



## ODG by MCG Claims and Case Manager Flow Guide

Leveraging the tools and solutions provided by ODG at the best time in the claim/case management cycle is key to maximizing success and achieving the most value. The guide below gives a general overview of how a case/claims manager can use ODG.

### General Overview of How and When a Case/Claims Manager Can Use ODG

Implementing the various tools throughout the claim/case management workflow is important to reduce durations and improve care outcomes. In this guide, we will explore some points that can be positively impacted by using ODG.



### Intake

A claims adjuster/case manager (claim owner) received a new claim. The claim owner reviews the First Report of Injury (FROI) along with gathering additional information from the three-point contact and medical notes.

The claim owner will begin on the home page by searching for the medical condition(s) which are pinned at the top under the search bar.

The claim owner can then enter all the known information in the refine section. This can include DOL job class, date of injury, benefit state, claimant age, claim type, and any confounding factor. This will refine the information specifically for this claimant.

Below is an example of a 45-year-old roofer in California who is complaining of low back pain after lifting a ladder on 12/1/2021. The medical notes show the claimant has diabetes and is overweight. The claimant states he has had previous injuries to his low back.

☒ ODG Medical Topics
 ☐ ICD-9
 ☒ ICD-10
 ☐ CPT®
 ☐ NDC
 ☐ HCPCS

Search for additional conditions



REFINE

Low Back Pain x

## Refine Results

Auto-Retrieve: Off ☐ On ☒

Job Title or DOL Job Class: Medium NEW

Roofers

[What is this?](#)

State

California

Claimant Age

45

Date of Injury

12/01/2021

Target RTW Date

12/18/2021

Claim Type

Any

Confounding factors

- ☐ Depression/PTSD/Psychosocial
- ☐ Legal Representation
- ☐ Opioids
- ☒ Preexisting Conditions

- ☒ Diabetes
- ☒ Obesity
- ☐ Substance Abuse

- ☐ Hypertension
- ☐ Smoker
- ☐ Surgery or Hospital Stay

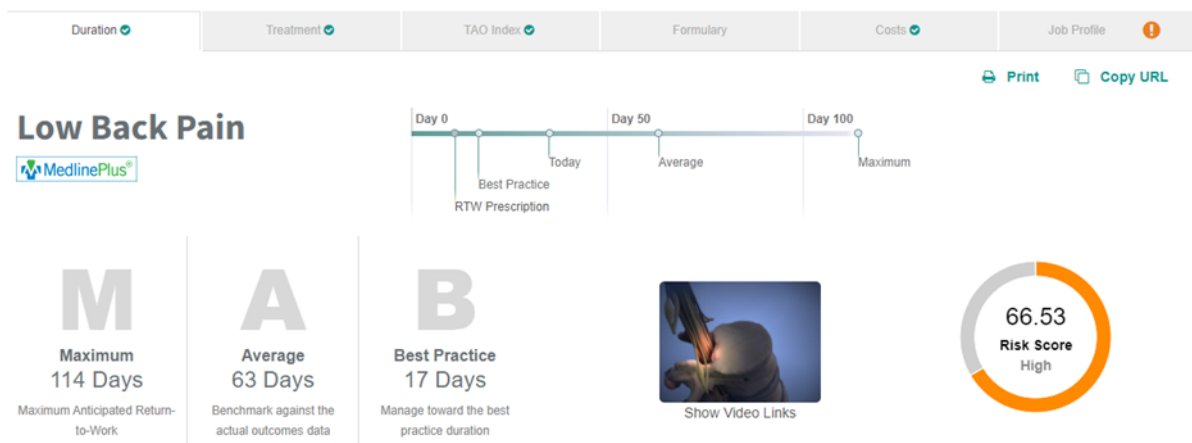
RETRIEVE

CLEAR

CLOSE

The claim owner can navigate to the Duration tab to find the projected durations. The durations can be used to benchmark the claim and set dates to manage return-to-work with the claimant and the treating provider. Refer to “The ODG by MCG Duration Tab” informational sheet for detailed information on how to use the Duration tab.

The example below is the information listed for the claimant in the previous example.



The Duration tab shows the corresponding risk score that helps in determining the frequency in which the claim owner should interact with the claim. The higher the risk score, the more aggressive the claim management should be requiring increased communication with the claimant, provider, and consideration to bringing in case management.



Claim owners can begin to set reserves by using the ODG Cost tab. This tab provides benchmarking cost reserve data, allowing the claim owner to gauge the potential financial impact of the claim.

This is shown at both the diagnosis and/or claim level (using medical-only values, generic vs state indemnity values, or patient average weekly wage rates to calculate indemnity values).

This can be stored in the claim file and/or a URL can be saved, allowing the claim owner to share, and users to add the URL into a web browser to see the cost models directly.

