



**Medical Services Review Board**

Oct. 11, 2012

Minutes

**Members present**

Aysel Atli, M.D.  
Jeffrey Bonsell, D.C., Chairman  
Greg Hynan, D.C.  
Russell Gelfman, M.D.  
Michael Goertz, M.D.  
Rose Hatmaker, R.N.  
Kathi Henrickson, R.N. *via telephone*  
Kimberly Olson, R.N.  
Reed Pollack  
Jody Ruppert, OTR/L  
James Samuelson  
Cally Theisen, D.P.M., CpEd, D.F.W.  
Dan Wolfe, P.T., G.D.M.T.

**Visitors present**

Dawn Carlson, Almeida, P.A.  
Sherri Giorgio, Medtronic *via telephone*  
Heather Keenan, MAPS

**Members absent**

Beth Baker, M.D.  
Glenda Cartney, R.N.  
Lisa Hanselman, OTR/L  
John Kipp, M.D.  
Brian Konowalchuk, M.D., M.P.H.  
Robin Peterson, P.T.  
Andrew Schmidt, M.D.  
Margaret Spartz, M.D.

**Staff members present**

Sandy Barnes  
Kate Berger  
Deputy Commissioner Kris Eiden  
William Lohman, M.D.  
Pamela McLaughlin  
Jessica Stimac  
Lisa Wichterman  
Laura Zajac

**Call to order and introductions**

The meeting of the Medical Services Review Board (MSRB) was called to order at 4:07 p.m. by Chairman Dr. Jeffrey Bonsell. Two participants attended via telephone: member Kathi Henrickson and visitor Sherri Giorgio. Members introduced themselves. A quorum was met.

**Approval of the minutes**

Dan Wolfe moved to approve the July 19, 2012 meeting minutes. Jim Samuelson seconded the motion. The board unanimously approved the minutes and the motion passed.

**Approval of the agenda**

Dr. Greg Hynan moved to approve the agenda as presented. Dr. Cally Theisen seconded the motion. The board unanimously approved the minutes and the motion passed.

**Department announcements and updates**

Deputy Commissioner Kris Eiden announced the electronic data interchange (EDI) project is moving forward. An EDI mandate of first reports of injury submitted to the Department of Labor and Industry (DLI) becomes effective Jan. 1, 2014. DLI is putting together a couple of housekeeping items to be presented to the Legislature in the coming session. They will go through the Workers' Compensation Advisory Council (WCAC) for approval before going to the Legislature. Commissioner Ken Peterson is anticipating the council will have substantive issues that will be moving forward to the Legislature.

Specifics on the housekeeping issues and any WCAC proposals being initiated will be presented to the board at the next meeting.

### **Business**

#### **MSRB and Rehabilitation Review Panel (RRP) Joint Rules of Procedure, Minnesota Rules, Chapter 5217, update – Laura Zajac, general counsel**

- The final version of the Joint Rules of Procedure was approved by the board at the July 19, 2012 meeting. Reed Pollack was appointed as the MSRB signatory on rulemaking documents.
- The governor's office reviewed the proposed rules and the statement of need and reasonableness (SONAR) and had no objection to the panel/board proceeding.
- Minnesota Management and Budget reviewed the rules and determined there would be no financial impact on stakeholders.
- The Office of Administrative Hearings was informed how rules will be communicated and an administrative law judge approved that plan.
- RRP Chairman Dr. Joseph Sweere has signed off on the Notice of Intent to Adopt Rules Without a Public Hearing and the SONAR. Reed Pollack will be asked to do the same.
- The public has a 30-day comment period. Publication is expected at the end of October or early November and the comment period should end at the end of December.
- Any comments received will be forwarded to Dr. Joseph Sweere and Reed Pollack to bring them to the panel/board for consideration.
- It is expected the rules will be very close to being finalized by mid-January 2013.

