

**Health Care Provider Advisory Committee
Meeting Minutes
Webex Conference Meeting
October 13, 2023
DRAFT**

Members Present: Corey Cronrath, DO; Andrew Floren, MD; Theodore Gertel, MD; Barbara Janusiak, RN; Steven Peters (Chair); Jennifer Seidl, PT; Kelly Von-Schilling Worth, DC; and Nicole Zavala.

Excused: David Bryce, MD; and David Kuester, MD.

Staff Present: Erin Egan, Kelly McCormick, Jim O'Malley, Jason Przybylo, MD, Laura Przybylo, and Frank Salvi, MD.

1. Call to Order/Introductions: Mr. Peters convened the Health Care Provider Advisory Committee (HCPAC) meeting at approximately 10:02 a.m., in accordance with Wisconsin's open meetings law, and called the roll. Deputy Administrator Erin Egan and new HCPAC member, Dr. Corey Cronrath, were introduced. HCPAC members and Department of Workforce Development (DWD) staff introduced themselves. A quorum of the members was not present.

2. Acceptance of the January 20, 2023, May 5, 2023, and August 4, 2023, meeting minutes: Dr. Floren made a motion seconded by Dr. Cronrath to provisionally approve the minutes for the previous three meetings. The motion passed to provisionally approve the minutes of the January 20, May 5, and August 4, 2023 meetings without correction.

3. Future meeting dates: The HCPAC members agreed to schedule the next meeting on January 19, 2024, as a virtual meeting. Tentative meeting dates of May 3, 2024, and August 2, 2024, were also selected.

4. Council Convergence and Training on Wisconsin Open Meetings & Public Records Law: Mr. Peters announced two Council Convergence meetings scheduled for October 25, 2023, as a virtual meeting, and on October 26, 2023, as an in-person or virtual meeting. Attendance at one of these meetings will provide members of DWD's councils and committees to meet their annual training requirements for Open Meetings and Public Records Law.

5. Review of ch. DWD 81 of the Wisconsin Administrative Code: The HCPAC members resumed review of ch. DWD 81. The following recommendations were made:

To update s. DWD 81.03 (2) as follows:

(2) "Chronic pain" means complaint of persistent pain beyond 12 weeks of appropriate treatment provided under this chapter. ~~It is persistent with verbal and nonverbal pain behaviors that exceed the identifiable pathology and medical condition.~~ It is pain that interferes with physical, psychological, social, or vocational functioning.

To update s. DWD 81.05 (1) (f) 3. as follows:

3. Alternative imaging may follow up abnormal but inconclusive findings in another imaging study. ~~An inconclusive finding may not provide an adequate basis for accurate diagnosis.~~

To update s. DWD 81.05 (2) (h) as follows:

(h) A health care provider may order intravenous enhanced computed tomography scanning only if there has been previous spinal surgery, and the imaging study is being used to differentiate scar due to previous surgery from disc herniation or tumor, ~~but only if intrathecal contrast for computed tomography myelography is contraindicated and magnetic resonance imaging scanning is not available or is also contraindicated.~~

To delete s. DWD 81.05 (2) (j) [and (q) as previously approved at an earlier meeting] and renumber paragraphs (k) through (r) as follows:

~~(j) A health care provider may order discography for any of the following:~~

~~1. All of the following are present:~~

~~a. Back pain is the predominant complaint.~~

~~b. The patient has failed to improve with initial nonsurgical management.~~

~~c. Other imaging has not established a diagnosis.~~

~~d. Lumbar fusion surgery or other surgical procedures are being considered as a therapy.~~

~~2. There has been previous spinal surgery, and pseudoarthrosis, recurrent disc herniation, annular tear, or internal disc disruption is suspected.~~

~~(k) A health care provider may order computed tomography discography when it is necessary to view the morphology of a disc.~~