The example below is the cost from the claim information entered earlier.



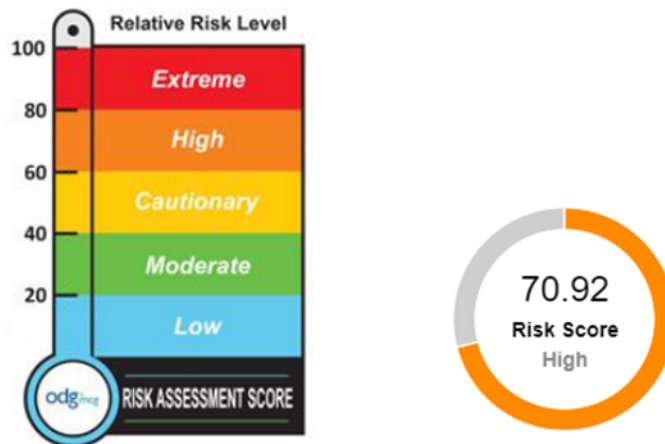
## During Claim Management

The Risk Assessment Score identifies the claims risk factor of a claim. The higher the risk may require additional resources.

For example, if a risk score greater than 60 is assigned to the case manager, or if the risk score is greater than 40, the projected return-to-work is seven days over the A value assigned to the case manager or peer reviewer.

The claimant above has a risk score of 66.53, indicating referral to the case manager may be needed.

ODG can help define and build predefined rules that trigger an additional referral such as case management, peer review, IME, etc.



The claim owner can use the Treatment Planning section found under the Treatment tab to gain an understanding of what a typical treatment path looks like for a given set of conditions.

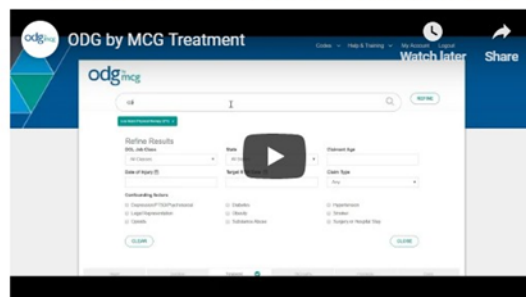
If the treatment is outside of the typical pathway, the claim owner can ask questions regarding potential barriers to recovery and find out if there are additional conditions impacting recovery. The claim owner can then make appropriate referrals and update the return-to-work recommendations as needed.



## Search Treatment

### Treatment

Enter search terms above, or see video below for tutorial.



### Filter Treatment

RESET

#### Recommendation

All Recommendations

#### Category

All Categories

#### Body System

All Body Systems

### Treatment Planning

#### Body System

All Body Systems

## Low Back Treatment Plan

## Treatment Planning

Body System

Low Back

*Note: The Treatment Planning section is not designed to be a rule, and therefore should not be used as a basis to deny care. It outlines the most common pathways to recovery, but there is no single approach that is right for every patient. These care pathways, while evidence-based, are not the only evidence-based options available. Close the Treatment Planning section and Select "Recommended" from the Treatment Filter for a complete list of evidence-based options, along with links to the medical evidence.*

### Identify Radicular Signs

- First visit: may be with Primary Care Physician MD/DO (50%), Orthopedist (33%), or Chiropractor (17%) (or rarely other specialists, including pain specialists)
- Determine whether radiculopathy is present:
  - Medical history
  - Sensation: Pain radiating below the knee (calf or lower), not just referred pain (pain radiating to buttocks or thighs), and dermatological sensory loss
  - Straight leg raising test (sitting and supine) producing leg pain
  - Motor strength and deep tendon reflexes
  - Document flexibility/ROM (fingertip test), muscle atrophy (calf measurement)
  - local areas of tenderness, visual pain analog, sensation alteration
  - **NOTE:** Radiculopathy is often over-diagnosed. For unequivocal evidence of radiculopathy, refer to the *AMA Guides to the Evaluation of Permanent Impairment*, 5<sup>th</sup> Edition, page 382-383. (Andersson, 2000)
- Rule out "red flag" diagnoses, including diagnostic studies, for specialist referral:
  - Cauda Equina Syndrome (requires an emergency procedure)
  - Fracture, Compression fracture, Dislocation, Wound
  - Cancer, Infection
  - Dissecting/Ruptured Aortic Aneurysm
  - Others (prostate problems, endometriosis/gynecological disorders, urinary tract infections, and renal pathology)
  - **Note:** This guideline should not be used to suggest appropriate procedures for other conditions or comorbidities. When the treating doctor suspects any other diagnosis, they may decide what necessary testing should be performed, which may include laboratory tests such as erythrocyte sedimentation rate (ESR), complete blood count (CBC), and urinalysis (UA) to screen for nonspecific medical diseases (especially infection and tumor) of the low back.

