



OCCUPATIONAL HEALTH **BEST PRACTICES**

— Working together to keep people working —

Health Policy News for Self-Insured Employers March, 2017

Completed Work

Be sure to check out the web page, ProviderNews.Lni.wa.gov for postings about new health care policies and guidelines. The latest ones are:

Health Technology Decisions from the [WA Health Technology Clinical Committee](#)

Negative Pressure Wound Therapy (NPWT) – The coverage decision was finalized by the Health Technology Clinical Committee (HTCC) at the January meeting. L&I is in the process of adopting the decision. The tentative effective date of the L&I decision is May 1, 2017.

Fecal microbiota transplantation (FMT) - The coverage decision was finalized by the HTCC at the January meeting. L&I has adopted the decision and published it on the web. The decision will be effective on April 1, 2017.

Continuing Education (CE) now available

Three hours of continuing education credit just became available for Attending providers for successfully completing self-assessment quizzes on Practice Resources for Attending Providers. Topics include conservative care options for work-related foot and ankle injuries, mechanical shoulder, carpal tunnel syndrome etc. Improve your workers' comp record keeping with the one on Documentation Best Practices. These Practice Resources and Quizzes were developed by the Industrial Insurance Chiropractic Advisory Committee and L&I's Office of the Medical Director.

Work that is Underway

Acupuncture

L&I met again with the Washington East Asian Medicine Association (WEAMA) to discuss covering acupuncture for low back pain. L&I has agreed to pilot allowing ten acupuncture treatments where the first five do not require prior authorization but the second five do. Authorization would be based on documentation of improvement in pain and function. We will need to develop a form for how patient progress is evaluated and documented. We still need to settle on whether an Attending Provider referral is required and we still have to reconcile that L&I has two WACs that prohibit acupuncture and acupuncturist providers. The options are to repeal the two WACs first, which could take ~nine months, or do "pilot rule making," which would allow services to start sooner but services would have to be suspended at the end of the pilot until the regular repeal process was completed. Another meeting will occur sometime in March.

Foot and Ankle Surgical Guideline

The IIMAC subcommittee is nearing completion of the new evidence-based guideline for foot and ankle surgeries. We anticipate putting it out for public comment during the last week of March and the first two weeks of April. We still anticipate a July 1st implementation date if there are no hiccups. Surgeries include: ankle arthroscopy, Cheilectomy, arthroplasty and fusion; stabilization of talus lesions, reconstruction of peroneal tendon, Achilles tendon procedures & posterior tibialis reconstruction, tarsal tunnel release etc.

Carpal Tunnel Syndrome (CTS) Guideline Update

A work group of IIMAC members and L&I staff have updated the work-relatedness section of the Carpal Tunnel Guideline to include more information about the association of computer use (keyboarding and mousing) with development of CTS symptoms. The case definition and authorization requirements for CTS surgery did not change. A draft of the new work-relatedness language and instructions for giving [public comments](#) until March 15th are available on L&I's website. Final draft revision will be presented and voted on at the April 27th IIMAC meeting. Once approved, it will become effective immediately for future claims.

Neurogenic Thoracic Outlet Syndrome Guideline

Office of the Medical Director is planning to put into WAC, certain parts of the Neurogenic Thoracic Outlet Syndrome Guideline, most of which includes the case definition for accurate diagnosis. The case definition has not changed for years and putting it in rule will help prevent inappropriate surgeries from being done and will help such surgery denials be upheld at the Board of Industrial Insurance Appeals. More discussion to come with presentations to ACHIEV and IIMAC.

Health Technology Decisions from the [WA Health Technology Clinical Committee](#)

Next meeting: March 17, 2017.

Artificial disc replacement (re-review)

The HTCC reviewed the available evidence in January and voted to cover single-level or two-level cervical artificial disc replacements with conditions. However, the HTCC voted to not cover lumbar artificial disc replacements due to unproven safety and effectiveness of the procedure compared to alternatives. The coverage decision will be finalized at the March meeting.

Pharmacogenetics

The HTCC reviewed the available evidence in January and voted not to cover pharmacogenomics testing for mental health conditions. The HTCC found the technology unproven for safety, efficacy and cost-effectiveness at this time. The coverage decision will be finalized at the March meeting.

Extracorporeal shock wave therapy for soft tissue injuries to promote healing

Originally developed to treat kidney stones, extracorporeal shock wave therapy (ESWT) has been used to treat various musculoskeletal conditions, such as tennis elbow, rotator cuff tendinitis, patellar tendinopathy, Achilles tendinopathy and plantar fasciitis. Although the therapeutic mechanism of ESWT for musculoskeletal conditions is not fully understood, there are an increasing number of clinical trials to assess the therapeutic effects of ESWT. At the March meeting, the HTCC will review the current evidence and vote whether to cover this technology for treating certain soft tissue disorders.

Varicose vein surgical treatment

Currently being reviewed

Chronic migraine and chronic tension-type headache treatment

Currently being reviewed