~~(l) A health care provider may not order nuclear isotope imaging including technetium, indium, and gallium scans, unless tumor, stress fracture, infection, avascular necrosis, or inflammatory lesion is suspected on the basis of history, physical examination findings, laboratory studies, or the results of other imaging studies.~~

~~(m) A health care provider may not order thermography for the diagnosis of any of the clinical categories of low back conditions in s. DWD 81.06 (1) (b).~~

~~(n) A health care provider may order anterior-posterior and lateral X-rays of the lumbosacral spine for any of the following:~~

~~1. When there is a history of significant acute trauma as the precipitating event of the patient's condition, and fracture, dislocation, or fracture dislocation is suspected.~~

~~2. When the history, signs, symptoms, or laboratory studies indicate possible tumor, infection, or inflammatory lesion.~~

~~3. For postoperative follow-up of lumbar fusion surgery.~~

~~4. When the patient is more than 50 years of age.~~

~~5. Before beginning a course of treatment with spinal adjustment or manipulation.~~

~~6. Eight weeks after an injury if the patient continues with symptoms and physical findings after the course of initial nonsurgical care and if the patient's condition prevents the resumption of the regular activities of daily life living, including regular vocational activities.~~

~~7. In patients with known preexisting surgery or structural abnormalities with significant low back pain symptoms where there is a need to view these lumbar structures in a more timely fashion. In those cases in which clinical presentation is atypical, unusual, or showing significant impairment, lumbar spine films before 8 weeks may be done, on a case-by-case basis.~~

~~(o) A health care provider may not order anterior-posterior and lateral X-rays of the lumbosacral spine for any of the following:~~

~~1. To verify progress during initial nonsurgical treatment.~~

~~2. To evaluate a successful initial nonsurgical treatment program.~~

~~(p)~~ A health care provider may order oblique X-rays of the lumbosacral spine for any of the following:

1. To follow up abnormalities detected on anterior-posterior or lateral X-ray.
2. For postoperative follow-up of lumbar fusion surgery.
3. To follow up spondylolysis or spondylolisthesis not adequately diagnosed by other necessary imaging procedures.
4. Oblique films may be indicated if a clinician suspects bony structural abnormalities that are only visible in oblique views.

~~(q) A health care provider may not order oblique X-rays of the lumbosacral spine as part of a package of X-rays including anterior-posterior and lateral X-rays of the lumbosacral spine.~~

~~(r)~~ A health care provider may not order electronic X-ray analysis of plain radiographs and diagnostic ultrasound of the lumbar spine for diagnosis of any of the low back conditions in s. DWD 81.06 (1) (b).

To update ss. DWD 81.06 (10) (a), 81.07 (10) (a), and 81.08 (10) (a) as follows:

(a) Prescription of controlled substance medications under ch. 450, Stats., including opioids and narcotics, ~~are indicated primarily~~ may be indicated for the treatment of severe acute pain. These medications are not recommended in the treatment of patients with ~~persistent chronic~~ low back pain.

To update s. DWD 81.06 (11) (b) 6. as follows:

6. The only surgical procedures ~~necessary~~ acceptable for patients with regional low back pain are decompression of a lumbar nerve root, microdiscectomy, or and lumbar arthrodesis, with or without instrumentation, which shall meet the guidelines of sub. (6) and s. DWD 81.12 (1). For patients with failed back surgery, spinal cord stimulators or intrathecal drug delivery systems may be ~~necessary and considered~~ consistent with sub. (6) (d).

To update s. DWD 81.07 (11) (b) 6. as follows:

6. The only surgical procedures ~~necessary~~ acceptable for patients with regional neck pain ~~only is~~ are decompression, microdiscectomy, and cervical arthrodesis, with or without instrumentation, which shall meet the guidelines in sub. (6). For patients with failed surgery, spinal cord stimulators or intrathecal drug delivery systems may be ~~necessary~~ considered consistent with the guidelines of sub. (6) (d).