**Without Radiculopathy** (90% of cases)

The claim owner can use the ODG treatment guidelines and/or TAO Index tab to determine if treatment can be auto-approved or sent for utilization review.

The TAO Index is modeled from approximately 10 million medical claims. The TAO Index is evidence-based medicine working in concert to optimize health and financial outcomes. This reduces friction, treatment delays, and manage care costs. TAO puts claims payers, healthcare providers, and managed care companies in the position to expedite improved patient outcomes, quality of care, and minimal waste.

## Low Back Pain

## Treatment Analyzer on Outcomes (TAO)

Formerly the UR Advisor

Show  entries

Search:

| Procedure Code | Procedure Name     | Procedure Group                      | Frequency | Median Visits | Avg Visits | Cost Mean | Auth Visits | Payment Flag | TAO Index |
|----------------|--------------------|--------------------------------------|-----------|---------------|------------|-----------|-------------|--------------|-----------|
| 99213          | Office or other... | Office/other outpatient services     | 64.32%    | 3             | 6.43       | \$292.81  | 6           |              | 20.30     |
| 99214          | Office or other... | Office/other outpatient services     | 52.87%    | 2             | 6.86       | \$385.62  | 1           |              | 12.78     |
| 97110          | Therapeutic pr...  | physical medicine and rehabilitation | 51.26%    | 6             | 19.51      | \$514.27  | 6           |              | 13.81     |
| 99203          | Office or other... | Office/other outpatient services     | 39.15%    | 1             | 1.42       | \$117.15  | 1           |              | 20.73     |
| 97014          | Application of...  | physical medicine and rehabilitation | 38.20%    | 12            | 34.93      | \$231.03  | 3           |              | 1.63      |



The payment flags are one of four colors.

- **Green:** Indicates evidence-based payment approval
- **Yellow:** Indicates data-driven approval
- **Red:** Indicates route for review
- **Black:** Indicates route for review with extreme caution

Green and yellow both have a “thumbs up” to indicate a higher TAO score with better outcomes for return-to-work. The green flag is evidence-based approval, and the yellow flag is data-driven approval. These can be auto-approved.

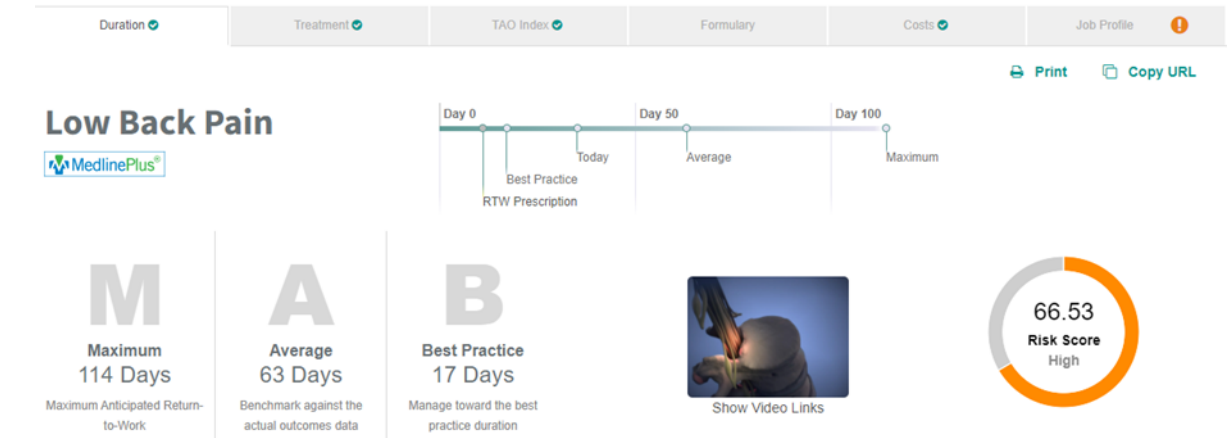
The red flag indicates a route for review and the black flag indicates a route for review with extreme caution. These have lower (negative) TAO scores and are associated with poor outcomes for return-to-work.

The Treatment tab helps claim owners understand if the treatments being used or requested are considered medically necessary, which would lead to better outcomes. In addition, by using the TAO Index tab, claim owners can determine the most effective treatments by condition(s) and use that information to educate both treating providers and patients with the goal of moving from treatments that correlate with bad outcomes to treatments that correlate with good outcomes.

