
 - ▣ Current and prior prescription
 - ▣ Street drug abuse
 - ▣ Caffeine beverages
 - ▣ Obtaining substance abuse information from multiple sources

Chronic Pain-Initial Eval and Diagnostic

- ▣ Taking and Physical Examination
 - Modified
 - ▣ Pain history
 - ▣ Medical Management
 - ▣ Physical Examination
- ▣ Personality/Psychological/Psychosocial Eval
 - Modified
 - ▣ Increased emphasis on psychosocial evaluations and psychometric testing
 - ▣ Relative contradictions
- ▣ Personality/Psychological/Psychosocial Eval
 - Added
 - ▣ Health professionals working under supervision
 - ▣ Military duty to psychosocial history
 - ▣ Report should include symptom validity and effort and likelihood to respond to treatment
 - ▣ MMPI-2-RF®
 - ▣ Information about aging changes

Chronic Pain-Initial Eval and Diagnostic

- ▣ Injections
 - Added
 - ▣ Indications and specific therapeutic goals to justify further injections
 - ▣ Requirement for training in radiation safety
 - Modified
 - ▣ Relative contraindications for specific drugs
 - ▣ Number of restricted use days for anti-coagulant drugs left to treating physician
 - ▣ Information on peripheral nerve blocks expanded, with use “usually” limited to 3 injections per site per year

Chronic Pain-Initial Eval and Diagnostic

- ▣ Special Tests
 - Added
 - ▣ FCEs cannot be used in isolation to determine work restrictions and should not be the sole criteria to diagnose malingering; prior authorization required for FCEs during treatment
 - ▣ Job site evaluation goals

Chronic Pain -Therapeutic Procedures (Non-Operative)

▣ Acupuncture

▪ Added

- ▣ Information on randomized clinical trials comparing acupuncture with sham acupuncture and/or no acupuncture
- ▣ Acupuncture for chronic pain patients trying to increase function and/or decrease medication usage
- ▣ Acupuncture evaluations and lists credentials for practitioners

Modified

- ▣ Increased maximum duration by 1 treatment

▣ Complementary Alternative Medicine

▪ Added

- ▣ Reflexology does not appear to relieve low back pain
- ▣ Energy-Based Practices, healing touch and Reiki may provide some pain relief
- ▣ Tai Chi may improve range of motion for rheumatoid arthritis
- ▣ Time to Produce Effect
- ▣

Chronic Pain -Therapeutic Procedures (Non-Operative)

- ▣ Biofeedback
 - Added
 - ▣ Biofeedback and cognitive behavioral therapy are equally effective in managing chronic pain
- ▣ Disturbances of Sleep
 - Added
 - ▣ Sleep apnea, relaxation training, cognitive and behavioral interventions
 - ▣ recommendation to try behavioral modifications before hypnotics
- ▣ Injections
 - Added
 - ▣ Fluoroscopy training, radiation safety training
 - ▣ Indications for Chronic Radicular Pain
 - ▣ New topic: Intradiscal Steroid Therapy
 - ▣ Rewritten & expanded: Radio Frequency Medial Branch Neurotomy/Facet Rhizotomy
 - ▣ New Topic: Dorsal Nerve Root Ganglion Radiofrequency Ablation

Chronic Pain-Therapeutic Procedures (Non-Operative)

▣ Injections

▪ Added

- ▣ Requirements for patient reassessment; optimum and maximum durations combined
- ▣ New Topic: Epiduroscopy and Epidural Lysis of Adhesions
- ▣ Requirements for patient reassessment; maximum duration of four injections
- ▣ New Topic: Opioid/Chemical Treatment Program

▣ Injections

▪ Modified

- ▣ Relative Contraindications — time restrictions for anticoagulants
- ▣ Time frames
- ▣ Increased requirements for use and indications; optimum and maximum durations combined

Chronic Pain-Therapeutic Procedures (Non-Operative)

