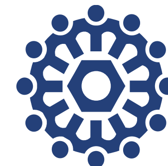
Utilization and Treatment Spine Guidelines Update

GOVERNOR'S CONFERENCE

MAGGIE COOK-SHIMANEK, MD, MPH

SEPTEMBER 28, 2023



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Thank you for having me today!

Objectives

1. Provide brief guidelines background.
2. Articulate key principles underlying the Montana Utilization and Treatment Guidelines.
3. Discuss formatting changes to the recently updated Low Back Pain and Cervical Spine Injury Guidelines.
4. Summarize content updates to the Low Back Pain and Cervical Spine Injury Guidelines.

Brief background for context

39-71-704. (3)(a) The department shall establish by rule evidence-based utilization and treatment guidelines for primary and secondary medical services. There is a rebuttable presumption that the adopted utilization and treatment guidelines establish compensable medical treatment for an injured worker.

Source: https://leg.mt.gov/bills/mca/title_0390/chapter_0710/part_0070/section_0040/0390-0710-0070-0040.html

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Brief background for context

ARM 24.29.1611 Utilization and Treatment Guidelines

(2) The Montana Guidelines consist of the following ten chapters and General Guideline Principles which are included at the beginning of each chapter:

(a) Low Back Pain;
(b) Shoulder Injury;
(c) Thoracic Outlet Syndrome;
(d) Lower Extremity;
(e) Chronic Pain Disorder;
(f) Cervical Spine Injury;
(g) Complex Regional Pain Syndrome;
(h) Mild Traumatic Brain Injury;
(i) Moderate/Severe Traumatic Brain Injury; and
(j) Cumulative Trauma Conditions.

Source: https://rules.mt.gov/gateway/ruleno.asp?RN=24%2E29%2E1611

Colorado Spine Guidelines Process Overview

Determine the scope of the guideline

Search for and retrieve research studies

Review the literature, determine study validity, and develop evidence statements

Complete an initial draft of the guideline

Task force is convened

Advisory panel convened

Rule hearing

Guideline published January 30, 2022

Colorado Spine Guidelines Process Overview

Review to Date

Accepted into the AHRQ *National Guidelines Clearinghouse*

- Chronic pain disorder
- Complex regional pain syndrome
- Cumulative trauma conditions

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Medical Treatment Guidelines

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The Medical Treatment Guidelines Unit develops clinical practice guidelines based on the most up-to-date evidence. Our nine guidelines address occupational injuries that frequently occur in the Colorado workers' compensation system and that are expensive to treat.

Exhibits

Expand All

- Exhibit 1 - Low Back Pain (LBP)
- Exhibit 2 - Traumatic Brain Injury (TBI)
- Exhibit 3 - Thoracic Outlet Syndrome (TOS)
- Exhibit 4 - Shoulder Injury (SHO)
- Exhibit 5 - Cumulative Trauma Conditions (CTC)
- Exhibit 6 - Lower Extremity (LE)
- Exhibit 7 - Complex Regional Pain Syndrome/Reflex Sympathetic Dystrophy (CRPS/RSD)
- Exhibit 8 - Cervical Spine Injury (CSI)
- Exhibit 9 - Chronic Pain Disorder (CPD)

Source: https://cdle.colorado.gov/medical-providers/medical-treatment-guidelines

Colorado Spine Guidelines Process Overview

Spine Guidelines accepted into the ECRI Trust

Evidence-based Medicine

ECRI Guidelines Trust®

JANUARY 2022

TRUST Scorecard Analysis on NAM Standard on Updating

According to the National Academy of Medicine (NAM), trustworthy guidelines should include a description of a process and a timeline for updating guidelines to keep guideline content current.

