

Health Care Provider Advisory Committee
Meeting Minutes
Aurora Medical Center in Summit
January 20, 2017

Members Present: BJ Dernbach (chair); Amanda Gilliland; Richard Goldberg, MD; Maja Jurisic, MD; Jeff Lyne, DC; Michael M. McNett, MD; James O'Malley (acting chair); Jennifer Seidl, PT; Peter Schubbe, DC; and Ron Stark, MD.

Excused: Mary Jo Capodice, DO; Ted Gertel, MD; Scott Hardin, MD; Barb Janusiak, RN; Stephen Klos, MD; and Jim Nelson.

Staff Present: Kelly McCormick and Frank Salvi, MD.

Observers: None

1. **Call to Order/ Introductions:** Mr. O'Malley convened the Health Care Provider Advisory Committee (HCPAC) meeting at approximately 10:05 a.m., in accordance with Wisconsin's open meetings law. HCPAC members and Worker's Compensation Division staff introduced themselves. Mr. O'Malley advised that a new member, Dr. Scott Hardin, was appointed to the HCPAC last week. Mr. O'Malley also informed the Committee of a typographical error on the agenda; the minutes for approval were those of the October 7, 2016 meeting and not the August 12, 2016 meeting as indicated on the agenda.
2. **Acceptance of the October 7, 2016 meeting minutes:** Dr. Stark moved to approve the minutes of the October 7, 2016 meeting. Dr. Jurisic seconded the motion. The minutes were unanimously approved without correction.
3. **Future meeting dates:** The HCPAC members agreed they will meet on May 5, 2017, and August 11, 2017. A tentative meeting date of October 13, 2017, was set.
4. **Survey of practitioners to update minimum ratings in ch. DWD 80 of the Wisconsin Administrative Code:** Dr. Salvi reported that an online survey regarding the minimum permanent partial disability ratings as set out in s. DWD 80.32 was drafted and sent out to the presidents of various medical provider organizations with requests to distribute the link to the survey to their respective members. To date, approximately 45 completed surveys have been received. A discussion took place as to the number that would be considered a "good" response. It was noted that the previous survey done in 1992 had a sample size of three to four hundred and received 100 responses. It was decided additional actions would be undertaken to solicit responses. A link to the survey will be e-mailed to HCPAC members so that they may review the survey questions and make requests of appropriate colleagues to complete it.

5. **Executive Order No. 228 from Gov. Walker & Special Legislative Session on Opioid Abuse:** Mr. Dernbach advised that on January 5, 2017, Governor Walker issued Executive Order No. 228, related to the Governor's Task Force on Opioid Abuse, which specifically made reference to the Worker's Compensation Advisory Council (WCAC). It read, in item 6, "The Wisconsin Department of Workforce Development shall review the Workers Compensation Research Institute's most recent report on interstate variation on opioid use and consult with the Workers Compensation Advisory Council to incorporate best practices into Wisconsin's workers compensation statutes." The Workers Compensation Research Institute will give their overall presentation on the State of Wisconsin at the February 14, 2017 WCAC meeting. Mr. Dernbach anticipates that the WCAC's Agreed Upon Bill will contain language that addresses the use of opioids in worker's compensation claims.
6. **Review of ch. DWD 81 of the Wisconsin Administrative Code:** The HCPAC deferred comment on possible changes to s. DWD 81.06 (6) related to low back surgery including decompression procedures and arthrodesis at the last meeting until after a request for review was sent to Dr. Gertel. It was felt input from a spine surgeon was needed before any changes would be made. Mr. O'Malley provided an update that Dr. Gertel does not perform low back surgery but advised he would contact a surgeon who does perform these procedures for review and comment.

At the last meeting the HCPAC discussed including the **Opioid Prescribing Guideline** recently adopted by the Wisconsin Medical Examining Board (MEB) into ch. DWD 81 of the Wisconsin Administrative Code. Mr. O'Malley stated that the Attorney General's Office is required to approve any document that is incorporated by reference in the Wisconsin Administrative Code. Mr. O'Malley contacted the Wisconsin Attorney General's Office for an opinion about whether the MEB's **Opioid Prescribing Guideline** and the paper **Chronic Opioid Clinical Management Guidelines for Wisconsin Worker's Compensation Patient Care** would be approved for incorporation by reference into ch. DWD 81 of the Wisconsin Administrative Code. As of the date of the meeting Mr. O'Malley has not yet received a response. The **Opioid Prescribing Guideline**, last updated November 16, 2016, is available on the Department of Safety and Professional Services' website on the Medical Examining Board page. The paper **Chronic Opioid Clinical Management Guidelines for Wisconsin Worker's Compensation Patient Care** is currently posted on the WCD's website under the Medical Provider's link.