- ▣ Interdisciplinary Rehabilitation Programs
 - Added
 - ▣ Patients with addiction problems may need chemical dependency treatment programs first
 - ▣ Frequency, optimum duration and maximum duration
 - Modified
 - ▣ Increased emphasis on therapeutic exercise
 - ▣ Work hardening changed to occupational rehabilitation
 - ▣ Composition of treatment team
 - ▣ Increased emphasis on communication
- ▣ Medications
 - Added
 - ▣ Naproxen having least risk for cardiovascular events
 - ▣ Recommendation for drug management managed by pain medicine physician;
 - ▣ Generic names added
 - ▣ Selective Serotonin Nor-epinephrine Reuptake Inhibitor

Chronic Pain-Therapeutic Procedures (Non-Operative)

▣ Medications

▪ Added

- ▣ (SSNRI)/Serotonin Nor-epinephrine Reuptake Inhibitors (SNRI)
- ▣ Benzodiazepine-based hypnotics
- ▣ Functional status to overall therapy plan
- ▣ Sleep apnea added to relative contraindications
- ▣ Stool softeners and decreased testosterone added to major side effects
- ▣ Tizanidine added

▣ Medications

▪ Added

- ▣ Glucosamine
- ▣ List of topic agents added (capsaicin, ketamine and tricyclics, lidocaine, topical salicylates and nonsalicylates, other compounded topical agents)

▪ Modified

- ▣ Patient expectations and responsibilities
- ▣ Use of lower cost medications initially
- ▣ Chronic use of NSAIDS
- ▣ Information on treatment using a variety of medications

Chronic Pain-Therapeutic Procedures (Non-Operative)

▣ Medications

▪ Modified

- ▣ Several modified for Anticonvulsants
- ▣ Indications for tricyclics expanded
- ▣ Hypnotics/Sedatives cautions when combined with opioids
- ▣ Information on specific opioids
- ▣ Caution regarding opioid and acetaminophen combination
- ▣ Emphasis on defining functional goals as well as pain goals

▣ Medications

▪ Modified

- ▣ Contract for on-going, long-term management
- ▣ Use of drug screening
- ▣ Limited use of two opioids and on use of acetaminophen-containing medications in patients with liver disease
- ▣ Monitoring of behavior for signs of possible substance abuse
- ▣ Tapering of opioids for a variety of reasons
- ▣ Inpatient treatment for addiction or opioid tapering

- ▣ Indications and drug interactions for cyclobenzaprine

Chronic Pain-Therapeutic Procedures (Non-Operative)

- ▣ Medications
 - Modified
 - ▣ Indications for metazalone and drug interactions and major side effects
 - ▣ Musculoskeletal pain changed to neuropathic pain
 - ▣ Baclofen moved to skeletal muscle relaxants
- ▣ Patient Education
 - Added
 - ▣ Importance of taking medications and basic physiology
- ▣ Patient Education
 - Modified
 - ▣ Language
 - ▣ Value of education intervention
- ▣ Personality/Psychological/Psychosocial Interventions
 - Added
 - ▣ Examples of psychosocial interventions
 - ▣ Cognitive behavioral therapy including treatment times
 - Modified
 - ▣ Licensed health care providers with certain training

Chronic Pain-Therapeutic Procedures (Non-Operative)

- ▣ Restriction of Activities
 - Added
 - ▣ Evidence statement against use of bed rest in acute low back pain
- ▣ Return to Work
 - Added
 - ▣ Evidence statement on integrated care program;
 - ▣ Contact information for the Montana Stay at Work/Return to Work program
- ▣ Return to Work
 - Added
 - ▣ Requirement that all communications be documented and made available to patient
 - ▣ FCE may be necessary to establish activity level restrictions
- ▣ Active Therapy
 - Added
 - ▣ Emphasis on patient involvement in planning and participation
 - ▣ Aquatic therapy is well-accepted treatment

Chronic Pain-Therapeutic Procedures (Non-Operative)