How are guideline developers doing in terms of meeting this standard? Check out the data that ECRI captured and analyzed from TRUST Scorecards published between October-December 2021. **View these guidelines.**

Source: https://cdle.colorado.gov/medical-providers/medical-treatment-guidelines

Montana Spine Guidelines Process Overview

Montana receives updated Spine Guidelines

DLI Internal Review

Complete an initial draft of the guideline

Medical Provider Group (MPG) review

Rule Hearing May 18, 2023

Guidelines adopted in Montana, published April 24, 2023

Spine Updates

Spine Update

General formatting update

Integrate General Guideline Principles into the guideline content

- Highlight functional improvement
- Emphasize active over passive therapies

Focus the Guideline content

Make it easier for providers to use the guidelines

Improve application of recommendations

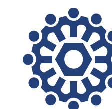

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Image source: https://www.purdueglobal.edu/blog/student-life/goal-setting-worksheet/

Spine Guidelines

Formatting

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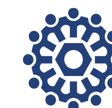
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Spine Guidelines

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Spine Guidelines

Formatting

Low Back Pain

Title Page

Low Back Pain

Montana Utilization and Treatment Guidelines

Effective July 1, 2023

Presented by: State of Montana

Department of Labor and Industry EMPLOYMENT RELATIONS DIVISION

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Montana Low Back Pain Utilization and Treatment Guideline: https://montanaguidelines.com/

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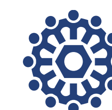
Section 7.a.ii. Behavioral and Psychological Interventions

Introduction.

Psychological therapeutic and diagnostic interventions have selected use in acute pain problems and more widespread use in sub-acute and chronic pain populations. Psychosocial interventions include psychotherapeutic treatments for mental health conditions, as well behavioral medicine treatments. Therapeutic psychological interventions include, but are not limited to, individual counseling and group therapy. Treatment can occur within an individualized model, a multi-disciplinary model, or a structured pain management program.

These interventions may similarly benefit patients without psychiatric conditions but who may need to make major life changes in order to cope with pain or adjust to disability. Health behavior assessment and intervention services are used to identify and address the psychological, behavioral, emotional, cognitive, and interpersonal factors important to the assessment, treatment, or management of physical health problems.

Background in *Introduction* section



Contraindications / Complications / Side Effects and Adverse Events.

Absolute and Relative Contraindications to Behavioral and Psychological Interventions.

- Contraindications include active suicidality, homicidality, active psychosis, or major untreated psychological comorbidity.
- Relative contraindication includes a lack of patient engagement despite interventions targeting initial resistance.

Potential Harms

CBT Requirements.

Recommendation 60. CBT is recommended for low back pain patients who catastrophize, cope ineffectively with pain, or avoid activity out of fear of re-injury (tables 22, 23).

Recommendations

Table 21. *Evidence Table: Psychological Assessments and Outcomes*		
Summary: Psychological testing identifies patients most likely to benefit from surgery.		
Good evidence	**Evidence statement**	**Design**
	Psychometric testing can predict medical treatment outcomes. (Block et al., 2001; Sinikallio et al., 2009; Sinikallio et al., 2011)	Cohort study
Some evidence	**Evidence statement**	**Design**
	Psychological and medical risk factor assessment prior to surgery can identify patients unlikely to benefit from surgery. (Block et al., 2001; Sinikallio et al., 2009; Sinikallio et al., 2011)	Cohort study

Evidence Tables with Summaries

Time Frames.

Time Frames for Behavioral and Psychological Interventions			
	Time to produce effect (sessions)	Frequency (sessions/week)	Maximum duration
Group CBT	up to 8 (2-hours)	up to 2	16 sessions
Individual CBT	up to 8 (1-hour)	up to 2	16 sessions
Biofeedback	up to 4 sessions	up to 2	12 sessions ʊ

Treatment Time Frames

General Guideline Principles

Recommendation 69. Patients in passive therapy must demonstrate functional progress through validated functional assessment measures. If there is no evidence of functional progress within the time to produce effect, the therapy shall be discontinued and the patient must be referred back to their treating provider for evaluation. Each patient is limited to a maximum of 4 discrete passive therapy trials.

