

# Adjuster Trigger Authorization Criteria List as of March 2021

## General Information:

## Claims Discretion:

The medical treatment under “Adjusters Must Refer The Following to UR” must be sent to UR.

Please note, the AME/QME must prescribe treatment per ACOEM Guidelines, MTUS or other acceptable Evidence Based Guidelines. If a file is finalized via Stips or F&A, treatment must still be per ACOEM and/or MTUS or other medical evidenced based guidelines. Please remind the PTP, QME/AME of this.

If your unsure on an RFA, please see Dawn.

### Adjusters May Authorize The Following:

#### Routine care for common injuries, such as:

- Simple Fractures
- Lacerations/Abrasions/Contusions
- Foreign bodies in the eye
- Sprain/Strain
- Basic DME (splints, crutches, cane, walker, standard wheelchair rental, off-the-shelf braces, walking boots, slings, hot & cold packs
- Basic Tens Unit in the first 60 days of injury
- Follow up exams
- Referral to Specialist for consult on accepted body part(s), including Pain Management.
- Psychological visits (up to 12) on accepted diagnosis.
- Cognitive Behavioral Therapy and Biofeedback for Chronic Pain cases up to 12 visits.

**NOTE: Request for change in PTP is not a UR request.**

### Adjusters Must Refer The Following To Utilization Review:

- Anything considered experimental, investigational, questionable, or unfamiliar.
- If the treatment does not fit the injury/diagnosis.
- Any prescription drug with a cost over \$500.
- All Non-Medical exercise or treatment programs including: Reflexology, Aerobics, Personal Trainers, Pilates.
- Weight loss programs
- All Dental Services – Send to WIC for handling.
- PRP Injections
- Compound Creams

### **Adjusters May Authorize The Following:**

#### **Physical Medicine & Rehabilitation**

- Up to a total of 24 Physical/Occupational therapy visits
- Up to a total of 24 Physical Therapy or Occupational Therapy visits for **Post-Surgical** rehabilitation
- Up to a total of 24 Chiropractic visits
- Up to a total of 24 Acupuncture visits
- Up to a total of 12 Aquatic visits
- On future medical claims, if **documented** aggravation, up to 12 PT/OT/Chiro visits may be authorized, if warranted.

#### **Pharmacy Benefit Management**

##### **Must be on California's DWC Formulary.**

- Over the Counter Medications that are appropriate to Diagnosis
- Generic Medications that are appropriate to Diagnosis
- Short Acting Narcotics/Opiates such as Norco, Vicodin, Percocet, Codeine and Hydrocodone: Up to 30 days.
- Anti-inflammatory meds (NSAIDS): Up to 90 days.
- Antibiotics, if industrial in nature
- 1 Time 30-day authorization of formulary prescription drugs; except, Opioids/Narcotics.
- If accepted Diabetic claim, authorize 1-year supply of insulin and supplies and only send to UR after initial 1-year period if quantities or supplies have changed. If no change, authorize for another 12-month period. No UR needed.
- If accepted asthma/lung claim, authorize 1-year supply of meds, oxygen, supplies. If prescription remains the same, authorize again for a 12-month period. No UR needed. Except if Fluticasone Propionate Powder, UR is required for each script. Analyst must work with prescribing physician for a comparable drug generic. This medication costs \$15,500.00.

### **Adjusters Must Refer The Following To Utilization Review:**

#### **Physical Medicine & Rehabilitation**

- Functional Capacity Evaluations (FCE)
- Computerized Strength/Range of Motion Testing
- Massage Therapy
- Gym Memberships
- Biofeedback
- MAUs
- Feldenkrais or Pilates
- Detoxification Programs
- Shock Wave Therapy

#### **Prescription Drugs**

The following medications must be sent for Utilization Review, even on 1<sup>st</sup> fill:

- Compound Meds and Creams
- Medical Foods and Drinks
- Opana
- Long Acting Narcotics/Opiates such as Fentanyl (Actiq/Duragesic), MS Contin/Kadian
- Use of Opiate longer than 120 days.
- Any prescription drug with a cost over \$1,000.00. Examples include but not limited to: Abilify, Sovaldi, Fluticasone Propionate Powder, Embrel, Gleevec, Fentora, Capecitabine, Humira
- Prescriptions for lifestyle drugs, such as Viagra.
- Over the counter medications (OTC) exceeding \$200 or if not medically substantiated.
- THC
- Non-Exempt Drugs

All CA Exempt Medications on MTUS Drug Formulary. Please note: DWC will periodically make updates to the MTUS Drug Formulary.