- ▣ Active Therapy
 - Added
 - ▣ “Well-established interventions” for functional activities
 - ▣ “Accepted treatment” for functional electrical stimulation
 - ▣ “Generally well-accepted treatment” for change to spinal stabilization & neuromuscular re-education
 - ▣ Intensive exercise with cognitive behavioral therapy
- ▣ Passive Therapy
 - Added
 - ▣ Several topics under Manipulation
 - Modified
 - ▣ Treatment time frames: Electrical Stimulation
 - ▣ Superficial Heat and Cold Therapy
 - ▣ Iontophoresis accepted treatment
 - ▣ Techniques of manipulative treatments
 - ▣ Evidence statement for massage
 - ▣ “Generally well-accepted treatment” for mobilization & traction
 - ▣ Accepted treatment for ultrasound

Chronic Pain-Therapeutic Procedures (Operative)

- ▣ Therapeutic Procedures
 - Added
 - ▣ Topic: Peripheral Nerve Stimulation
 - ▣ Topic: Dorsal Nerve Root Resection
 - Modified
 - ▣ Smoking cessation information
 - ▣ Patient/treating physician discussion of functional operative goals
- ▣ Therapeutic Procedures
 - Modified
 - ▣ Specific condition for neuro-stimulation
 - ▣ Complications with intrathecal drug delivery
 - ▣ Dorsal root ganglia radiofrequency therapy for neuroablation
 - ▣ Maintenance Management
 - Added
 - ▣ Zygapophyseal (facet) injections, Sacro-iliac Joint, Radiofrequency Medial Branch Neurotomy/Facet Rhizotomy

Chronic Pain-Therapeutic Procedures (Operative)

- ▣ Maintenance Management
 - ▣ Modified
 - “Sessions” changed to “visits” in patient education management
 - Maintenance duration expanded
 - “Narcotic” changed to “opioid”
 - Maintenance duration for epidural and selective nerve root injections
 - Recommends specialist visiting a facility with patient
 - Optimal duration deleted

CRPS

- ▣ Introduction
 - Modified
 - ▣ Stages of CRPS not described
 - ▣ Use of descriptors “warm” and “cool”
- ▣ Definitions
 - Modified
 - ▣ Central Sensitization, Hyperpathia, Hypoesthesia
- ▣ Initial Evaluation
 - Added
 - ▣ Causality, including CRPS presenting symptoms
 - ▣ Quality of pain, list of activities
- ▣ Initial Evaluation
 - Modified
 - ▣ Pain, Visual Analog Scale, Place of onset, Pain characteristics
 - ▣ Reference to Chronic Pain guideline
 - ▣ Weaknesses of self-reporting
- ▣ Diagnostic Procedures
 - Modified
 - ▣ Expanded: Personality/Psychosocial/Psychological Evaluation
 - ▣ Expanded: Special tests

CRPS-Diagnostic Procedures

- ▣ Diagnostic Imaging
 - Modified
 - ▣ Contralateral x-rays
- ▣ Injections
 - Modified
 - ▣ Relative contraindications and test results expanded
 - ▣ Number of blocks reduced for Stellate Ganglion Block and Lumbar Sympathetic Block
 - ▣ Phentolamine Infusion test is not recommended
- ▣ Thermography
 - Added
 - ▣ Whole Body Thermal Stress
 - Modified
 - ▣ Evidence Statement

CRPS-Diagnostic Procedures

- ▣ Autonomic Test Battery
 - Modified
 - ▣ Cautionary statement regarding interpreting temperature findings
 - ▣ Overall statement concerning test assessment
- ▣ Other diagnostic tests not specific for CRPS
 - Modified
 - ▣ Recommendation to use
 - ▣ Examples of tests
 - ▣ Expanded tests for alcohol abuse
 - ▣ Tests of Psychological Functioning greatly expanded

CRPS-Therapeutic Procedures (Non-Operative)