In addition, the ODG Drug Formulary can be referenced throughout the management of the claim. Ensuring first-line, evidence-based medication choices are prescribed will reduce the associated risks and improve the likelihood of a positive outcome. Drug spending can quickly exceed reserves and can be a cost driver when second-line (“N”) drugs are used.

| Home   | Duration      | Treatment           | TAO Index | Formulary    | Costs  | Job Profile |
|--|---------------|---------------------|-----------|--------------|--------|-------------|
| <a href="#">Formulary</a> <a href="#">Opioid MED Calculator</a> <a href="#">Drug Formulary - Appendix A</a> <a href="#">Print</a> <a href="#">Copy URL</a> |               |                     |           |              |        |             |
| Drug Formulary (Appendix A)  |               |                     |           |              |        |             |
| Show <input type="text" value="100"/> entries <input type="text" value="Any Drug Class"/>  |               |                     |           |              |        |             |
| Filter <input type="text"/>  |               |                     |           |              |        |             |
| Drug Class   | Generic Name  | Innovator brand     | Note      | Generic (GE) | Status | Cost        |
| Anthelmintics  | Ivermectin    | Stromectol          | Oral      | Yes          | N      | \$25.89     |
| Anti-epilepsy drugs (AEDs)   | Carbamazepine | Tegretol            |           | Yes          | Y      | \$23.36     |
| Anti-epilepsy drugs (AEDs)   | Gabapentin    | Neurontin, Gabarone |           | Yes          | Y      | \$20.66     |
| Anti-epilepsy drugs (AEDs)   | Gabapentin ER | Gralise             |           | No           | N      | \$394.33    |
| Anti-epilepsy drugs (AEDs)   | Gabapentin ER | Horizant            |           | No           | N      | \$315.90    |
| Anti-epilepsy drugs (AEDs)   | Lacosamide    | Vimpat              |           | Yes          | N      | \$625.93    |

Claim owners can use the reference material, Medline Plus, and/or videos found in the Duration tab for education on conditions. The Formulary tab can be used for information on specific drugs using Medline Plus. This material can also be exported and shared with claimants and is available in Spanish.



#### Drug Formulary (Appendix A) Details

| Drug Class                 | Generic Name | Innovator brand     | Note | Generic (GE) | Status                               | Cost    |
|----------------------------|--------------|---------------------|------|--------------|--------------------------------------|---------|
| Anti-epilepsy drugs (AEDs) | Gabapentin   | Neurontin, Gabarone |      | Yes          | <span style="color: green;">Y</span> | \$20.66 |

#### Gabapentin

R Recommended (generally)

Recommended; may be a first-line treatment option.

See [Treatment Tab](#)

Show 100 entries

| NDC Code   | Strength | Trade Name        | ODG Effective Date | Medline   |
|------------|----------|-------------------|--------------------|---|
| 00071-0401 | 800 mg/1 | Neurontin Tablets | Jul 05, 2011       |  |
| 00071-0416 | 600mg    | Neurontin Tablets | Jul 05, 2011       |  |

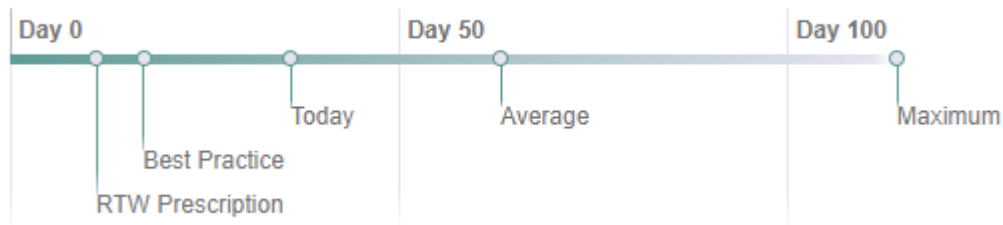
## Towards Claim Resolution

As the claim moves towards resolution, the claim owner can use ODG's visual timeline to see when it is best to start having discussions with treating providers to release the patient to work.

The conversations are aided by using the Return-to-Work (RTW) Prescription form and/or Functional Abilities form (found in the Durations tab). The forms provide guidance but do not direct decision-making.



The decision to release the claimant to RTW, either in a modified or full duty capacity, is ultimately at the determination of the treating provider. With that said, ODG's evidence-based documentation, durations, and discussion points help engage the treating provider to achieve an agreed-upon RTW release that is in the best interest of the claimant.



Print



Copy URL

Print Page

RTW Prescription

Functional Abilities Form

## In Summary

ODG enhances the claim owner rather than replacing the judgment of a good claim owner. ODG provides an evidence-based starting point for time out of work, serving as an invaluable tool for obtaining the information necessary for effective management of return-to-work following illness/injury.

Contact us at [odghelp@mcg.com](mailto:odghelp@mcg.com) or 1-800-488-5548 for more information on how to use the ODG or to speak with the ODG Strategic Solutions team about obtaining a customized plan designed to meet the unique needs of your organization.