- Antibiotics – covered in the first 30 days from DOI
- NSAIDS (except topical and combo NSAIDs)
- Anti-Inflammatory Meds (except rheumatology meds such as Arava, Enbrel and Humira)
- Non-narcotic Analgesics
- Anticonvulsants ♣ Antihistamines and Beta Agonists
- Laxatives
- Acid Reducers and Intestinal Acidifiers
- Anti-Ulcer (Misc. – Carafate, Cytotec)
- Topical Analgesics (OTC brands only such as Aspercreme, Ben-Gay, Bioflex, Salonpas, Biofreeze, etc.)
- Topical: Antibiotics, Antipruritics, Burn Products, Anti-Infectives, Corticosteroids, Skin Cleansers, Emollients, Scabicides and Wound Care Products
- Antidepressants – up to initial 30-day supply
- Corticosteroids (non-topical) – up to initial 30-day supply
- Hypnotics – up to initial 30-day supply
- Muscle Relaxers (except Soma, Soma Compound and Amrix) – up to initial 30-day supply
- Ophthalmic – All types (on accepted eye injury claims)
- Otics – All types (on accepted ear injury claims)
- Short-Acting Opioids/Narcotic Analgesics – Authorized up to 4 days

## **Adjusters Must Refer The Following To Utilization Review:**

### **Diagnostic/Radiology/Diagnostic Testing**

- Discogram
- Myelogram (Invasive CT of Spine)
- Repeat MRI within one year of last MRI unless surgery is being considered.
- Multiple site MRI's; unless body parts are accepted.
- Repeat MRI's unless a documented aggravation.
- Electrodiagnostic Testing beyond initial NCV or EMG. All Surface EMGs' (SEMG) must go through UR.

### **Durable Medical Equipment**

#### **Below must go through UR:**

- Electrical stimulation devices such as: TENS or H-Wave, unless Basic Tens Unit on new injuries for up to 3 months only, then UR is needed.
- Interferential Stimulator
- All other DME not listed on approval list.
- Custom and/or special braces.
- Dynamic Splinting
- Spinal unloading devices
- Rental of CPM machines other than for Total Knee Replacement, ACL repair or Rotator Cuff repair
- Rental of CPM for more than a 30-day period for above surgeries
- Beds, spas and power mobility devices (scooters, power chairs, etc.)- unless rental
- Cold Therapy/Compression devices unless for Surgeries.
- Lymphedema Pump

(Excludes Buprenex, Subutex, Suboxone, Opana, Methadone, Actiq, Fentora, Fentanyl powder, Talwin NX, and Stadol)

- Narcotic combinations – Authorized up to 4 days (Example: Percocet, Lortab, Vicodin, Norco)
- If necessary due to medical need, Norco may be dispensed an additional 26 days.

#### **Adjusters May Authorize The Following:**

#### **Diagnostic/Radiology/Diagnostic Testing**

- Echo Cardiogram
- Stress Test
- Pre-Op Exam
- Blood Work Up
- MRI/CT/Bone Scan to rule out fracture, infection, tear or tumor (w/wo contrast)
- Initial electrodiagnostic testing (EMB/NCS)
- Initial x-rays
- Initial Cat Scan
- Initial MRI (w/wo contrast)
- If no improvement through treatment due to an aggravation of an accepted claim, ok to authorize in-house 2<sup>nd</sup> MRI or CT.
- Routine Pre-Op Testing (CBC, Chemistry Panel, Chest X-ray, EKG, COVID-19)
- EMG/NCV: with documented neurological deficit (CTS/cubital tunnel syndrome, cervical/lumbar radiculopathy); after 3 weeks of conservative treatment without documented neurological deficit.
- Biopsy and Pathology (on accepted skin cancer/condition claims)

