

Jacque-

As we discussed by phone, I have reviewed the Back and Neck (and also the Pain) chapters of the ODG.

In brief answer to your questions, I offer the following

1) Will the use of the guidelines improve medical treatment for injured workers?

Most likely, Yes

2) Do the guidelines adequately cover the body parts and conditions (in the Chapter you reviewed).

Yes

But as we discussed, unfortunately the answers really aren't that simple: There are literally hundreds and hundreds of diagnostic procedures and treatments addressed in the ODG guidelines, and in reading them over, some are not up-to-date, some draw conclusions that are probably too strict (based on evidence-based medicine analysis and on standards of care in our community), and a few draw conclusions that are too loose (based on evidence based medicine analysis and on standards of care in our community).

As you may know, there are several US government-sanctioned guidelines for care (<https://guidelines.gov/>) and several well-respected national physician specialty society-based guidelines for care (such as those from the Spinal Intervention Society, the Multi-Pain Society Workgroup, the North American Spine Society, and the American Academy of Neurologic Surgeons), as well those guidelines provided by other groups such as the Cochrane Review.

In many cases these guidelines interpret the same evidence differently than the ODG, and draw different conclusions from the same data.

Note that the ODG is a for-profit company, owned by Hearst, and therefore caters to companies and agencies willing to spend money (by subscribing to the ODG) to save money (by the often stricter-than-average guidelines in the ODG).

Note also that as of mid-2016, unlike the physician society guidelines listed above, the ODG was removed from and can no longer be included in the US Govt. Agency for Healthcare Research and Quality National Guideline Clearinghouse at <https://guidelines.gov/>. The reason given for this was because of revised inclusion criteria, effective June 1, 2014, which required a stricter and higher bar for the evidence underpinning the guidelines. Under the new criteria, a guideline must contain "systematically developed statements including recommendations intended to optimize patient care and assist physicians and/or other health care practitioners and patients to make decisions about appropriate

health care for specific clinical circumstances,” as well as other requirements, which per the AHRQN, the ODG does not meet. (Quotes are from Mary Nix, health scientist administrator.)

In my opinion, neither of these observations regarding the ODG negate the use of the ODG guidelines by the ICA, but they do effect HOW the guidelines should be used.

So the key questions here are really  
If the ICA adopts the ODG guidelines,

1. How will the ODG guidelines be utilized on a practical, day-to-day basis?
2. How will the ODG guidelines be enforced?

In the end, if the guidelines are applied thoughtfully, there will be some improvement in the medical treatment of injured workers. But I fear this will perhaps be no better than the current IME system, by which physicians with little experience or knowledge in a particular sub- specialty author conclusions which are designed to keep them in the IME business. (For example, in our community, there is a spine surgeon who has no training or experience with cervical spine surgery, and indeed has never done cervical spine surgery, authoring opinions on cervical spine surgery. Another example is a surgeon who has who has no understanding of deformity surgery authoring opinions on deformity surgery.)

I could comment specifically on the merits of the most important of the hundreds of guidelines listed under my assigned chapters, but this would take a lot of time- more than I ever imagined when I originally volunteered for this project. I would like to do that, but would need to have continuing access to the ODG guidelines and approach it piecemeal, over many months, to do it well.

Thank you for including me in this project, and let me know how I can be of continuing service.

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