The HCPAC continued its review of the worker's compensation treatment guidelines in ch. DWD 81 of the Wisconsin Administrative Code with a discussion of the definitions prepared by Ms. Seidl and Dr. Schubbe regarding s. DWD 81.06 (3). The following changes were proposed:

- a. 81.06 (3) (b) 7. Create subdivision 81.06 (3) (b) 7. as follows: "An aggravation or exacerbation of the initial injury that limits a patient's function may warrant additional episodes of passive treatment in conjunction with active treatment."
- b. 81.06 (3) (c) Amend the paragraph as follows: "*Adjustment or manipulation of joints.* For purposes of this paragraph, "adjustment or manipulation of joints" includes ~~chiropractic and osteopathic adjustments or manipulations~~ and physical therapy manipulations. All of the following guidelines apply to adjustment or manipulation of joints:"
- c. 81.06 (3) (h) Amend the paragraph as follows: "*Manual therapy.* For purposes of this paragraph, "manual therapy techniques consist of, but are not limited to connective tissue massage, joint mobilization and manipulation, manual traction, passive range of motion, soft tissue mobilization, manipulation, dry needling techniques, and therapeutic massage. Manual therapy techniques may be applied to one or more regions." ~~includes soft tissue and joint mobilization, therapeutic massage, and manual traction.~~ All of the following guidelines apply to manual therapy:
- d. 81.06 (3) (L) Create 81.06 (3) (L) as follows: "Laser or light therapy. Non-thermal light therapy uses light with specific characteristics, primarily wavelength, power, and delivery mode to provide photons of light to cellular tissue to treat specific medical conditions. The main responses to non-thermal light therapy are pain reduction, inflammation reduction, and accelerated tissue healing."

The HCPAC resumed its review of the treatment guidelines from where it left off at the last meeting at s. DWD 81.06 (11).

- e. 81.06 (11) (a) 1. Amend the subdivision as follows: "The ~~passive,~~ active, passive, injection, durable medical equipment, and medication treatment modalities and procedures in subs. (3), (4), (5), (8), and (10) may be used in sequence or simultaneously during the period of initial nonsurgical management, depending on the severity of the condition."

Dr. Jurisic suggested adding language regarding patient self-efficacy and engagement. It was the consensus of the HCPAC this topic may need its own section and should apply to all treatment. Drs. Jurisic and McNett will draft proposed language for the next meeting.

- f. 81.06 (11) (a) 2. Amend the subdivision as follows: "The only therapeutic injections that may be necessary for patients with regional low back pain are trigger point injections, facet joint injections, facet nerve injections, sacroiliac joint injections, and epidural blocks, and their use shall meet the guidelines of sub. (5)."

- g. 81.06 (11) (b) 1. Amend the subdivision as follows: "Referral for Ssurgical evaluation, if necessary, ~~may begin as soon as is recommended between 8 weeks after, but shall begin no later than~~ to 12 weeks after, beginning initial nonsurgical management. An initial recommendation or decision against surgery may not preclude surgery at a later date. "

The HCPAC will request that a surgeon who performs back surgery comment on s. 81.06 (11) (b) 6. specific to treatment of this region by surgical procedures.

- h. 81.06 (12) (a) Amend the paragraph as follows: "(a) Initial nonsurgical treatment is appropriate for the first phase of treatment for all patients with radicular pain, with or without regional low back pain, with no or static neurologic deficits, ~~for which surgery is not considered standard of care,~~ under sub. (1) (b) 2., ~~and shall be the first phase of treatment.~~ It shall be provided within the guidelines of sub. (11) (a), with the following modifications: Epidural ~~injections~~ blocks and nerve root and peripheral nerve blocks are the only therapeutic injections necessary for patients with radicular pain only. If there is a component of regional low back pain, therapeutic facet joint injections, facet nerve injections, trigger point injections, and sacroiliac injections may also be necessary."

The Department will prepare a line and strike draft of the proposed rule changes to date to distribute at the next meeting. The Committee will decide if it wants to submit the current recommendations to the WCAC or wait until all of DWD ch. 81 has been reviewed.

7. **New Business:** Mr. Dernbach and Mr. O'Malley provided an update of the current legislative process. The Department presented the WCAC with 13 proposals, primarily of a technical nature to correct unintended changes made by 2015 Act 55 that transferred worker's compensation adjudicatory functions to the Division of Hearings and Appeals. Labor and Management are to present proposals at the March 14, 2017 WCAC meeting.
8. **Adjournment:** There was a motion to adjourn by Dr. Schubbe, seconded by Dr. Lyne. The motion passed unanimously. The meeting was adjourned at approximately 12:15 p.m.