Diagnosis of CRPS

- Modified
 - Diagnostic Criteria and Procedures and substantially rewritten

▫ Therapeutic Procedures

- Added
 - Psychological or psychosocial screening

▫ Acupuncture

- Modified
 - Section expanded

▫ Biofeedback

- Modified
 - Types of biofeedback and time frames

▫ Complementary Alternative Medicine

- Modified
 - Five general domains and time frames

CRPS-Therapeutic Procedures (Non-Operative)

- ▣ Disturbances of Sleep
 - Modified
 - ▣ Sleep apnea, relaxation training, and cognitive and behavioral interventions
- ▣ Injections
 - Added
 - ▣ Other Intravenous Medications and Regional Blocks: Bier blocks
 - ▣ Continuous Brachial Plexus Infusion
 - ▣ Epidural Infusions
 - ▣ Keamine
- ▣ Injections
 - Modified
 - ▣ High quality randomized controlled trials
 - ▣ Pain relief and documented functional improvement
 - ▣ Drugs affecting coagulation
 - ▣ Time Frames
 - ▣ Trigger Point Injections not generally recommended
 - ▣ Repeat injection based on functional changes for peripheral nerve blocks

CRPS-Therapeutic Procedures (Non-Operative)

- ▣ Interdisciplinary Rehabilitation Programs
 - Added
 - ▣ Formal Rehabilitation Programs
 - ▣ Informal Interdisciplinary Rehabilitation Programs
 - ▣ Opioid/Chemical Treatment Programs
- ▣ Interdisciplinary Rehabilitation Programs
 - Modified
 - ▣ Chemical dependency treatment
 - ▣ CARF criteria for outpatient pain rehabilitation
 - ▣ Vocational Assistance

CRPS-Therapeutic Procedures (Non-Operative)

- ▣ Medications
 - Added
 - ▣ CRPS-Specific Medication
- ▣ Active Therapy
 - Added
 - ▣ Fear Avoidance Belief Training (FABT)
 - ▣ Functional Activities
 - ▣ Work Conditioning
 - ▣ Work Simulation
- ▣ Active Therapy
 - Modified
 - ▣ Patient participation
 - ▣ Well-accepted treatment
 - ▣ Time frames
 - ▣ Mirror Therapy rewritten
 - ▣ Stress loading use for upper and lower extremities
- ▣ Passive Therapy
 - Added
 - ▣ Active Interventions from General Principles

CRPS

- ▣ Therapeutic Procedures-Operative
 - Added
 - ▣ Peripheral Nerve Stimulation
 - ▣ Amputation
 - Modified
 - ▣ Topics reordered
- ▣ Intrathecal Drug Delivery
 - Modified
 - ▣ Extensive information
- ▣ Sympathectomy
 - Modified
 - ▣ Expected duration of pain relief
- ▣ Maintenance Management
 - Modified
 - ▣ Visit by therapist for home exercise programs, & exercise programs requiring special facilities
 - ▣ Sessions changed to visits for patient education management
 - ▣ Buccally absorbed opioids not appropriate for non-malignant pain patients

CRPS

- ▣ Maintenance Management
 - Modified
 - ▣ Transdermal medications not recommended
 - ▣ Conditions for extended duration of care
 - ▣ Active self-management exercise program
 - ▣ Trigger Point Injections
 - Added
 - ▣ Vitamin C

TBI

▣ Introduction

▪ Added

- ▣ The initial presentation does not necessarily reflect the final functionality
- ▣ Brain rest is recognized as an enhancement to full recovery and decreased likelihood of complications
- ▣ Premorbid factors
- ▣ International Classification of Functioning, Disability and Health (ICF)
- ▣ Behavioral analyst
- ▣ Several modified for interdisciplinary treatment team

▣ Introduction

▪ Modified

- ▣ References to Institute of Medicine of the National Academies and the Department of Defense
- ▣ Additional resources for education-individual and support system
- ▣ Caution statement for return to work
- ▣ Reference to Affordable Care Act
- ▣ Role of Chiropractor expanded
- ▣ Lifelong treatment may be required

