

To Ohio DCs

Ohio BWC and MCO's are now starting to reference ODG exclusively for chiropractic file/exam reviews.

Recently the Ohio BWC has decided to not require reviewers to reference Mercy Guidelines in their reviews of chiropractic claims. The BWC has stated the age of Mercy and no recent updates from the Mercy conference as the reasons for dismissing the reviewer requirement to reference Mercy. The OSCA has submitted a response to the Ohio BWC. We will keep everyone informed.

Denials referencing ODG are increasing, hence it is important for all physicians who treat injured workers to know the below listed guideline information and to know that supportive care is defined within the Ohio Administrative Codes.

OAC rule 4121 -3-32 (A) documents that supportive care is and has been a standard of care within the BWC for many years. The rule defines maximum medical improvement. The last sentence states, " A CLAIMANT MAY NEED SUPPORTIVE CARE TO MAINTAIN THIS LEVEL (MMI) OF FUNCTION."

Keep in mind if there is conflict regarding treatment guidelines, the administrative codes are to be used.

The below referenced guideline information is recommended to use as a response to reviewers who use ODG exclusively to deny physicians' requests.

There is a letter dated September 29, 2006, written by Mr. Phil Deniston, the President of Work Loss Data Institute or WLDI, (the authors of the ODG) which states the following:

“ODG’s recommendations are meant to serve as treatment benchmarks based upon (statistical) norms (normative data), to facilitate discussion and re-evaluation, and they are not meant to serve as stringent cut off dates if re-evaluation shows that additional treatment is needed. I hope this clears up any confusion”.

It is important for all reviewers to note that *“the ODG guidelines are still in favor of supportive chronic pain guidelines based on the following: Recommended for chronic pain if caused by musculoskeletal conditions and manipulation is specifically recommended as an option in the Low Back Chapter and the Neck Chapter. (For more information and references, see those chapters.) Manual Therapy is widely used in the treatment of musculoskeletal pain.”*

Remember, exceeding a guideline is NOT the issue in chronic pain management.

Remember, medical literature states that there is no correlation with the degree of pain and the severity of the arthritis. There are many patients who present with severe arthritis and have no pain.

The below statements should be used in response to reviewers who reference a guideline to deny care:

- All guidelines serve merely as background information to assist doctors in the clinical decision-making process.

- A guideline serves as a “compass” for care, not a cookbook for care.
- Guidelines should never be used punitively, or as prescriptions for care.
- Each patient is unique and treatment recommendations must be based on the specific factors pertaining to the individual case.
- Guidelines are only one piece of evidence to consider when considering the medical necessity of care.
- Other pieces of evidence include: *research*, *clinical experience/decision-making*, *patient values*, risk stratification, process of care, response to care, documentation, etc.

Again, guidelines are not cookbooks with rigid dosages for treatment.

Most, if not all, guidelines like Mercy, ACOEM, ODG, Milliman and Roberston, etc., are based upon the acute, non-complicated patient.

Each case is unique and may present with many complications that should be reported and considered to help clarify why treatment may have extended beyond the natural healing time, or expected recovery time, compared to a non-complicated, mild, acute case.

Submitted by
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