ODG

Appendix D

Documenting Exceptions to the Guidelines

The purpose of this section is to outline a process for allowing patients to receive appropriate medical treatment even if it is not covered in ODG. As explained in Appendix B, Methodology:

> "These publications are guidelines, not inflexible proscriptions, and they should not be used as sole evidence for an absolute standard of care. Guidelines can assist clinicians in making decisions for specific conditions and also help payors make reimbursement determinations, but they cannot take into account the uniqueness of each patient's clinical circumstances."

ODG outlines a system for ranking the medical evidence, using an alphanumeric rating system from 1a to 11c. This system is explained in the Explanation of Medical Literature Ratings located here: http://www.odgbymcg.com/documents/Methodology.pdf. The highest quality evidence includes Systematic Reviews/Meta-Analyses and Randomized Controlled Trials (RCTs) that have been accepted for publication in peer-reviewed journals indexed in the MEDLINE® and/or PubMed® databases by the National Library of Medicine. Users can search for these studies online at www.nlm.nih.gov. Other medical treatment guidelines based on high-quality evidence can also be good sources to summarize the evidence and make concrete treatment recommendations, so these other treatment guidelines can be valuable as well.

There are situations where injured workers require medical care outside of the ODG treatment guidelines. One way to justify such medical care is through a prior agreement between the insurance carrier and the provider to defer to the provider's recommended course of treatment, based on proven outcomes and adherence to other evidence-based literature or guidelines. This document is intended to address situations where such agreements do not yet exist. The following topics are covered in detail below.

I. Instructions for Providers

- A. Situations not addressed in the guidelines
    1. Conditions not commonly seen in workers compensation
    2. Documenting functional improvement and patient co-morbidities
    3. Ongoing care for chronic conditions
    4. Examples of treatments not fully addressed in the guidelines
- B. Treatments that are addressed in the guidelines but not recommended
    1. Patient co-morbidities

2. Documenting functional improvement
3. Examples not recommended in the guidelines

C. Documentation requirements for exceptions

II. Instructions for Carriers

A. Limitations of guidelines
B. Peer-to-peer discussions recommended

I. INSTRUCTIONS FOR PROVIDERS

As a first step, health care providers should have access to the ODG treatment guidelines. ODG covers over 99% of cases seen in workers' compensation, and it covers a wide range of high-quality evidence for these cases, so it is very likely that health care providers will find the latest evidence in ODG that supports the treatments they are recommending for their patients. When health care providers routinely access the guidelines, they can better plan and describe recommended treatments consistent with the guidelines, rather than as exceptions. When seeking preauthorization, it is recommended that health care providers specifically cite ODG by printing PDF documentation or copying and pasting the relevant guideline or section of ODG into their request.

If ODG does not support the health care provider's recommendation, contacting the ODG Helpdesk is encouraged. First, the requested treatment may actually be supported in ODG, but the provider may benefit from assistance in locating the correct section of ODG. Second, if the treatment is not addressed or is not recommended in ODG, and the health care provider believes that it should be, the ODG editorial team can review the most current medical evidence and re-evaluate the recommendation, or they can add a guideline that may have been missing due to a previous lack of evidence or because the treatment was relatively uncommon. The process for suggesting ODG updates is also available upon request to odghelp@mcg.com.

For situations where the medical care is an exception to ODG, the health care provider should document the treatment planning rationale according to "Documentation requirements for exceptions" (Section C below).

The process for documenting exceptions to guidelines is supported by medical research, including a 2010 study in the *Annals of Internal Medicine*, funded by the Agency for Healthcare Research and Quality, which reported that exceptions to treatment guidelines that are well documented by physicians as part of their regular workflow and subsequently reviewed by peers are deemed appropriate most of the time. Of over 600 exceptions to treatment guidelines, 94% were determined to be medically appropriate, 3% were inappropriate, and 3% were of indeterminate appropriateness. Although not specific to worker's compensation, where

appropriateness might be considerably lower, the authors noted that when providers clearly report exceptions to standard practices, their clinical decision-making is affirmed, helping them achieve high performance levels while minimizing treatment delays. (Persell, 2010)

