INDUSTRIAL COMMISSION OF ARIZONA

UPDATE: EVIDENCE-BASED TREATMENT GUIDELINES

Background

In 2012, the Arizona Legislature directed the Industrial Commission of Arizona (the "Commission") to "develop and implement a process for the use of evidence-based treatment guidelines, where appropriate, to treat injured workers." *See* A.R.S. § 23- 1062.03. With significant stakeholder input, the Commission promulgated twelve rules, published in Title 20, Chapter 5, Article 13 of the Arizona Administrative Code ("Article 13" or the "Treatment Guidelines"). Among other things, the Treatment Guidelines: (1) prescribed the use of evidence-based treatment guidelines as a tool to support clinical decision making and quality health care delivery to injured workers within Arizona's workers' compensation system; (2) adopted Work Loss Data Institute's *Official Disability Guidelines – Treatment in Workers Compensation* (the "*Official Disability Guidelines*" or "ODG") as the standard reference for evidence-based medicine; (3) until further action of the Commission, limited the applicability of the *Official Disability Guidelines* to the management of chronic pain and the use of opioids for all stages of pain management; (4) outlined an administrative process for the Commission to modify the applicability of the *Official Disability Guidelines*; (5) outlined a noncompulsory process for a medical provider or injured worker to seek preauthorization from a payer for medical services or treatment; (6) established an administrative review process to help resolve disputes between medical providers, injured workers, and payers; and (7) outlined procedures for bringing unresolved disputes to the Commission for administrative hearing.

Streamlining the Treatment Guidelines' Authorization Process

In 2017, the Arizona Legislature (in Laws 2017, Ch. 287, § 5) directed the Commission to "review and determine a process for streamlining the authorization process for treatment that is within the evidence-based treatment guidelines." On June 29, 2017, the Commission directed its Medical Resource Office to: (1) conduct a review of the existing authorization process under the Treatment Guidelines; and (2) make a recommendation to the Commission regarding "streamlining the authorization process for treatment that is within the evidence-based treatment guidelines." Stakeholders were provided opportunities to offer suggestions and comments regarding the authorization process, including during a public hearing conducted on August 17, 2017. At its December 14, 2017 public meeting, the Commission completed its review of the existing authorization process and, based upon suggestions submitted by interested stakeholders, the Commission approved the following methods for streamlining the Article 13 authorization process (effective October 1, 2018):

1. Mandate the use of a Medical Treatment Preauthorization Form with accompanying instructions; and

2. Reduce the time period within which a payer must respond to requests for preauthorization or reconsideration from ten business days to seven business days.

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Modifying the Applicability of the *Official Disability Guidelines*

In addition to efforts to streamline the Treatment Guidelines, the Commission carefully studied the propriety of modifying the applicability of the *Official Disability Guidelines* pursuant to A.A.C. R20-5-1301(C). Under A.A.C. R20-5-1301(B), absent further action of the Commission, the *Official Disability Guidelines* only applied to the management of chronic pain and the use of opioids for all stages of pain management. Under R20-5-1301(C), however, the Commission was authorized to "modify or change the applicability of the guidelines" if the Commission determined that modification or changing the applicability of the guidelines would: (1) improve medical treatment for injured workers; (2) make treatment and claims processing more efficient and cost effective; and (3) the guidelines adequately cover the relevant body parts or conditions.

On June 29, 2017, the Commission directed the Medical Resource Office to conduct an investigation and study regarding the three modification criteria. Consistent with the procedural requirements of R20-5-1301(C), the Commission publicly posted study materials and provided an opportunity for public comment. The Commission conducted a public hearing regarding the applicability of the *Official Disability Guidelines* on November 30, 2017.

On December 21, 2017, following an evaluation of the study materials and stakeholder feedback, the Commission determined (at a public Commission meeting) that modifying the applicability of the *Official Disability Guidelines* to cover all body parts and conditions would improve medical treatment for injured workers and would make treatment and claims processing more efficient and cost effective. In addition, based upon written reviews received from board-certified physicians in Arizona (representing various specialties), the Commission determined that the *Official Disability Guidelines* adequately cover all body parts and conditions. Based on these determinations, the Commission took formal action to modify the applicability of the *Official Disability Guidelines* to all body parts and conditions, effective October 1, 2018.

Formal Rulemaking Process to Amend Article 13

Between January and July 2018, the Commission engaged in rulemaking to formalize the Commission's actions, outlined above. The formal rulemaking includes the following changes to Article 13:

- Amends R20-5-106 ("Commission Forms") to describe and mandate the use of the MRO-1.1 Medical Treatment Preauthorization Form.

- Amends R20-5-1301 ("Adoption and Applicability of the Article") and R20-5-1311 ("Administrative Review by Commission") to reflect the Commission's December 21, 2017 decision to modify the applicability of the Official Disability Guidelines to apply to all body parts and conditions and to state applicable effective dates.

- Amends R20-5-1303 ("Provider Request for Preauthorization"); R20-5-1309 ("Payer Decision on Request for Preauthorization"); R20-5-1310 ("Payer Reconsideration on Request for Preauthorization"); and R20-5-1311 ("Administrative Review by Commission") to: (1) mandate the use of the MRO-1.1 Medical Treatment Preauthorization Form; (2) reduce the time period for a payer to respond to a request for preauthorization or reconsideration from ten business days to seven business days; and (3) provide that a payer's decision on a request for preauthorization or reconsideration may be provided to the injured worker's authorized representative.

- Amends R20-5-1309 ("Provider Decision on Request for Preauthorization") to require that a payer who receives a deficient request for preauthorization – either because it is incomplete or not submitted using the Medical Treatment Preauthorization Form – must, within seven business days of receiving and identifying the deficient request, either: (1) act on the deficient request by using the Medical Treatment Preauthorization Form; or (2) notify the provider making the request that a request for preauthorization must be submitted on the Medical Treatment Preauthorization Form.

NOTE: All rule changes to Article 13 will be effective October 1, 2018.

Available Resources

The following resources regarding the Treatment Guidelines are posted on the Commission's Medical Resource Office webpage: (https://www.azica.gov/divisions/medical-resource-office-mro)

- Full Text of the Treatment Guideline (A.A.C. R20-5-1301 through R20-5-1312).
- Information regarding the *Official Disability Guidelines*: http://www.worklossdata.com/
- Flowcharts regarding the Authorization, Reconsideration, and Peer Review Processes.
- Frequently Asked Questions regarding the Treatment Guidelines.
- Recorded Webinars on pertinent forms, processes, and the *Official Disability Guidelines*.
- Information regarding the MRO Portal.
- MRO-1.1 Medical Treatment Preauthorization Form and Instructions.