Medical Advisory Committee NOTES

November 5, 2019

Tennessee Room
220 French Landing Drive
Nashville, TN 37243

Members:

Rob Behnke, Cracker Barrel
Misty D. Williams, Travelers
Ginny Howard, Zurich
David Tutor, MD, Occupational Medicine Chair
John Brophy, MD, Neurosurgery
James G. Kyser, MD, Psychiatry
Keith Graves, DC
James Talmage, MD, Assistant Medical Director
Jeff Hazlewood, MD, PM&R, Pain Management
Lisa Bellner, MD, PM&R Pain Management
Cerisia Cummings, DO, Bridgestone
Robert Snyder, MD, Medical Director
Abbie Hudgens, Administrator
Troy Haley, Attorney, BWC
Mark Finks. Attorney, BWC
Suzanne Gaines, BWC

Guests:

Yarnell Beatty, TMA
Desiree' Anderson, Schmidt Government Solutions
Toni McCaslin, Health Trac
Faith Parrish, Vanderbilt
Judy Bobbitt, TOA
Everett Sinor, Brentwood Services
Adam Jaynes, MNA GR
Roy Johnson, MD, Occ Med

Call to Order

The meeting was called to order at 1:03 PM by the Chair, Dr. Tutor.

Quorum

A quorum was confirmed as present (1/3 of the members needed, 12/16 members present).

Approval of Minutes

Dr. Brophy requested that sentences attributed to him from the 9-24-2019 minutes be stricken, as they were taken out of context. These were sentences from paragraph three, third line.

After the change, the minutes were accepted and approved by the committee.
There was a call for any Conflict of Interest forms from any member who had not yet submitted their form.

Old Business

ODG September updates

Substantial changes in spinal cord stimulators.
Dr. Brophy stated that the changes were appropriate.

Trials should be done when patient is off of drugs because drugs can undermine the effects of the spinal cord stimulator.

There was discussion of extending number of trial days because of opioid medications. The patient must be weaned because drugs can interfere with SCS effectiveness; it is difficult to determine the effectiveness.

Dr. Snyder asked what criteria should be used to determine length of trial, and what determines a successful trial?

Misty Williams described the difficulty in getting a battery replaced in the SCS.

Dr. Snyder asked if the ODG changes should be approved or deferred.

Dr. Brophy—more information is needed regarding rationale of ODG. Dr. Snyder will provide more information to committee.

The ODG changes for SCS are deferred until the next meeting when the committee receives more information.

The changes outlined in the meeting handout regarding *update for "fusion posterior cervical", 7/12/2019,* were accepted. The changes regarding *Patient Criteria for epidural steroid injections (ESI's) were also approved by the committee.*

The approved changes can be sent to the ODG for consideration.

There is a divide in how information goes from party to party (i.e., adjusters, physicians, etc.). Most of the non-verbal communications from physicians' offices are by fax. This provides security and limits HIPAA intrusion. Insurers use e-mail. The complexity of notifications was mentioned.

Dr. Snyder will summarize suggestions to give to the administrator.

Telemedicine

Mark Finks gave a report on Telemedicine. The next Telemedicine Working Group meeting is 12-5. There will be a demonstration from Concentra to show how Telehealth works.

UR Working Group

The UR working group reviewed data from the five largest insurance companies. Certification and non-certification of treatments is about 50/50, no outliers.

The review physicians are fairly evenly split in overturns and upholds and showed no pattern (example: 58 overturned and 60 upholds).

All UR submissions by the companies are tracked by the Bureau on the portal.

In his review, Dr. Snyder observed that 6000 UR were denied and not appealed. Is there harm being done to patients by denying treatment? Conversely, do some approved treatments harm patients?

40% of the UR denials are pain related treatments. Worker's Comp is unable to establish a pattern. It is difficult to determine if a company has outliers because each company has its own panels.

The authorized treating physician has nothing to do with practice but with selection. Insurers see more UR in pain management; there are mostly old claims in pain management and some insurers focus on this group.

UR analysis shows problems are caused when physicians prescribe medications to counteract the side effects of another medication without first assessing the cause of the side-effect.

Misty Williams sees problems with weaning requirements. Some pain management practices do not have weaning protocols.

It is also difficult to replace pain management doctors.

Pulling patients away from PCP's has helped patients a good deal.

It is a good opportunity to get patients off long acting medications.

Newer cases seem to be prescribed shorter termed medications.

Change physician behaviors will only occur through education.

The observation that UR is being used to force closure of claims but the bureau is looking for such claims.

Change can be psychologically challenging to patients who have open medicals. The patients are resistant to change even though the medical evidence changes. Some physicians acquiesce to patients because they don't want the battle. However, treatment evidence does change and it is in the best interest of the patient to accept new treatment.

Dr. Talmage observed that 2/3 denials are for treatments that are out of date or no longer work.

Is UR blamed? Dr. Bellner asked what you do. Physician feels pressure to get treatments approved for patient but does not want to leave patient with no medication.

How should physicians get patients their treatments?

Next Meeting:

Scheduled for 1-28-2019

Adjournment:

By Dr. Tutor at 2:10 PM.

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