

Industrial Insurance Chiropractic Advisory Committee (IICAC) Meeting Minutes
Date: September 16, 2010 from 9:30 to 11:30 a.m.



Final

Present: Robert Baker, DC
Clay Bartness, DC
Roger Coleman, DC
(phone)
Michael Dowling, DC, Chair
Lissa Grannis, DC
Bill Pratt, DC, Vice Chair
Ron Wilcox, DC
Bob Mootz, DC
Janet Blume
Reshma Kearney
Joanne McDaniel
Jason McGill

Absent: Linda DeGroot, DC
Carole Horrell
Jay Lawhead, DC
La Vonda McCandless
Jason McGill

Guests: Susan Campbell

General Business

5/20/2010 IICAC minutes:

Moved, Seconded, Carried (MSC): Minutes were approved as written.

Predictors of Disability and Chronicity

Bob Mootz, DC gave an in-depth discussion of recent literature reviews and research studies, particularly emphasizing recent work by Judy Turner at UW.

- Cognitive behavioral therapies used in the first 90 days after injury have been shown to be somewhat effective at preventing chronic pain.
- Incrementally increasing activities has been shown to be effective to assist faster return to the worker's regular activities. About 50% of workers in the COHE's off work at one month have only one barrier: no accommodation available from the employer.

Pathoanatomy is not enough to explain pain and pain behavior:

- Treatment aimed solely at peripheral factors may not relieve pain maintained by CNS mechanisms.
- Pain behaviors maintained by social/environmental/work factors need to be addressed.
- Cognitive (e.g., attention, appraisals) and emotional (e.g., depression, anxiety) factors affect cortical and other CNS processes.

Psychological Factors Predict Outcomes

Current research shows a worker's cognitive outlook predicts their disability status one year later.

Factors may include fear avoidance, activity aversion, recovery expectations, depression and anxiety (reflected in higher pain scores), catastrophizing. Surprisingly, recent research appears that this is similar for workers' comp & non-workers' comp patients. (Chou and Shekelle, JAMA 2010; 303:1295-1302.)

Recent UW research on over 1800 Washington State Fund claims identified the following early predictors for chronic work disability:

- Injury severity (radicular pain)
- First health care provider specialty (chiropractor-reduced odds of disability)
- Self-reported physical disability (Roland)
- # pain sites
- “Very hectic” job
- No offer of job accommodation
- Previous injury with >1 mo. off work

(Turner et al. Spine 2008; 33(25):2809-2818.)

From these and numerous other findings discussed today, L&I is developing a Functional Recovery questionnaire currently being pilot tested in four COHE clinics.

L&I's other related programs and projects include:

- COHE: Going statewide
- SIMP: Comprehensive Treatment for Non-Cancer Pain, implemented in 2010
- Physical Medicine and psych improvement workgroups
- Guidelines and Resources:
 - Opioids, chronic pain
 - IIMAC and IICAC
- Claims process improvement projects:
 - Early Claims Solutions
 - Early Return to Work
 - Complex Claims

COHE Update

Susan Campbell reported:

- Postcards were mailed announcing the Request for Information. These are due 12/1/2010. This process is an early step leading to COHEs expanding in 2013.

COHEs began nine years ago in eastern and western WA. Five years ago, seed COHEs began in institutions—Harborview Emergency Department and the Everett Clinic.

- They provide training, mentors, Health Services Coordinators (HSC), guidelines on how to implement best practices, and communication tools for employers and doctors through HSCs.
- UW research on the original COHEs found they decrease the number of people on long term timeloss compensation. Using best practices is the key to these outcomes.

The COHE webpage at www://Lni.wa.gov has up to date project progress. Check it periodically for updates, questions and answers, and other pertinent information about each COHE.

PPQ Subcommittee Report

“Draft of evidence summary—Conservative Care Options for Work Related Mechanical Shoulder

Conditions” was published on the IICAC section of L&I’s website. Users are providing positive feedback about the contents.

Work on “Active Rehab of Low Back Conditions” will require a high level of literature research, as there are volumes on this topic. The team will first look at articles that synthesize others’ findings considering proprioceptive and directional therapies. Craig Liebensen, DC is the consultant on this project. PEO members and the IICAC chair may be asked to help review articles due to high workload. It is expected that a first draft of the practice resource will be ready by the end of the year.

PEO Subcommittee Report

Ron Wilcox, DC, Chair, reported the subcommittee developed questionnaire for the CTS and Shoulder practice resources. Once completed, they will be published to provide continuing education hours to readers who successful pass these tests.

Planning 11/18/2010 IICAC Meeting Agenda:

- PPQ Subcommittee: Active Rehab project status (possible draft)
- PEO Subcommittee: Two CE self assessment test drafts; Chiropractic Consultant advertising policy
- Department updates
- IICAC Strategic Planning

Next Meeting:

The full IICAC meet reconvene on Thursday, November 18, 2010 from 9:30 to 11:30 a.m. with PPQ subcommittee meeting from 11:30 to 1 pm.