

**WORKERS' COMPENSATION
MEDICAL ADVISORY COMMITTEE**

February 16, 2018
9 a.m. – 11:30 a.m.

MAC Committee Members Present: Ronald Bowman, MD; Brad Lorber, MD; Constantine Gean, MD (Insurer Representative), Susan Strom, DC, Lon Holston (Worker Representative)

DCBS Staff Present: Cara Filsinger, Juerg Kunz

MAC Committee Members Absent: Gary Rischitelli, MD, Jon Soffer, ANP DNP, Timothy Craven MD (MCO Representative); Julio Ordonez, MD; Tom Williams, PT, Ryan Weeks (Employer Representative),

Agenda Item	Discussion
Welcome, Introductions (0:00:00)*	Dr. Bowman called the meeting to order at 9:02 a.m.
Administrative discussion (0:00:05)*	Review and approve minutes for Dec. 1, 2017 MAC Meeting Dr. Lorber moved to approve the minutes and Dr. Bowman seconded. The minutes were approved as drafted.
Administrative discussion (0:00:30)*	<p>Juerg Kunz, Workers' Compensation Division, provided updates on the new physician fee schedule.</p> <p>Dr. Bowman asked what the major changes are. Juerg said the pay stays about the same. The challenge is to get a better handle on private health pays, as we don't know what they pay. There is an "all payer all claims" database that we may be able to use that provides information from private health.</p> <p>Dr. Bowman indicated that private health is like "MSRP" - we never get what is billed. Workers' compensation is allegedly tied to private health industry. If workers' compensation rates start plummeting, then people won't take patients.</p> <p>Juerg said he does not expect the fee schedule to go down because of the analysis. Every once in a while we hear it is too low.</p> <p>Dr. Lorber indicated that in the last 20 years, physicians haven't had cost of living adjustment for their services, overhead, staff, etc. Medicare rates are going down. There are other expenses going up – schooling, for example. He commented on the political climate and the proposal to change pass through taxes on businesses.</p> <p>Dr. Strom commented that personal injury protection fees are matched to workers' compensation fees.</p> <p>Dr. Bowman commented that Medicare is often used as a meter and their method to determine payments. He said the bill the patients get shows billing amount but not what the doctor gets paid. This impacts public perception.</p> <p>Cara Filsinger, Workers' Compensation Division, provided information about the rulemaking hearing time frame. Cara provided an update about the 2018 legislative session and pending legislation. Dr. Bowman asked about the impact of a proposed constitutional amendments.</p>

Juerg Kunz commented on a bill that requires licensing for ambulatory surgery centers (ASC) extended care centers. Dr. Bowman asked if there is data on the cost of services in a hospital versus ASC? Juerg indicated we may be able to get that, but ASC have a lot of services included in the facility costs, where the hospitals charge for services separately. We have an ASC fee schedule with fixed amount for CPT codes, hospitals are paid with a cost to charge ratio.

Dr. Bowman indicated hospital and ASC contracts are different. Some private insurers don't include implants, but hospitals would include it. Juerg indicated that the workers' compensation fee schedule allows the ASC to bill and get paid separately.

**Technology Review:
Spinal Cord Stimulator recommendation**
(0:12:40)*

Cara Filsinger reviewed the [draft recommendation](#) that was prepared after the Dec. 1 meeting reflecting the committee's decision. This agenda item is to officially confirm the recommendation.

Dr. Bowman reviewed that the recommendation leaves spinal cord stimulator compensable and that managed care organizations can continue to develop their own guidelines.

Dr. Lorber moved to approve the recommendation. Lon Holston seconded. All present voted aye.

**Technology Review:
Platelet Rich Plasma (PRP) Subcommittee Discussion**
(0:14:03)*

Dr. Lorber provided an update about the subcommittee. They have met a couple times and are putting together a spreadsheet with relevant studies. The spreadsheet will include the level of study, outcome of study, and type of PRP used. So far we are finding what we expected, that it is unproven. There are conflicting studies.

Dr. Bowman commented that the American Academy of Orthopedic Surgeons have waffled on that.

Dr. Strom said if there is surgery, the surgery is helpful, and the addition of PRP or hyaluronic acid is equivalent in long term outcomes.

Dr. Bowman said it may be proven for arthritis, mostly knees. But arthritis is rarely work related because it's an excluded condition. In one study they injected a lumbar facet but it wasn't for disc.

Dr. Lorber indicated there are not many studies for disc injections.

Dr. Strom said the PRP dosages and frequency are all over the place. No well established standards.

Dr. Lorber said he found a classification system that may be helpful that looks at different factors like concentration, platelet count, spin rate, volume etc. He will add that to the spreadsheet and add information in future as studies get done.

