

Spine Treatment Protocol Information

History:

- From 1990 – 2001 spinal fusions increased by 220% nationally
- Wyoming reported similar numbers of open claims with 37% more back injuries, a higher incident of surgeries than other states, and double the medical costs
- Contributing factors that affect Wyoming's numbers include many workers in the fields of energy, construction, and physical laborers; the climate and terrain, including the rural nature of the state; and the Statutes/Rules & Regulations (no designated Workers' Compensation providers, ability to receive lifetime benefits)
- The Wyoming legislature sponsored two Spine Studies by Drs. Julia and Karen Nelson in 2011 and 2012 (WYMET)
 - Evidence indicated fewer procedural interventions, fewer lost days, and lower medical and indemnity costs.

Objectives:

Based on previous WYMET studies, results of similar efforts in Washington, Texas, Colorado, Montana, and Connecticut, and evidence based practice from the University of Michigan, ICSI, Work Loss Data Institute, American College of Physicians, American Pain Society, objectives for this protocol include:

- Identify persons at risk for chronic disability and intervene early
- Promote conservative treatment when indicated
- Utilize diagnostics efficiently
- Initiate treatment within 48 hours of injury
- At each visit, assess for red/yellow flags (2-4-6 weeks)
- Educate the injured worker

Protocol:

This Protocol was taken from evidence based medical guidelines that show most back strains and sprains will resolve within 6 weeks with conservative treatment.

1. The injured worker is identified as a candidate for participation by the provider. The injured worker and/or the employer can suggest/request participation.
2. This must be a new injury to qualify for participation. Additional qualifications for participation include return to work and/or need for additional treatment up to 6 weeks.
3. The provider and injured worker complete the "Intent to Participate" and the "Evaluation/Re-Evaluation Assessment" and send the forms to the Division. The assigned analyst in cooperation with the nurse case manager will determine if the request qualifies for participation in the protocol.
 - a. If it is determined that participation does not qualify, both the EE and the provider will be notified by telephone/letter. Since the incentive is not a claim for benefit, there is no right for appeal.

4. It is recommended that treatment is initiated within the first 48 hours following the injury if possible. A 5-7 day delay may be considered acceptable. Any delay beyond 7 days will disqualify participation.
5. Conservative treatment may include but not be limited to:
 - a. Heat/cold
 - b. NSAIDS, acetaminophen
 - c. Exercise, physical therapy, chiropractics
 - d. Early return to normal activity. Bedrest is not recommended.
 - e. MRI or CT will disqualify participation in the protocol.
6. The injured worker will be seen every two weeks (2 – 4 - 6 weeks). The provider will evaluate for the identified “yellow” or “red flags” that may indicate other treatment options, up to and including a surgical evaluation. The “Evaluation/Re-Evaluation Assessment” form will be completed at each visit and submitted to the Division.
 - a. Yellow flags include a history of high Oswestry score, high fear/avoidance issues, frequent job changes, expression of severe job dissatisfaction, substance abuse, physical or sexual abuse, attorney already retained and positive Waddell sign by physical examination.
 - b. Red flags include a history of suspicion of fracture including osteoporosis risk, high velocity or blunt force trauma, suspicion of infection including IV drug use, suspicion of cancer with high risk metastasis, and the physical examination findings of perineal/saddle numbness, bowel or bladder retention or incontinence, progressive motor or sensory loss, loss of anal sphincter tone, impaired balance or coordination, upper motor neuron findings (Babinski, Hoffman, clonus), infection (weight loss, wounds, fever), cancer, and signs of trauma.
7. Providers will be paid based on Wyoming established fee schedules. Employers will not be charged for treatment during the protocol.
8. Incentives will be paid to the injured worker and the provider upon initiation of the protocol and its successful completion at or before 6 weeks. Successful completion is defined as discharge from treatment and return to work within the 6 week timeframe.
9. An injured worker may be disqualified from participation because of failure to attend scheduled appointments, failure to follow prescribed medical treatment plan, seeking services from other providers, and/or the identification of further evaluation for surgical intervention.

For questions contact either the Customer Service Advocate at 307-777-5476 or Risk Management at 307-777-6763.