TBI

□ Initial Diagnostic Procedures

■ Added

- Activities of daily living and pain diagnosis
- Thorough trauma exam
- Statement about minimal mental status exam
- Glasgow Coma Scale and retrograde amnesia testing
- Education for patients with pre-existing psychological issues
- Brain Acoustic Monitor
- lumbar puncture

□ Initial Diagnostic Procedures

■ Modified

- Several for history of injury
- Social history expanded
- Comprehensive neurological exam
- Validity testing
- Situations for use of CT scans expanded
- MRI's
- CT Angiography
- Two conditions allowing/ disallowing

TBI

▣ Follow-up Diagnostic Procedures

▪ Added

- ▣ Diffusion Tensor Imaging
- ▣ Qualifications and clinical evaluation for Personality/Psychological/Psychosocial Evaluations
- ▣ Electroneurography
- ▣ Optical coherence tomography
- ▣ Cautionary information and job site evaluations for returning to work

▣ Follow-up Diagnostic Procedures

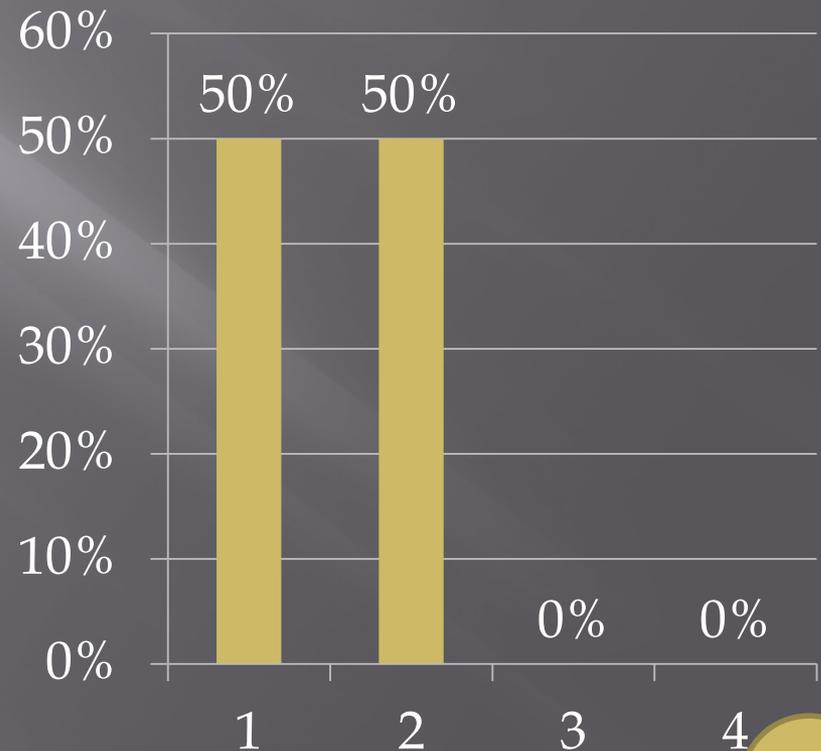
▪ Modified

- ▣ Radiation doses and lifetime risk of cancer death
- ▣ General info and indications expanded for personality/Psychological/Psychosocial Evaluations
- ▣ Info on seizure disorder
- ▣ Assessment for cardiovascular disorders
- ▣ Lab testing indications expanded
- ▣ Several for Audiometry Otology
- ▣ Signs and symptoms reorganized and expanded
- ▣ Now Special Tests for Return to Work Assessment
- ▣ Functional capacity evaluation expanded

TBI

For Return to Work with TBI – What Diagnostic Procedures May Be Helping?