Recommendation 70. Passive therapies must occur concurrently with self-directed exercise or formal active therapy programs (table 26).

Recommendation 71. The frequency of passive therapy must decrease over time.

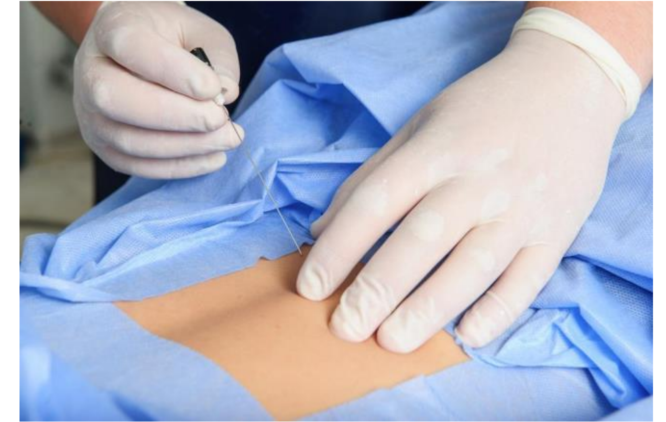
Focus the Guideline Content

Section 10. Interdisciplinary Rehabilitation Programs

Introduction.

These guidelines discuss an interdisciplinary approach to low back pain treatment in the acute and subacute timeframes. Interdisciplinary rehabilitation programs are the gold standard of treatment for individuals with chronic low back pain who have not responded to less intensive modes of treatment or individuals who require concurrent treatment for chemical dependency. See the Chronic Pain Disorder Medical Treatment Guidelines U&T for additional information, including indications, recommendations, and time frames.

Spinal injection



Recommendation 93. A diagnostic response to a selective nerve root block must be documented to show its value, including:

- improvement in at least 3 objective functional measures (e.g., spinal ROM; straight leg raise; tolerance and time limits for sitting, standing, walking, and lifting); and
- at least 80% improvement in an accepted pain scale (e.g., visual analog scale [VAS] or numeric rating scale [NRS]) that is consistent with:
  - the expected duration of the injected local anesthetic phase, and
  - a pain diary recording an hourly response for at least 8 hours, but preferably for 1 week, post-injection. Documentation of pain response may be indicated for up to 3 weeks, depending on the nature of the injection.

A successful response to a diagnostic injection requires documentation of positive functional changes by trained personnel and may include nurses, physician assistants, medical assistants, therapists, or non-injectionist physicians. Functional progress supersedes pain improvement.

Image search: https://www.prevascw.com/blog/myths-and-facts-about-epidural-steroid-injections