To update s. DWD 81.07 (13) as follows:

(13) SPECIFIC TREATMENT GUIDELINES FOR RADICULAR PAIN, WITH OR WITHOUT REGIONAL NECK PAIN, WITH PROGRESSIVE NEUROLOGIC DEFICITS. (a) Patients with radicular pain, with or without regional neck pain, with progressive neurologic deficits may require immediate or emergency evaluation at any time during the course of their overall treatment. A health care provider may make the decision to proceed with ~~surgical~~ evaluation for surgical intervention based on the type of neurologic changes observed, the severity of the changes, the rate of progression of the changes, and the response to any nonsurgical treatments. Surgery, if necessary, may be performed at any time during the course of treatment. Surgical evaluation and surgery shall be provided within the guidelines of sub. (11) (b), with the following modifications:

To update s. DWD 81.07 (14) as follows:

(14) SPECIFIC TREATMENT GUIDELINES FOR MYELOPATHY. (a) Patients with myelopathy may require emergency surgical evaluation at any time during the course of their overall treatment. A health care provider may make the decision to proceed with surgical evaluation for surgical intervention~~evaluation~~ based on the type of neurologic changes observed, the severity of the changes, the rate of progression of the changes, and the response to any nonsurgical treatments. Surgery, if necessary, may be performed at any time during the course of treatment. Surgical evaluation and surgery shall be provided within the guidelines of sub. (6) (b), with the following modifications:

1. Surgical evaluation and surgical therapy may begin at any time.
2. The only surgical procedures necessary acceptable for patients with myelopathy are anterior or posterior decompression of the spinal cord, microdiscectomy, ~~or and~~ cervical arthrodesis with or without instrumentation. For patients with failed back surgery, spinal cord stimulators or intrathecal drug delivery systems may be necessary considered consistent with the guidelines of sub. (6) (d).

To update s. DWD 81.08 (11) (b) 6. as follows:

6. The only surgical procedures necessary acceptable for patients with regional thoracic back pain only ~~is~~ are decompression, microdiscectomy, and thoracic arthrodesis with or without instrumentation, which shall meet the guidelines of sub. (6) and s. DWD 81.12 (1) (d). For patients with failed surgery, spinal cord stimulators or intrathecal drug delivery systems may be necessary considered consistent with sub. (6) (d).

To update s. DWD 81.08 (12) (b) as follows:

(b) Surgical evaluation or chronic management is necessary if the patient continues with symptoms and physical findings after the course of initial nonsurgical care and if the patient's condition prevents the resumption of the regular activities of daily life living, including regular vocational activities. It shall be provided within the guidelines of sub. (11) (b), with the following modifications: The only surgical procedures necessary acceptable for patients with radicular pain are decompression, microdiscectomy, ~~or and~~ arthrodesis. For patients with failed surgery, spinal cord stimulators or intrathecal drug delivery systems may be necessary considered consistent with sub. (6) (d).

To update s. DWD 81.08 (13) (a) 2. as follows:

2. The only surgical procedures necessary acceptable for patients with myelopathy are decompression, microdiscectomy, and arthrodesis. ~~For patients with failed surgery, spinal cord stimulators or intrathecal drug delivery systems may be necessary consistent with sub. (6) (d).~~

To update s. DWD 81.10 (2) to be consistent with other sections by renumbering and creating paragraphs (h) through (m) as follows:

(h) Adjustment or manipulation of joints. For purposes of this paragraph, "adjustment or manipulation of joints" includes chiropractic and osteopathic adjustments or manipulations and physical therapy manipulations. All of the following guidelines apply to adjustment or manipulation of joints:

1. Time for treatment response is 3 to 5 treatments.
2. Maximum treatment frequency is up to 5 times per week for the first one to 2 weeks decreasing in frequency until the end of the maximum treatment duration period in subd. 3.
3. Maximum treatment duration is 12 weeks.

