

# Medical Advisory Committee

January 28, 2020

Tennessee Room 1:00-3:00 Side A

Tennessee Room  
220 French Landing Drive  
Nashville, TN 37243

## Members:

Rob Behnke, Cracker Barrel  
Misty D. Williams, R.N., Travelers  
Ginny Howard, Zurich  
David Tutor, M.D., Occupational Medicine, Chair  
John Brophy, M.D., Neurosurgery  
James G. Kyser, M.D., Psychiatry  
Keith Graves, D.C., Chiropractic  
James Talmage, M.D., Assistant Medical Director  
Jeff Hazlewood, M.D., PM&R, Pain Management  
Lisa Bellner, M.D., PM&R, Pain Management  
Cerisia Cummings, D.O., Bridgestone  
Robert Snyder, M.D., Medical Director  
Abby Hudgins, Administrator  
Mark Finks, Attorney, BWC  
Suzy Douglas, R.N., BWC  
Suzanne Gaines, BWC

## Guests:

Yarnell Beatty, Tennessee Medical Association  
Toni McCaslin, Healthtrac  
Judy Bobbitt, TOA  
Greg Cain, Madisonville Primary Care  
Denise Higdon, Worksite Consultants  
Terry Horn, Vanderbilt  
Roy Johnson, M.D., MTOEM  
Faith Parrish, Vanderbilt  
David Price, Preferred Medical  
Everett Sinor, Brentwood Services Administrators, Inc.  
Tracy Wall, Eckman/Freeman  
Robert White, Madisonville Primary Care  
Katherine Moffat, Tennessee Academy of Physician Assistants  
Adam Jaynes, MNA GR  
Greg Cain, PA-C  
Rob White, PA-C

## Via telephone:

Tiffany Grzybowski, Health Systems  
Leon Cochran, M.D., in support of the PAs.

## Call to Order

The meeting was called to order at 1:00 PM by the Chair, Dr. Tutor.

## Quorum

A quorum was confirmed.

## Approval of Minutes

The November minutes were approved as presented.

## Old Business

### **ODG**

Dr. Snyder presented ODG updates of October, November, and December. October was included for information purposes. The updates were highlighted on the handouts. Of particular note, ODG conditionally recommends Spinal Cord Stimulators. Dr. Snyder observed that trials are extremely poor in worker's comp, but there is some difficulty in denying through the UR Appeal process if the ATP has already had a successful trial.

There was motion to approve the ODG updates, seconded and approved by the committee.

### **Telehealth Working Group**

Mark Finks reported on Telehealth; he has a rough draft of the rules to be discussed with the Telehealth working group on February 7.

### **UR Working Group**

UR working group will have their next teleconference on February 7 as well.

### **"Bad UR"**

Two cases were presented by Dr. Snyder for potential violations of UR rules.

The first was a denial of Narcan in a patient who was on multiple meds including hydrocodone, Lyrica, clonazepam, Zofran, Lexapro, Skelaxin and Bupropion. This is not in accord with the recommendations of the Department of Health Chronic Pain Management Guidelines or ODG.

The second was similar: denial of Narcan on a patient on hydrocodone and Lyrica and using CPAP for sleep apnea. The reason given was "no documentation of aberrant behavior." This is not mentioned as a reason under either the Chronic Pain Management Guidelines or ODG. Dr. Snyder asked for approval of warning letters on both cases.

Dr. Brophy moved to send letters on both these cases but also to allow the Medical Director to make these violation determinations, send the appropriate letters and inform the committee afterward. The motion was seconded and approved by the committee without objection.

Further discussion that came from the UR working group was using UR to force claim closure. A discussion of the difficulty in proving this was mentioned but Dr. Snyder and the group continues to still seek cases. His may continue to occur even when UR Appeals are filed.

Some problems stem from adjuster turnover, and the difficulty of going through so much medical information. One suggestion was a summary fact sheet for or by the adjuster.

### **UR stats**

Dr. Snyder reviewed 4<sup>th</sup> quarter yearly statistics for the last four years with no clear trending identified. He presented some further statistics:

In 2018, there were 15000 UR reviews in Tennessee, and the denial rate was 50%. During 2018, 1500 appeals were received; 10%. (BWC captures most all UR activity in the state on the portal.) The breakdown for appeals is 30% patients, 30% attorneys, 30% physicians.

Fifty percent of all URs recorded on the portal end up in denials yet only 20% of those denials get appealed.

The process of UR review was discussed from various committee members. It is very time consuming for the physician, considering the volume of records that must be reviewed and the letter that the physician must write.

Dr. Snyder went through the instructions on the appeal form, C35A to clarify what information was needed and why. Suggestions to streamline the process are always welcome. The appeals have to be done on the physician's own time.

Dr. Snyder said that the adjuster must send pertinent records to UR review. Dr. Graves and Dr. Snyder discussed what kinds of records are necessary for treatment decisions. If the treatment is within the ODG guidelines, UR is not required or necessary according to the statute. But, UR protects insurers against 1) inappropriate treatment 2) makes sure that treatment is for a covered body part.

## **New Business**

### **Physician Assistants**

Katherine Moffat, Rob White, Greg Cain gave a summary of the bill they are introducing to allow PA's to serve on medical panels, do evaluations, causation, MMI, permanent restrictions and impairment ratings.

Greg Cain pointed out that Physician Assistants have training that mirrors physician training.

It is difficult to treat patients in rural areas, and it might be difficult for the patient to see a physician. A physician must sign off on a PA.

A qualified P.A. can provide management and qualified care of workers' comp injuries.

Physician's Assistants work within numerous specialties and are necessary in rural areas. Sometimes physicians do not want to do Occupational Medicine or there are none in the area. PAs in Tennessee may work in urgent care. By allowing them, this would expand access to medical care in Tennessee. PAs often deal with acute type of injuries, but, at present, can't say that they are worker's comp injuries.

Parameters on the types of injuries are hard to tell since it depends on what comes through the E.R. PAs will not be treating injuries out of their scope and would still have the same collaborating requirements.

Questions were raised about depositions, causation with overuse injuries, liability and training specific to WC. It is difficult to make opinions in the correct way, even for many trained physicians. There should be no shortcuts with the training. In response, the PAs assume the same liability as a physician for medical decisions. The supervising doctor would be named in a lawsuit, but the physician's assistant would bear the responsibility.

Dr. Cochran, who is attending via telephone, is available for questions.

There is a difference between the training of a nurse (APN) and a PA. The PA must train within the same specialty as the collaborating physician. No action was asked of the committee.

### **Medicare, E/M changes**

There are some Evaluation and Management revisions coming from the AMA; they are outlined in the handout.

### **Legislative Update**

Mark Finks gave the legislative update on two bills.

Senate	House	
1892	1699	Telehealth—mandatory coverage—insurance payment, parity
0486	0637	Medical Cannabis

The next meeting is March 17, 2020 at 1:00 PM.

## **Adjournment**

The meeting was adjourned 2:45 by Dr. Tutor.