



Medical Services Review Board
April 17, 2008
minutes

Members present

Beth Baker, M.D.
Barbara Baum
Sharon Ellis, R. N.
Barb Gibson, M.D.
Rose Hatmaker
Charles Hipp, M.D.
Robin Peterson, PT

Members excused

Philip Bachman, M.D.
Michael Goertz, M.D.
Kathi Hendrickson, R.N.
Elizabeth Shogren, R.N.
Andrew Schmidt, M.D.
Jon Talsness, M.D.
Andrea Trimble Hart

Members absent

Jeffrey Bonsell, D.C.
Gregory Hynan, D.C.
Reed Pollack

Staff members present

Kate Berger
Debbie Caswell
Penny Grev
William Lohman, M.D.
Lisa Wichterman
Jana Williams

Visitors present

Chuck Cochrane; MNAJ
Judy Hawley, PT; MN Amer. Physical Therapy
Assn
Nilani Jayatilaka, MN Medical Association
Jen Samuels; Medical Advanced Pain Specialists

The meeting was called to order by Chairperson Beth Baker. A quorum was present. Members and staff members introduced themselves. Barbara Gibson was introduced as a new member and will serve as a physician alternate.

Approval of the Jan. 17, 2008 minutes

Sharon Ellis made a motion to approve the Jan. 17, 2008, minutes as presented. Charles Hipp seconded the motion. All voted in favor of the motion and it passed.

Assistant commissioner announcements and update

Penny Grev, director of the department's Benefit Management and Resolution unit, gave an update about legislation, in Patricia Todd's absence. She noted the Workers' Compensation Advisory Council (WCAC) bill was at the Legislature and reviewed the key points. The bill passed through the Senate and is at the House for approval and then it will go to the governor.

Grev reported that the commissioner formed three main WCAC work groups and one subcommittee. They will look at key areas under discussion this year that need more work before they are brought forth by the WCAC.

- The Billing and Auditing Work Group will be an interaction between payers and providers to provide information about what can or cannot be repriced. This should eliminate some billing hassles. Their recommendations are due to the WCAC by Sept. 1, 2008.
 - The Billing and Auditing Subgroup for the Repricing Industry will establish a code of conduct as it applies to Minnesota's workers' compensation system and make reform-based recommendations to the Billing and Auditing Work Group by July 1, 2008.
- The Employer Choice Work Group will make recommendations for reform to the WCAC by Oct. 1. It will focus on employer choice workers' compensation and continuation of health care after FMLA standards have been met. They will explore whether that will work in Minnesota and whether it would be more efficient.
- The Vocational Rehabilitation Work Group will review the current practices of QRCs, a professional code of conduct and doing the right things the right way at the most efficient cost. Their recommendation is due by Aug. 1, 2008.

Summaries from the meetings of these work groups will be available online at www.doli.state.mn.us/wcac_workgroups.html for those interested in what is happening.

Grev introduced Lisa Wichterman. She was hired to fill the program administrator position vacated by Julie Marquardt. Wichterman will be the department's contact for medical issues.

Baker noted the RVUs can be updated when the WCAC bill passes. The conversion factor will be adjusted if necessary, so that change to updated RVUs is revenue neutral. The RVUs will be updated at least every three years using a simpler rulemaking process to change the tables for the RVUs. Another major medical change is that providers in other states will be reimbursed at the rate payable in their state for workers' compensation medical services.

Treatment parameters
Spinal cord stimulators and morphine pumps

Dr. Bill Lohman proposed that members vote on each recommendation as a separate motion and all agreed. The comments received at the meeting and the actions to be taken are listed in the table below.

	Comment	Action taken
p. 1 l. 31	What are the psychological contraindications?	No change. While guidelines state that "evident unresolved major psychiatric comorbidity" is a contraindication, specific disorders are not identified. This is a clinical judgment made on an individualized basis given all of the clinical facts of the case.