1. Job site evaluations
2. Information on seizures and safety sensitive work
3. Functional Capacity Evaluation
4. All the above



TBI

- ▣ Acute Therapeutic Procedures – Non-operative
 - Added
 - ▣ Surgery under hypothermia
 - ▣ Hyperbaric oxygen under hypothermia
 - ▣ New section: Hyperventilation
 - ▣ New section: Medications
 - Modified
 - ▣ Sedation, hypotension and unnecessary hyperventilation deleted
- ▣ Therapeutic Procedures – Non-operative
 - Added
 - ▣ New topics: Therapeutic exercise and disturbances of sleep
 - ▣ Descriptive info on behavior
 - ▣ Timelines for MTBI therapy
 - ▣ Assistive technology
 - ▣ PTSD and functional gains
 - ▣ Descriptive info for Psychological Interventions

TBI- Non-Operative Therapeutic Procedures

- ▣ Therapeutic Procedures – Non-operative
 - Added
 - ▣ “The provider is encouraged to consider basic medications for the treatment of TBI including but not limited to ibuprofen, trazedone and amitriptyline before considering more selective and expensive medications for which there is no generic equivalent.”
 - ▣ New topic: therapeutic exercise
 - ▣ New topic: disturbances of sleep
- ▣ Therapeutic Procedures – Non-operative
 - Modified
 - ▣ Drug classes and drug descriptions
 - ▣ Headache treatment
 - ▣ Neuromedical Conditions in Moderate/Severe Brain Injury
 - Added
 - ▣ Hypopituitarism and pharmaceutical treatment

TBI- Non-Operative Therapeutic Procedures

- ▣ Rehabilitation
 - Added
 - ▣ New topic: Work conditioning
 - ▣ New topic: Work Stimulation
 - ▣ Program dimensions
 - ▣ Interdisciplinary team and medical director qualifications
 - ▣ New Topic: Occupational Rehabilitation
 - ▣ New Topic: Opioid/chemical Treatment Programs:
 - ▣ Music Therapy
- ▣ Rehabilitation
 - Modified
 - ▣ Programs listed alphabetically
 - ▣ Timelines modified for mobility
 - ▣ Adaptive devices expanded
 - ▣ Motor learning timelines
 - ▣ Subtopics added under Muscle Tone and Joint Restriction Management, Including Spasticity
 - Orthotics and Casting
 - Postural Control
 - Functional and Therapeutic Activities
 - Botulinum Toxin Injections
 - Pharmaceutical Agents
 - Intrathecal Baclofen Drug Delivery

TBI- Non-Operative Therapeutic Procedures

- ▣ Vision, Speech, Swallowing, Balance & Hearing
 - Added
 - ▣ Music therapy
 - ▣ Speech-language therapy
 - ▣ Social communication skills and melodic intonation therapy
 - Modified
 - ▣ Reference to functional goals
 - ▣ Use of computers
 - ▣ Neuro-otologic Treatments section reorganized
- ▣ Return to Work, Driving & Other
 - Added
 - ▣ New topic: Other treatments
 - ▣ New section: The Following Should Be Considered when Attempting to Return an Injured Worker with Moderate/Severe TBI to Work
 - Modified
 - ▣ Description for driving
 - ▣ Vocational Rehabilitation for State of Montana limitations
 - ▣ Prior authorization required for Complementary and Alternative Medicine
 - ▣ Accepted use for headaches and other painful conditions

TBI

- ▣ Operative Therapeutic Procedures
 - Added
 - Vitrectomy and surgery
 - Modified
 - Decompressive craniectomy expanded
 - Tympanostomy shortened
 - Labyrinthectomy and vestibular nerve sections expanded
- ▣ Maintenance Management
 - Added
 - New Topic: Neuromedical Management
 - Follow up evaluations and compliance evaluations
 - TBI patients' difficulty managing medications
- ▣ Maintenance Management
 - Modified
 - Maintenance plan goals expanded
 - Inclusion of case management
 - Cognitive/Behavioral/Psychological Management
 - Expanded list of equipment
 - Limitation on large expense purchases