#### **Lumbar fusion information sheet – Dr. Bill Lohman**

- The lumbar fusion information sheet was distributed and discussed at several meetings: 2012 Workers' Compensation Summit, WCAC, Workers' Compensation Insurers' Task Force (WCITF) and prior MSRB meetings.
- Five comments were received: four of general approval; and one lengthy comment, which warranted updates to the draft.
- The intention of the information sheet is that the treating physician will review the information sheet with the injured worker, prior to surgery, and to allow a shared decisionmaking process when surgery is being considered.
- Dr. William Lohman reviewed the lumbar information sheet, dated Oct. 11, 2012, line by line and answered questions brought forward by the board. Overall, the board's comments were positive.
- The board provided suggestions to improve the wording of the document and wants to be sure the information sheet is worded in a way injured workers will understand.
- The board commented that the sheet could be clearer about what diagnosis the information in the sheet is intended for – someone in chronic pain and/or has degenerative disc disease – and there could be more information about possible outcomes and complications.
- Questions presented included the following.
  - Should the sheet be signed by the injured worker/patient, primary care physician, surgeon, qualified rehabilitation consultant (QRC)?
  - Should the information sheet be mandated by the Legislature?
  - Who would distribute it? (It could be accessed and distributed by QRCs, case managers, primary care physicians, surgeons and insurers, and be published on DLI's website.)
  - What about using a shared decisionmaking, Web-based template?
  - Is there a need to have a small work group convene to discuss delivery of the information sheet before March 2013? (Deputy Commissioner Eiden stated legislation would not be necessary if the sheet is not mandated.)
  - What about developing a fact or provider sheet? (Dr. William Lohman said one could be easily created, which could include references, charts and graphs of data.)
  - Should the injured worker be directed to seek a second opinion and provide the information sheet to a nonsurgical provider?

- The department will continue to work on refining the language of the information sheet. The board requested an electronic Word version of the information sheet and Pam will send it.
- Dr. Aysel Atli will draft 10 questions a patient could ask their provider that could possibly be added to the sheet and forward that to Dr. William Lohman.
- An effort will be made to disseminate the information sheet to injured workers.
- Board members will disseminate the draft to colleagues for comment.
- Board comments and suggestions can be forwarded to Dr. William Lohman at bill.lohman@state.mn.us.
- The goal is to have a final draft of the information sheet ready for the Dec. 12, 2012 WCAC meeting.

**Spinal cord stimulator (SCS)/intrathecal drug delivery system (IDDS) draft rules amendment – and Dr. Bill Lohman**

The draft rule, dated Oct. 11, 2012, was updated since the most recent MSRB meeting. Bold text on the draft rule is new language. A comment was received by someone in the legal profession that provided real insight about how the language used might be misinterpreted. Changes made to lines 40 through 47 were: “untreated” to “untreatable”; and “contraindication” to “comorbidity.” The board reviewed the new language to ensure it clarifies the intent. The board discussed second opinions and psychiatric evaluations mentioned in the draft rule. *Dr. Michael Goertz moved to accept the draft as presented and Dan Wolfe seconded. The board unanimously approved the draft rule as written.*

**Reappointments – Dr. Jeffrey Bonsell**

Dr. Jeffrey Bonsell reminded board members to complete the appointment application (included in member folders) if they wish to continue membership on the MSRB. Those members are: Reed Pollack, John Kipp, Kathi Henrickson and all of the alternates. The board also is seeking two member positions representing a hospital administrator. Pam McLaughlin will send a reminder to members whose terms are expiring Jan. 1, 2013, with a link to the Secretary of State website, an application and with instructions about how to apply.

**Future agenda items**

Board members wish to discuss the following topics at the next meeting, scheduled Jan. 17, 2013: lumber fusion – update treatment parameter rules; epidural injections – update treatment parameter rules; compound drugs; lower extremity treatments for treatment parameters; prolotherapy; H-wave – combination of electrical stimulators; and medical data.

**2013 meeting schedule**

In 2013, the MSRB is scheduled to meet: Jan. 17, April 18, July 18 and Oct. 10.

**Adjournment**

Rose Hatmaker moved to adjourn the MSRB meeting and Dan Wolfe seconded. All approved and the motion passed.

Respectfully submitted,

**Lisa Wichterman**

Medical Policy Analyst  
Department of Labor and Industry

**Pamela McLaughlin**

Executive Secretary  
Department of Labor and Industry

3  
4 5221.6200 Low Back Pain

5  
6 [See M.R. for subparts 1 to 5]

7  
8 Subp. 6. Surgery, including decompression procedures and arthrodesis. Surgery may only be  
9 performed if it also meets the specific parameters specified in subparts 11 to 13 and part  
10 5221.6500. The health care provider must provide prior notification of nonemergency inpatient  
11 surgery according to part 5221.6050, subpart 9.