Biopsychosocial Approach

Biopsychosocial approach to spinal care

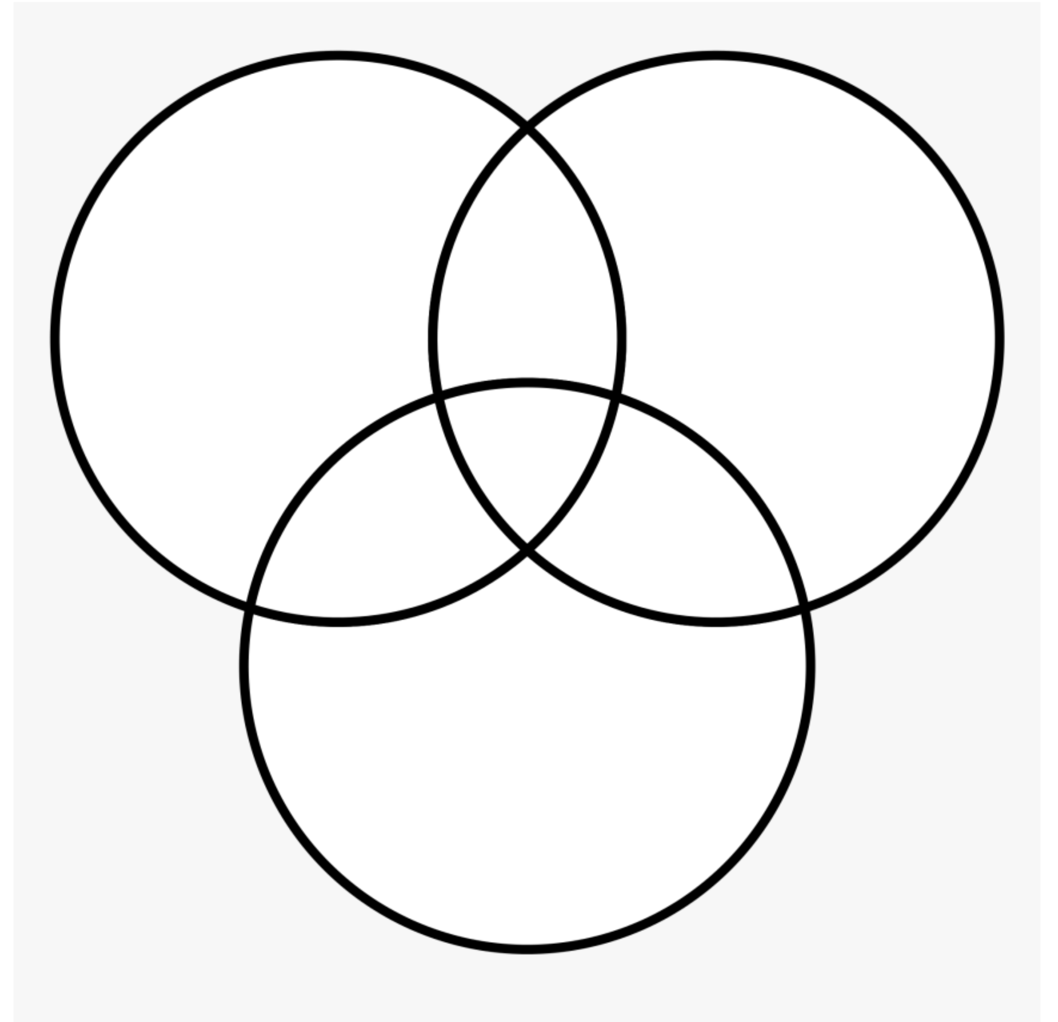


Image source: https://www.pngitem.com/middle/hoTJRiJ_c433d-3-circle-venn-diagram-logic-digital-resources/

New Section

Minimally Invasive Sacroiliac Joint Fusion

Section 8.b.vi. Minimally Invasive Sacroiliac (SI) Joint Fusion

Introduction.

Minimally invasive sacroiliac (SI) joint fusion is performed from a lateral approach under fluoroscopic guidance. The gluteus muscle is bluntly dissected and a pin is inserted across the SI joint so that a cannulated drill and broach can create a triangular wedge-shaped cavity in the ilium and sacrum through which titanium implants (typically 2-4) are inserted. The therapeutic goal of minimally invasive SI joint fusion is to provide stabilization and minimize micromotion/rotation of the instrumented SI joint. Open SI joint fusion for acute traumatic pelvic disruption is not discussed in these guidelines.

Future updates

Continue moving forward with incremental guideline improvements

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Image source: https://www.aeen.org/disruption-vs-incremental-changes/

DLI Internal Review

DLI Internal Review

- Internally edit to ensure language is consistent with Montana statute/rule
- Incorporate MPG edits from prior drafts for consistency

Medical Provider Group (MPG) Review process

- Review draft and propose edits
- MPG meeting
- Final draft created

Montana Edits

Recommendation 55. Comprehensive psychological evaluation must be performed by a psychologist with PhD, PsyD, or EdD credentials or a physician with psychiatric MD/DO credentials.