When ODG does not support a health care provider's request, there are two common reasons:

A. Situations not addressed in the guidelines
B. Treatments that are addressed in the guidelines but not recommended

A. Situations not addressed in the guidelines

1. *Conditions not commonly seen in workers' compensation*

While ODG addresses most medical conditions seen in workers' compensation, it does not address treatments for many common conditions seen outside of workers' compensation (e.g., cancer, heart disease, or cosmetic surgery). There may be instances where a treatment that is uncommonly used for occupational injuries is indicated because it is medically reasonable based on evidence from non-occupational literature or guidelines. In the absence of clear evidence, a reasonable clinical rationale is required for conditions not addressed in ODG, but health care providers should still support their recommendations using as much medical evidence as possible.

2. *Documenting functional improvement and patient co-morbidities*

In those situations where the requested treatment is not addressed in ODG, the health care provider should describe how meaningful and sustained functional improvement would be the expected result of the treatment. Additionally, providers should also document any relevant co-morbidities (if applicable) that would increase the likelihood that the treatment would be appropriate and optimal for their patient.

3. *Ongoing care for chronic conditions*

Chronic conditions covered under worker's compensation may still require reasonable and appropriate medical treatment. Because these medical conditions have usually stabilized, requests for new or additional treatment will always require additional pre-authorization scrutiny, since an expectation of further functional gains is considerably less likely. When intermittent and temporary worsening occurs, guidelines can still be useful as long as there is recognition that they generally address acute and semi-acute injury care. Reductions in the length, intensity, and complexity of treatments should be carefully considered for chronic conditions, based on individualized needs and more limited expectations. Half the number of ODG Physical Medicine recommended visits for a condition should, as an example, be reasonably considered, since the patient has already received previous treatment, including home exercise instruction.

4. *Examples of treatments not fully addressed in the guidelines*

a. Conditions not commonly seen in workers' compensation

An employee sustains a work-related injury when a piece of lumber strikes him in the face, breaking his two front teeth. He is referred to a dentist who recommends replacing the 2 broken teeth. The procedure may not be addressed in ODG, as tooth replacement is a relatively uncommon occupational injury, but it is still medically reasonable because there is dental literature evidence clearly supporting the recommended treatment.

Other examples include the following:

Renal ultrasound for hydronephrosis for a high cervical spinal cord injury (quadriplegia) patient

Cosmetic surgery for a burn patient

b. Conditions commonly seen in workers' compensation, but in unusual presentations

A 30-year-old employee sustains severely comminuted femoral condyle fractures as a result of a compensable motor vehicle accident. An orthopedic surgeon recommends a total knee replacement (TKR), due to the severity and complexity of the fractures. While TKR is not typically indicated for a 30-year-old patient, it may be reasonable in this circumstance given an inability to adequately reduce and internally fix the severely comminuted fractures.

c. Chronic conditions with periodic worsening

A 55-year-old male laborer underwent laminectomy/discectomy for disc herniation with radiculopathy related to a work injury over 5 years ago. He has chronic mild persistent left leg and foot numbness but has been able to continue working. Every 6-18 months, he has been sent home with severe pain and lumbar spasm, which usually dissipates over several days with activity modification, home exercises, and OTC naproxen. When he presents with 5 days of continued worsened symptoms, an abbreviated course of physical therapy would be medically reasonable (see Section 3. Ongoing care for chronic conditions, above), as long as return-to-work is the expected outcome.

B. Treatments that are addressed in the guidelines but not recommended

When a treatment or condition is addressed in ODG but specifically not recommended (or when the selection criteria exclude the patient under consideration), the requesting health care provider should provide documentation germane to the specific case, justifying consideration outside of the guidelines. This is because the highest quality scientific evidence for this situation should already be in the guidelines, so it is unlikely that the provider would find quality evidence that might trump the guideline recommendations. Patients with well-documented co-morbidities

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and/or functional improvement with previous similar treatment may warrant additional consideration of these factors.