12  
13 A. In order to optimize the beneficial effect of surgery, postoperative therapy with active and  
14 passive treatment modalities may be provided, even if these modalities had been used in the  
15 preoperative treatment of the condition. In the postoperative period the maximum treatment  
16 duration with passive treatment modalities in a clinical setting from the initiation of the first  
17 passive modality used, except bedrest or bracing, is as follows:

- 18  
19 (1) eight weeks following lumbar decompression or implantation of a dorsal column  
20 ~~stimulator or morphine pump~~ spinal cord stimulator or intrathecal drug delivery system;  
21 or  
22 (2) 12 weeks following arthrodesis.

23  
24 B. Repeat surgery must also meet the parameters of subparts 11 to 13 and part 5221.6500, and is  
25 not indicated unless the need for the repeat surgery is confirmed by a second opinion obtained  
26 before surgery, if a second opinion is requested by the insurer.

27  
28 C. ~~The following surgical therapies~~ Spinal cord stimulators have very limited application and  
29 ~~require a second opinion that confirms that the treatment is indicated and within the parameters~~  
30 ~~listed, and a personality or psychosocial evaluation that indicates that the patient is likely to~~  
31 ~~benefit from the treatment and are indicated only if the conditions of subitems (1), (2) and (3) are~~  
32 satisfied.

33  
34 (1) ~~Dorsal column stimulator is indicated for a patient who has neuropathic pain, and is~~  
35 ~~not a candidate for any other surgical therapy, and has had a favorable response to a trial~~  
36 ~~screening period. A trial screening period of these devices is indicated only if the treating~~  
37 health care provider determines that:

- 38 (a) the patient has intractable pain;  
39 (b) the patient is not a candidate for another surgical therapy; and  
40 (c) the patient has no **untreated-untreatable** major psychological or psychiatric  
41 comorbidity that would prevent the patient from benefitting from this treatment.  
42 The treating health care provider shall refer the patient for a consultation by a  
43 psychologist or psychiatrist to assess the patient for psychological or psychiatric  
44 comorbidities. **If an untreated comorbidity is diagnosed, reconsideration of**  
45 **treatment with a spinal cord stimulator is indicated if the psychologist or**  
46 **psychiatrist determines that the comorbidity no longer prevents the patient**  
47 **from benefitting from the treatment.**

1 (2) Morphine pump is indicated for a patient who has somatic pain, and is not a candidate  
2 for any other surgical therapy, and has had a favorable response to a trial screening  
3 period. Before the trial screening is conducted, a second opinion, from a provider outside  
4 of the treating provider's practice, must confirm that the patient is an appropriate  
5 candidate for spinal cord stimulator and has no contraindications.  
6

7 (3) Long term use of a spinal cord stimulator is indicated if the treating health care  
8 provider documents that there has been at least a 50% improvement in pain during a trial  
9 screening period of at least three days.

10  
11 D. Intrathecal drug delivery systems have very limited application and are indicated only  
12 if the conditions of subitems (1), (2) and (3) are satisfied.

13 (1) A trial screening period of these devices is indicated only if the treating health care  
14 provider determines that:

15 (a) the patient has intractable pain;

16 (b) the patient is not a candidate for another surgical therapy; and

17 (c) the patient has no ~~untreated-untreatable~~ major psychological or psychiatric  
18 comorbidity that would prevent the patient from benefitting from this treatment.

19 The treating health care provider shall refer the patient for a consultation by a  
20 psychologist or psychiatrist to assess the patient for psychological or psychiatric  
21 comorbidities. **If an untreated comorbidity is diagnosed, reconsideration of**  
22 **treatment with an intrathecal drug delivery system is indicated if the**  
23 **psychologist or psychiatrist determines that the comorbidity no longer**  
24 **prevents the patient from benefitting from the treatment.**  
25

26 (2) Before the trial screening is conducted, a second opinion, from a provider outside of  
27 the treating provider's practice, must confirm that the patient is an appropriate candidate  
28 for an intrathecal drug delivery system and has no contraindications.  
29

30 (3) Long term use of an intrathecal drug delivery system is indicated if the treating health  
31 care provider documents that there has been at least a 50% improvement in pain during a  
32 trial screening period of at least 24 hours.  
33

34 [See M.R. for subparts 7 to 13]

35  
36 **5221.6205, Neck Pain**

37 [See M.R. for subparts 1 to 5]