Lohman reviewed the draft rules for intrathecal drug delivery systems. He explained his research and reviewed the comments and recommendations on his handout. Lohman pointed out his handout in the packets with information about the pool of articles and the results of the review. He quoted the authors where possible and

the references are active links so that the information can be verified. All authors found there is a role for the use of intrathecal delivery systems. This information will be posted on the department's Web site for members' review when it is completed. This information was provided for discussion; decisions will be made at a later date when the members have been able to review the completed research and report.

Lohman reviewed a handout about the trial period for intrathecal drug delivery systems. He presented draft language and reviewed DLI's recommendation regarding the appropriate trial period and which intrathecal medications are allowed, for discussion at the next meeting. Lohman asked that any comments be sent to him to be put into a grid so the board can deal with each recommendation specifically.

Lohman asked for discussion. Baker noted she has only seen one-day trial periods. Lohman thought the longer trial periods were in a hospital environment where you see three- to eight-day trial periods. The tendency was to have a shorter trial period for outpatients. There were no other comments.

A visitor, Charles Cochrane, from the Minnesota Association for Justice, asked about the use of the term "second opinion" in the draft and whether DLI was using that term as it was defined in the workers' compensation statute. Kate Berger noted the proposed rule would require a second opinion when a spinal cord stimulator or intrathecal drug delivery system has been recommended. This would not be an optional second opinion as referenced in the statute. Cochrane then asked who decides who will do the second opinion? Lohman responded that the treatment parameter rules do not specify in other sections where a second opinion is required. Any recommendations or comments about this issue should be e-mailed to Lohman at bill.lohman@state.mn.us. The matter will be discussed again and the board will be asked to make an explicit recommendation.

Old business

Lohman stated the PPD rules are on the list of rules to be moved forward. They are going through them to correct punctuation and the incorrect changes. The proposed low back language was left out.

Lohman reviewed two treatment parameter rules that have been completed. DLI is going forward with the rules for choice of nonsteroidal anti-inflammatories, muscle relaxants and opioid analgesics. One change was made for internal reasons; the proposed rules about long-term use of opiates are not ready yet, so the cross-reference to those rules had to be removed from the proposed rules about choice of opioid analgesics. Lohman pointed out the handout about the medication draft rules and reviewed C (3) on page two, where the following will replace the cross-reference to the proposed rule about long-term use of opiates.

- (3) Oral opioid analgesics prescribed more than 12 weeks after the injury may be for more than one month of medication per prescription if there has been a clinical evaluation to confirm the need for and efficacy of the prescription and a clinical evaluation at least every six months thereafter during continued use of opiate analgesics.

Lohman asked for MSRB approval of this language to replace the previous language.

Hipp made a motion to approve the language as presented. Barbara Baum seconded the motion. All voted in favor of the language.

Lohman reviewed the draft rules with changes to the current treatment parameters. He noted the proposed language on page 4, line 46, that states, "A functional capacity evaluation is not appropriate to establish baseline performance before treatment, or to evaluate change in performance during a course of treatment." Robin Peterson expressed concern that they not limit workers' access to treatment. Lohman asked for recommendations. Discussion occurred and it was agreed that Peterson and Baum would make a recommendation to Lohman and they would work together to come up with some alternative language for consideration at the next meeting.

Lohman asked for any additional input at the meeting and noted that DLI will now be drafting Statements of Need and Reasonableness (SONARs) for the PPD changes, the medication choice rules and the changes to the current treatment parameters, as the next step in the rulemaking process.

Baker asked what issues the MSRB would discuss after spinal cord stimulators. Lohman responded that the lineup the board had discussed was prolotherapy and botox injections next. Then, in response to issues brought to DLI, the department recommended that traction and TENS technologies be evaluated after that. Then, as recommended by the board, the MSRB wanted to look at epidurals, facet joint and intradiscal injections.

Hipp made a motion to adjourn the meeting at 5:17 p.m. Rose Hatmaker seconded the motion. All voted in favor of the motion and it passed.

Respectfully submitted,



Debbie Caswell
Executive Secretary

dc/s