Recommendation 55. Comprehensive psychological evaluation must be performed by a licensed psychologist or a physician with psychiatric MD/DO credentials.

Credential update

Montana Edits

Recommendation 61. A full psychological evaluation is required before CBT can be initiated.

Recommendation 61. A clinical interview and full psychological evaluation, when indicated, are required to establish whether cognitive behavioral therapy is an appropriate treatment before CBT can be initiated.

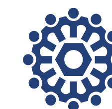
Recommendations

12. DELAYED RECOVERY: Strongly consider a psychological evaluation, if not previously provided, as well as initiating interdisciplinary rehabilitation treatment and vocational goal setting, for those patients who are failing to make expected progress 6 to 12 weeks after initiation of treatment of an injury. Therefore, all chronic pain patients should have a documented psychological evaluation and psychological treatment as appropriate to address issues of chronic pain. It is also appropriate to clinically reassess the patient, function goals, and differential diagnosis.

The department recognizes that 3 to 10% of all industrially injured patients will not recover within the timelines outlined in this document, despite optimal care. Such individuals may require treatments beyond the timelines discussed within this document, but such treatment requires clear documentation by the authorized treating practitioner focusing on objective functional gains afforded by further treatment and impact upon prognosis.

After thirty days of conservative management, if the individual is not making appreciable functional gains, a specialty consultation is recommended.

General Guideline Principles



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Appendix A: Functional Assessment and Psychological Screening Tools

Psychological Screens	
Name of Test	**Description**
Brief Battery for Health Improvement, 2nd Edition (BBHI 2)	Measures pain, functioning, somatization, depression, anxiety, and defensiveness; brief measure of risk factors for delayed recovery
Distress and Risk Assessment Method (DRAM)	Measures depression and somatic symptoms of anxiety, risk factors commonly associated with chronic pain
Center for Epidemiological Studies Depression Scale (CES-D)	Measures depression, 20 items
Beck Depression Inventory-II (BDI-II)	Measures depression, 21 items
Primary Care Evaluation for Mental Disorders (PRIME-MD) Must be filled out by a provider	2 components: paper and pencil screen for patient and follow–up interview by physician. Assesses mood, anxiety, somatoform tendencies, and alcohol and eating disorders
Zung Depression Inventory	Measures depression, brief measure
Patient Health Questionnaire (PHQ) and PHQ-9	Self-administered versic Assesses mood, anxiety tendencies, and alcohol
Generalized Anxiety Disorder Scale (GAD-7)	Assesses generalized ar
Behavioral Health Index-Multimedia Version (BHI-MV)	Screens for addiction

Appendices

Appendix A: Functional Assessment and Psychological Screening Tools

Appendix B: Description of Tests of Psychological Functioning

Appendix B: Description of Tests of Psychological Functioning

1. Comprehensive Inventories for Medical Patients:

Battery for Health Improvement, 2nd Edition (BHI TM -2).

What it measures – Depression, anxiety, and hostility; violent and suicidal ideation; borderline, dependency, chronic maladjustment, substance abuse, conflicts with work, family and physician, pain preoccupation, somatization, perception of functioning, catastrophizing and kinesiophobia, and risk assessment for surgery, physical rehabilitation, and abuse of prescription medication.

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2024 Rule Hearing

- Harmonize language about psychological testing before initiation of cognitive behavioral therapy in Shoulder Injury, Lower Extremity Injury, and Thoracic Outlet Syndrome guidelines.
- Ensure consistent language across Guidelines regarding "licensed psychologists."
- Update the reference to the CDC *Clinical Practice Guideline for Prescribing Opioids for Pain — United States, 2022* – this will replace the reference to the 2016 and 2018 guidance

Feedback and Next steps

Positive feedback on the concise style with predictable layout

Please share your feedback on the Guidelines

Next Guideline update: Shoulder Injury Guideline

Questions?

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