1. *Patient co-morbidities*

When documenting exceptions to the guidelines, providers should explain how and why their patient is different from the participants in the clinical studies that support a negative recommendation or exclusion. Typically, co-morbidities (such as obesity or diabetes) can be a factor requiring additional treatments beyond ODG recommendations. In addition, vocational, recreational and/or other functional factors may also be involved. Specifics of the patient, injury, or condition can sometimes result in an injured worker falling outside the type and demographics of participants in high-quality studies.

2. *Documenting functional improvement*

A significant and fundamental goal of any medical treatment in the workers' compensation system is to restore the injured worker's previous level of function, allowing a return to the life prior to injury, especially return-to-work. The provider should demonstrate how significant functional improvement is expected following the requested treatment based on previous outcomes, mechanism of injury, and specific effects of the treatment, documenting measurable points of future benefit.

3. *Examples of treatments not recommended in the guidelines*

a. Co-morbid conditions supporting the performance of a treatment not recommended by ODG

A 45-year-old chronic diabetic patient complains of low back and leg pain following a work-related lifting injury. On exam, the pain is in a non-dermatomal distribution. A lower extremity nerve conduction velocity study may be indicated to assess for diabetic peripheral neuropathy.

b. Functional improvement supporting treatment exceeding ODG

A 36-year-old fireman tears his medial meniscus while working and undergoes arthroscopic meniscectomy. He completes an ODG-recommended amount of post-operative physical therapy, with well-documented and specific objective functional improvement, but he still has some objective functional deficits. An additional course of physical rehabilitation, based on the degree of loss, to address these functional deficits is reasonable.

C. Documentation requirements for exceptions

Medical records and pre-authorization requests must contain clear and reasonable documentation justifying any and all requested treatments outside of guidelines, as outlined below. Copying and pasting relevant ODG guidelines or sections is encouraged.

(A) Determine if the request is for a treatment not addressed in the guidelines or for a treatment that is “not recommended.”
(B) If not specifically addressed in the guidelines, then is the request for a condition not commonly seen in worker’s compensation, an unusual presentation, or ongoing care of a chronic condition?
(C) For treatment that is “not recommended” or of questionable benefit, what extenuating case-specific circumstances support the exception (including rationale that explains why meaningful and sustained functional improvement would be the expected result following treatment)?

Also include the following:
(1) Relevant patient co-morbidities
(2) Objective assessment of functional improvement for treatments already completed
(3) Measurable goals and progress markers (e.g., return-to-work) expected from further treatment
(4) Projected reductions of treatment length, intensity, and complexity for ongoing care of chronic conditions
(5) Literature evidence supporting the requested exception

II. INSTRUCTIONS FOR CARRIERS

As explained in the introduction, these are simply guidelines, and there will always be cases that fall outside any guidelines. Carriers need to be involved in medical decisions when a health care provider has requested or rendered treatment outside of or in excess of the guidelines. Carriers should not deny treatments solely because they are not mentioned or recommended in the guidelines. While considering the medical necessity of the requested medical care, the carrier should consider (1) extenuating circumstances of the case that would warrant additional treatment, including the rationale for procedures not addressed in ODG; (2) patient co-morbidities; (3) objective signs of functional improvement for treatment already completed; (4) measurable goals and progress points expected from additional treatment; and (5) any additional medical evidence provided by the health care provider supporting the requested treatment.

A. Limitations of guidelines

Guidelines cannot account for the unique circumstances of every patient or what treatments have or have not previously worked. Exceptions to the guidelines will need to be based on the specifics of each case. Carriers need to ask the question: Is there a compelling medical rationale for departing from the guidelines?

B. Peer-to-peer discussions recommended

Peer-to-peer discussions between the insurance carrier and the health care provider can facilitate understanding and appropriate decision making. Such communication is encouraged.

REFERENCES:

Persell SD, Dolan NC, Friesema EM, Thompson JA, Kaiser D, Baker DW. Frequency of inappropriate medical exceptions to quality measures. *Ann Intern Med*. 2010 Feb 16;152(4):225-31.

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