(i) Phoresis. For purposes of this paragraph, "phoresis" includes iontophoresis and phonophoresis. All of the following guidelines apply to phoresis:

1. Time for treatment response is 3 to 5 sessions.
2. Maximum treatment frequency is up to 3 times per week for the first one to 3 weeks decreasing in frequency until the end of the maximum treatment duration period in subd. 3.
3. Maximum treatment is 9 sessions of either iontophoresis or phonophoresis, or combination, to any one site, with a maximum duration of 12 weeks for all treatment.

(j) Manual therapy. For purposes of this paragraph, "manual therapy" techniques consist of, but are not limited to connective tissue massage, joint mobilization and manipulation, manual traction, passive range of motion, soft tissue mobilization and manipulation, dry needling techniques and therapeutic massage. Manual therapy techniques may be applied to one or more regions. All of the following guidelines apply to manual therapy:

1. Time for treatment response is 3 to 5 treatments.
2. Maximum treatment frequency is up to 5 times per week for the first one to 2 weeks decreasing in frequency until the end of the maximum treatment duration period in subd. 3.
3. Maximum treatment duration is 12 weeks.

(k) Photo and/or laser and/or light therapy. Photo and/or laser and/or light therapy uses light with specific characteristics, primarily wavelength, power, and delivery mode to provide photons of light to cellular tissue to treat specific medical conditions. The main responses to photo and/or laser and/or light therapy are pain reduction, inflammation reduction, and accelerated tissue healing.

(hL) Active treatment includes supervised and unsupervised exercise. After the first week of treatment, initial nonsurgical management shall include exercise. Exercise is essential for a return to normal activity and shall include active patient participation in activities designed to increase flexibility, strength, endurance, or muscle relaxation. Exercise shall be specifically aimed at the involved musculature. Exercises shall be evaluated to determine if the desired goals are being attained. Strength, flexibility, or endurance shall be objectively measured. A health care provider may objectively measure the treatment response as often as necessary for optimal care.

1. 'Guidelines for supervised exercise.' One goal of a supervised exercise program shall be to teach the patient how to maintain and maximize any gains experienced from exercise. Self-management of the condition shall be promoted. All of the following guidelines apply to supervised exercise:

- a. Maximum treatment frequency is up to 5 times per week for the first one to 3 weeks, and shall decrease in frequency until the end of the maximum treatment duration period in subd. 1. b.
- b. Maximum duration is 12 weeks.

2. 'Guidelines for unsupervised exercise.' Unsupervised exercise shall be provided in the least intensive setting and may supplement or follow the period of supervised exercise. Maximum duration is unlimited.

(im) Oral medications may be necessary in accordance with accepted medical practice.

To delete s. DWD 81.12 (1) (b) 1. b. and renumber 1. c. as follows:

b. Sciatica, ICD-9-CM code 724.3.

eb. Sciatica, Lumbosacral radiculopathy or radiculitis, ICD-9-CM code 724.4.

To update s. DWD 81.12 (1) (b) 2. as follows:

2. Any of the following conditions in this subdivision and any of the conditions in subd. 3. shall be satisfied to indicate that the surgery is reasonably required. ~~For the response to nonsurgical care, the patient's condition includes one of the following:~~

To update s. DWD 81.12 (1) (c) as follows:

(c) *Surgical decompression of a cervical nerve root.* Surgical decompression of a cervical nerve root or roots includes all of the following cervical procedures: laminectomy, laminotomy, laminoplasty, discectomy, foraminotomy with, or without, fusion. For decompression of multiple nerve roots, the procedure at each nerve root is subject to the guidelines of subds. 1. and 2.

To update s. DWD 81.12 (1) (c) 1. as follows:

- a. Displacement of cervical intervertebral disc, ~~ICD-9-CM code 722.0, excluding fracture.~~
- b. Cervical radiculopathy or radiculitis, ~~ICD-9-CM code 723.4, excluding fracture.~~

6. New Business: None.

7. Adjournment: A motion to adjourn was made by Dr. Gertel and seconded by Dr. Cronrath. The meeting was adjourned at approximately 12:28 p.m. The next meeting is scheduled for January 19, 2024.