38 **Subp. 6. Surgery, including decompression procedures and arthrodesis.**

39 Surgery may only be performed if it meets the specific parameters of subparts 11 to  
40 14 and part 5221.6500. The health care provider must provide prior notification for  
41 nonemergency inpatient surgery according to part 5221.6050, subpart 9.  
42

43 A. In order to optimize the beneficial effect of surgery, postoperative therapy with  
44 active and passive treatment modalities may be provided, even if these modalities  
45 had been used in the preoperative treatment of the condition. In the postoperative  
46 period the maximum treatment duration with passive treatment modalities in a  
47 clinical setting from the initiation of the first passive modality used, except bedrest  
48 or bracing, is as follows:

1  
2 (1) eight weeks following decompression or implantation of a dorsal column  
3 ~~stimulator or morphine pump~~ spinal cord stimulator or intrathecal drug delivery  
4 system; or

5  
6 (2) 12 weeks following arthrodesis.

7  
8 B. Repeat surgery must also meet the parameters of subparts 11 to 14 and part  
9 5221.6500 and is not indicated unless the need for the repeat surgery is confirmed by  
10 a second opinion obtained before surgery, if requested by the insurer.

11  
12 C. ~~The following surgical therapies~~ Spinal cord stimulators have very limited  
13 application and require a second opinion which confirms that the treatment is  
14 indicated and within the parameters listed, and a personality or psychosocial  
15 evaluation indicates that the patient is likely to benefit from the treatment and are  
16 indicated only if the conditions of subitems (1), (2) and (3) are satisfied.

17  
18 (1) ~~Dorsal column stimulator is indicated for a patient who has neuropathic pain, is~~  
19 ~~not a candidate for any other invasive therapy, and has had a favorable response to~~  
20 ~~a trial screening period. A trial screening period of these devices is indicated only if the~~  
21 ~~treating health care provider determines that:~~

22 (a) the patient has intractable pain;

23 (b) the patient is not a candidate for another surgical therapy; and

24 (c) the patient has no ~~untreated-untreatable~~ major psychological or psychiatric  
25 comorbidity that would prevent the patient from benefitting from this treatment.

26 The treating health care provider shall refer the patient for a consultation by a  
27 psychologist or psychiatrist to assess the patient for psychological or psychiatric  
28 comorbidities. **If an untreated comorbidity is diagnosed, reconsideration of**  
29 **treatment with a spinal cord stimulator is indicated if the psychologist or**  
30 **psychiatrist determines that the comorbidity no longer prevents the patient**  
31 **from benefitting from the treatment.**

32  
33 (2) ~~Morphine pump is indicated for a patient who has somatic pain, is not a~~  
34 ~~candidate for any other invasive therapy, and has had a favorable response to a trial~~  
35 ~~screening period. Before the trial screening is conducted, a second opinion, from a~~  
36 ~~provider outside of the treating provider's practice, must confirm that the patient is an~~  
37 ~~appropriate candidate for spinal cord stimulator and has no contraindications.~~

38  
39 (3) Long term use of a spinal cord stimulator is indicated if the treating health care  
40 provider documents that there has been at least a 50% improvement in pain during a trial  
41 screening period of at least three days.

42  
43 D. Intrathecal drug delivery systems have very limited application and are indicated only  
44 if the conditions of subitems (1), (2) and (3) are satisfied.

45 (1) A trial screening period of these devices is indicated only if the treating health care  
46 provider determines that:

47 (a) the patient has intractable pain;

48 (b) the patient is not a candidate for another surgical therapy; and

49 (c) the patient has no ~~untreated-untreatable~~ major psychological or psychiatric

1 comorbidity that would prevent the patient from benefitting from this treatment.  
2 The treating health care provider shall refer the patient for a consultation by a  
3 psychologist or psychiatrist to assess the patient for psychological or psychiatric  
4 comorbidities. **If an untreated comorbidity is diagnosed, reconsideration of**  
5 **treatment with an intrathecal drug delivery system is indicated if the**  
6 **psychologist or psychiatrist determines that the comorbidity no longer**  
7 **prevents the patient from benefitting from the treatment.**  
8

9 (2) Before the trial screening is conducted, a second opinion, from a provider outside of  
10 the treating provider's practice, must confirm that the patient is an appropriate candidate  
11 for an intrathecal drug delivery system and has no contraindications.  
12

