

September 12, 2006

Memorandum

Medical Advisory Committee Medical Issue Review Process

The process followed when reviewing procedures, treatment, technology, etc. for compensability or non-compensability in WC; and/or the process for giving medical guidance to the director and the industry on medical issues that are determined compensable but for which the committee believes it is best to set medical parameters on.

1. **Identify Threshold Issue** - Example: Should artificial disc replacement at the lumbar level be a compensable medical procedure under Oregon's workers compensation law?
2. **Analyze Threshold Issue** by: a) conducting a review of literature and
b) inviting public input from stakeholders.
3. **Determine whether the procedure is "experimental", or "unproven", or "unscientific, or" outmoded"** using the following definitions as adopted by the Medical Advisory Committee on December 7, 2001: (see ORS 656.245(3))

Scientific Method: Formulation and testing of hypotheses, controlled observations or experiments, analysis and interpretation of data, and oral or written presentation of all of these components to scientific colleagues for discussion, and further conclusions, and accepted for publication in peer reviewed journals.

Experimental: A treatment to which the scientific method is being applied but has not been completed.

Unproven: A treatment to which the scientific method has not been applied, or completed scientific method has not shown efficacy.

Unscientific: A treatment to which the scientific method has not been applied.

Outmoded: A treatment outside the current standard of practice of medical care.

I. Decision on Threshold Issue relating to compensability:

If the Committee finds that the procedure is experimental, or unproven, or unscientific, or outmoded, then the Committee would determine if the procedure should be noncompensable under ORS 656.245 (3) and OAR 436-009-0015 (6).

- a. Committee members vote.
- b. Prepare a draft formal recommendation to the Director.
- c. Director will post recommendation to web, etc., for public comment.
- d. Following period of time for comment, MAC will review the public input
- e. MAC will discuss public input, and then vote again on a final recommendation to WCD Administrator.
- f. WCD Administrator reviews recommendation and takes appropriate action, i.e., rule making, policy decision, etc.
- g. MAC will be informed of the Administrator's action related to MAC's final recommendation.

4. **Make a determination (if MAC chooses to) regarding the secondary issue:**
appropriateness:

If the Committee finds that the procedure is **not** experimental, or unproven, or unscientific, or outmoded, (and therefore cannot be determined non-compensable) then the Committee may (or may not) want to determine and articulate under what medical circumstances, if any, would they find the medical service (procedure, technology, etc.), to be generally considered appropriate.

- a. Committee members vote on whether they want to develop medical criteria, guidelines, other.
- b. If so, review primarily medical information, studies, etc. to determine parameters for the medical service. (consider but not focus on cost or other non-medical issues)
- c. Prepare a draft recommendation to the WCD Administrator.
- d. Administrator reviews recommendation, seeks any needed clarification , and takes appropriate action. May post on web for public comment.
- e. Administrator and MAC review any public input on draft recommendation.
- f. MAC vote and make final recommendation to WCD Administrator.
- g. WCD Admin. takes appropriate action, i.e., post on web as guidance to industry, etc. The Medical Review Unit will consider along with other medical evidence in a particular individual dispute.

Cc: John Shilts, Jerry Managhan, Dan McNally, Kevin Willingham