#### **Durable Medical Equipment**

- Basic DME (splints, crutches, cane, walker, standard wheelchair rental, off-the-shelf braces, walking boots, slings, hot & cold packs)
- Rental of CPM (Continuous Passive Motion) machines; for Total Knee Replacement, ACL Repair, Rotator Cuff repair for up to 21 days only.
- 3-in-1 commode chair on surgeries

#### **Adjusters Must Refer The Following To Utilization Review:**

#### **Injections**

- Cortisone steroid injections-over 3 injections to one joint per year
- Epidural Injections-over 3 injections with nerve root compression on MRI
- Facet Injections-beyond 1
- Trigger Point Injections-over 3 injections or 6 visits
- Selective Nerve Root Blocks (spine)
  
- Any disc procedure—IDET (Intradiskal Electrothermal Therapy), nucleoplasty, laser discectomy
- Any radio frequency (RF) procedure of spine
- Epidural adhesiolysis or chemical lysis procedures (breaking up adhesions in spine)
- Botox Injections

#### **Surgery**

- All requests for surgeries not listed under adjuster authorizations
- All spinal and cervical surgeries must go through UR.
- All other shoulder, knee and ankle surgeries not listed.
- Hardware removal-spine
- Dorsal Column Stimulators (Spinal Cord Stimulators)
- Implantable Pain Pumps

#### **Miscellaneous**

All of the following must go through UR:

- Detoxification Programs
- Chronic Pain Programs
- Home Health Care and Attendant Care; unless post-surgery.
- Functional Restoration Programs
- Weight Loss Programs (other than Weight Watchers)

- Non-custom Orthotics for Plantar Fasciitis
- All DME listed on post-surgical Adjuster Trigger List.
- Basic Tens Unit on new injuries for up to 3 months
- CPAP if testing positive for sleep apnea and claim is accepted
- Supplies for UR APPROVED DME.
- Hearing Aids and Supplies on Lifetime Hearing Loss claims every 4-5 years

**Adjusters May Authorize The Following:**

**Injections with positive findings**

- Up to 3 Trigger Point Injections
- Up to 3 Cortisone steroid injections to one joint per year
- Up to 1 Lumbar Epidural Injections
- Up to 1 Synvisc Injections
- 1 Facet Injection

**Surgery**

- Routine pre-operative testing ordered by Surgeon; ECG, EKG, Chest X-Ray, Chemistry Panel, CBC
- Routine surgical removal of Non-Spine hardware
- Initial hernia repair (on accepted injury only)
- Rotator Cuff Repair with positive MRI findings
- Meniscus Repairs with positive MRI findings
- Arthroscopic surgery of Knee and Shoulder
- Carpal Tunnel or Ulnar Release with mod/severe NCV study and/or positive response to cortisone injections and positive MRI findings.
- Pain/Morphine Pump Refills (when implant was originally approved)
- Biopsies (cancer claims)
- Pacemaker Checks
- Foreign Body Removal, and Incision and Drainage (I&Ds)
- Hardware Removal – Non-Spine

**Note: All spinal and cervical surgeries must go through UR.**

- Weight Loss Surgery
- Sleep Studies
- Discograms/Arthrogram/Myelogram
- **Drug Testing:** Unless Routine.
- Any procedures that may be experimental or investigational
- All Spinal Injection Procedures, such as:  
Nerve Root or Facet Blocks(beyond 1<sup>st</sup> block)

**Miscellaneous**

- Transfers to Home Health/Skilled Nursing Facilities on urgent post-op heart, severe lower extremity injury, COVID-19 recovery, back and neck surgeries
- Specialist Consults for accepted body parts
- Psychiatric/Psychological evaluations
- Transfers to Inpatient Rehab or Skilled Nursing Facility for post-op Rehab up to 30 days.

**If you're unsure of a procedure ask the Western Integrated Care Nurse, Karin or Dawn.**