13 (3) Long term use of an intrathecal drug delivery system is indicated if the treating health  
14 care provider documents that there has been at least a 50% improvement in pain during a  
15 trial screening period of at least 24 hours.  
16

17 [See M.R. for subparts 7 to 14]  
18

19 **5221.6210 Thoracic Back Pain.**  
20

21 [See M.R. for subparts 1 to 5]  
22

23 **Subp. 6.Surgery, including decompression procedures.**

24 Surgery may only be performed if it meets the specific parameters of subparts 11 to 13 and part  
25 5221.6500. The health care provider must provide prior notification of nonemergency inpatient  
26 surgery according to part 5221.6050, subpart 9.  
27

28 A. In order to optimize the beneficial effect of surgery, postoperative therapy with active  
29 and passive treatment modalities may be provided, even if these modalities had been used  
30 in the preoperative treatment of the condition. In the postoperative period the maximum  
31 treatment duration with passive treatment modalities in a clinical setting from the  
32 initiation of the first passive modality used, except bedrest or bracing, is as follows:  
33

34 (1) eight weeks following decompression or implantation of a dorsal column  
35 stimulator or morphine pump; or  
36

37 (2) 12 weeks following arthrodesis.  
38

39 B. Repeat surgery must also meet the parameters of subparts 11 to 13 and part 5221.6500  
40 and is not indicated unless the need for the repeat surgery is confirmed by a second  
41 opinion obtained before surgery, if a second opinion is requested by the insurer.  
42

43 ~~C. The surgical therapies in subitems (1) and (2)~~ Spinal cord stimulators have very  
44 limited application and require a second opinion which confirms that the treatment is  
45 indicated and within the parameters listed, and a personality or psychosocial evaluation  
46 which indicates that the patient is likely to benefit from the treatment and are indicated  
47 only if the conditions fo subitems (1), (2) and (3) are satisfied.  
48

49 (1) ~~Dorsal column stimulator is indicated for a patient who has neuropathic pain,~~

1 and is not a candidate for any other invasive therapy, and has had a favorable  
2 response to a trial screening period. A trial screening period of these devices is  
3 indicated only if the treating health care provider determines that:

4 (a) the patient has intractable pain;

5 (b) the patient is not a candidate for another surgical therapy; and

6 (c) the patient has no **untreated-untreatable** major psychological or  
7 psychiatric comorbidity that would prevent the patient from benefitting  
8 from this treatment. The treating health care provider shall refer the patient  
9 for a consultation by a psychologist or psychiatrist to assess the patient for  
10 psychological or psychiatric comorbidities. **If an untreated comorbidity**  
11 **is diagnosed, reconsideration of treatment with a spinal cord**  
12 **stimulator is indicated if the psychologist or psychiatrist determines**  
13 **that the comorbidity no longer prevents the patient from benefitting**  
14 **from the treatment.**

15  
16 (2) Morphine pump is indicated for a patient who has somatic pain, and is not a  
17 candidate for any other invasive therapy, and has had a favorable response to a  
18 trial screening period. Before the trial screening is conducted, a second opinion,  
19 from a provider outside of the treating provider's practice, must confirm that the  
20 patient is an appropriate candidate for spinal cord stimulator and has no  
21 contraindications.

22  
23 (3) Long term use of a spinal cord stimulator is indicated if the treating health  
24 care provider documents that there has been at least a 50% improvement in pain  
25 during a trial screening period of at least three days.

26  
27 D. Intrathecal drug delivery systems have very limited application and are indicated only  
28 if the conditions of subitems (1), (2) and (3) are satisfied.

29 (1) A trial screening period of these devices is indicated only if the treating health  
30 care provider determines that:

31 (a) the patient has intractable pain;

32 (b) the patient is not a candidate for another surgical therapy; and

33 (c) the patient has no **untreated-untreatable** major psychological or  
34 psychiatric comorbidity that would prevent the patient from benefitting  
35 from this treatment. The treating health care provider shall refer the patient  
36 for a consultation by a psychologist or psychiatrist to assess the patient for  
37 psychological or psychiatric comorbidities. **If an untreated comorbidity**  
38 **is diagnosed, reconsideration of treatment with an intrathecal drug**  
39 **delivery system is indicated if the psychologist or psychiatrist**  
40 **determines that the comorbidity no longer prevents the patient from**  
41 **benefitting from the treatment.**

42  
43 (2) Before the trial screening is conducted, a second opinion, from a provider  
44 outside of the treating provider's practice, must confirm that the patient is an  
45 appropriate candidate for an intrathecal drug delivery system and has no  
46 contraindications.