Dr. Lorber commented that a meta analyses won't be easy.

Dr. Strom commented many studies are individual.

Dr. Bowman doubted there is a definitive answer about PRP. He commented about use in his surgical practice. They hear about good things but find out the research was on bovines. He uses for rotator cuff surgery, with the theory is it enhances healing. Some studies show that it is positive. Doesn't hurt but not sure if it is helping.

Dr. Strom said there are new approaches developed out in the field and used experimentally. The subcommittee didn't look at case studies, but there is some merit to see what people are doing in the field.

Dr. Bowman said in contradiction to a new medicine, the thought is well, just injecting the patient's own blood, so there's not the risks you think of otherwise.

Dr. Lorber indicated he will tabulate the data for the next meeting.

**Technology review:
Review study
classification
process
(0:23:50)**

Cara Filsinger reviewed the committee's proposed [study classification guidelines](#) to rate the quality of studies used for the technology reviews.

Dr. Lorber indicated they used this for the PRP subcommittee. Dr. Bowman said this method is easier to use than some of the more complicated ranking systems.

Cara Filsinger said she combined all the prior MAC guidelines on this topic into one memo.

Dr. Gean said the guidelines are consistent with ACOEM guidelines and pretty generic, but it is consistent with other big institutions.

Lon Holston moved to approve the process as presented in the memo. Dr. Gean seconded. All members present voted aye.

**Technology Review:
Low Dosage
Radiation request
(0:27:00)**

Juerg Kunz outlined the request to make low dose irradiation and constrained revision for severe, idiopathic, arthrofibrosis following total knee arthroplasty not compensable. We found only found one study. This came out of a dispute in the Medical Resolution Team. There was one independent medical examinations (IME) ordered by an insurer, and one worker requested medical examination (WRME.)

Dr. Bowman commented that Dr. North is a retired orthopedist. The condition is very complicated.

Dr. Strom asked for clarification about the procedure.

Dr. Gean asked if it is a prophylactic or after the surgery?

Juerg said from reading the article, it appears they do the radiation right before they do the revision. So before taking out old implant and doing new one.

Dr. Bowman commented on the article is for revision for severe idiopathic arthrofibrosis. It is not done on everyone coming to office.

Dr. Gean from medical point of view, the issues are dose and long term effects (e.g. sarcoma). Do we know how radiation level compares to an x-ray or CT scan? Juerg said he can research.

Cara Filsinger said this is similar to prior reviews such as the BiOM ankle. Juerg has found exactly one article on the topic. There is currently one provider in the US doing this treatment. The plan would be to have MAC members read the article and come to next meeting prepared to discuss.

Dr. Bowman asked if this will impact the dispute at the division. Cara Filsinger said the dispute is a separate issue, this request is to address the issue overall.

Lon Holston asked if the current treatment is compensable as of now, so they are asking if we

should we change that.

Juerg Kunz said currently we look at individual case to see if it is appropriate for that patient. That is what the Medical Resolution Team does. This is a request for this procedure generally should be compensable or not.

Dr. Gean commented that if it works, it would be wonderful, but the real question is it supported or not.

Dr. Bowman said it is in a very rare complication. There will not be much power in any study.

Dr. Gean said that in the workers' compensation world, it not uncommon, he sees two or three per year.

General discussion
(0:35:00)

Dr. Gean commented on a Wall Street Journal article about the FDA authorizing a test for head injury. It is a blood test for concussions. It is possible we will start being asked to pay for it. He assumes it is not cheap.

Dr. Lorber said he heard about five different blood tests under research.

Dr. Gean said he wanted to call it to the attention of MAC. There is a dose dependent release of proteins that is found in the blood. Suspects they will be asked to pay for the test.

Dr. Bowman clarified it is for acute injuries, not CTE (Chronic Traumatic Encephalopathy).

Dr. Lorber commented on a new article about the FDA cracking down on stem cell proliferation and associated risks and issues. Stem cells are on the MAC technology review list, but should will wait until FDA acts.

Dr. Gean clarified that the earlier question is the blood test is called the Banyon Brain Trauma Indicator. About one third of those with suspected brain injuries could be identified with the test.

Dr. Lorber said the different blood tests had to be done within very short time frames. Many of the tests are fairly sensitive.

Dr. Gean said once it gets validated it will be used in many contexts.

Adjournment

Dr. Bowman adjourned the meeting at 10:40 a.m.

The next MAC meeting will be held on April 20, 2018

*The audio files for the meeting minutes and public testimony (both written and audio) can be found here: <http://wcd.oregon.gov/medical/mac/Pages/mac-meetings.aspx>