47  
48 (3) Long term use of an intrathecal drug delivery system is indicated if the  
49 treating health care provider documents that there has been at least a 50%

1 improvement in pain during a trial screening period of at least 24 hours.

2  
3 [See M.R. for subparts 7 to 13]

4  
5  
6 **5221.6305 Complex Regional Pain Syndrome (CRPS)' Reflex Sympathetic Dystrophy; and**  
7 **Causalgia of the Upper and Lower Extremities.**

8  
9 [For text of subs 1 and 2, see M.R.]

10  
11 **Subp. 3. Surgery.**

12 **A. Surgical sympathectomy may only be performed in patients who had a sustained but**  
13 **incomplete improvement with sympathetic blocks by injection.**

14  
15 **B. Dorsal column stimulator or morphine pump may be indicated for a patient with neuropathic**  
16 **pain unresponsive to all other treatment modalities who is not a candidate for any other therapy**  
17 **and has had a favorable response to a trial screening period. Use of these devices is indicated**  
18 **only if a second opinion confirms that this treatment is indicated, and a personality or**  
19 **psychosocial evaluation indicates that the patient is likely to benefit from this treatment.**  
20 **Spinal cord stimulators have very limited application and are indicated only if the conditions of**  
21 **subitems (1), (2) and (3) are satisfied.**

22  
23 (1) A trial screening period of these devices is indicated only if the treating health care  
24 provider determines that:

25 (a) the patient has intractable pain;

26 (b) the patient is not a candidate for another surgical therapy; and

27 (c) the patient has no untreatable major psychological or psychiatric comorbidity  
28 that would prevent the patient from benefitting from this treatment. The treating  
29 health care provider shall refer the patient for a consultation by a psychologist or  
30 psychiatrist to assess the patient for psychological or psychiatric comorbidities.

31 (c) the patient has no ~~untreated-untreatable~~ major psychological or psychiatric  
32 comorbidity that would prevent the patient from benefitting from this treatment.  
33 The treating health care provider shall refer the patient for a consultation by a  
34 psychologist or psychiatrist to assess the patient for psychological or psychiatric  
35 comorbidities. **If an untreated comorbidity is diagnosed, reassessment for**  
36 **treatment with a spinal cord stimulator is indicated if the psychologist or**  
37 **psychiatrist determines that the comorbidity no longer prevents the patient**  
38 **from benefitting from the treatment.**

39  
40  
41 (2) Before the trial screening is conducted, a second opinion, from a provider outside of  
42 the treating provider's practice, must confirm that the patient is an appropriate candidate  
43 for spinal cord stimulator and has no contraindications.

44  
45 (3) Long term use of a spinal cord stimulator is indicated if the treating health care  
46 provider documents that there has been at least a 50% improvement in pain during a trial  
47 screening period of at least three days.

48  
49 **C. Intrathecal drug delivery systems have very limited application and are indicated only if the**

1 conditions of subitems (1), (2) and (3) are satisfied.

2 (1) A trial screening period of these devices is indicated only if the treating health care  
3 provider determines that:

4 (a) the patient has intractable pain;

5 (b) the patient is not a candidate for another surgical therapy; and

6 (c) the patient has no ~~untreated-untreatable~~ major psychological or psychiatric  
7 comorbidity that would prevent the patient from benefitting from this treatment.

8 The treating health care provider shall refer the patient for a consultation by a  
9 psychologist or psychiatrist to assess the patient for psychological or psychiatric  
10 comorbidities. **If an untreated comorbidity is diagnosed, reconsideration of**  
11 **treatment with an intrathecal drug delivery system is indicated if the**  
12 **psychologist or psychiatrist determines that the comorbidity no longer**  
13 **prevents the patient from benefitting from the treatment.**

14  
15 (2) Before the trial screening is conducted, a second opinion, from a provider outside of  
16 the treating provider's practice, must confirm that the patient is an appropriate candidate  
17 for an intrathecal drug delivery system and has no contraindications.

18  
19 (3) Long term use of an intrathecal drug delivery system is indicated if the treating health  
20 care provider documents that there has been at least a 50% improvement in pain during a  
21 trial screening period of at least 24 hours.

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25