Treatment Guidelines

Oregon has not adopted treatment guidelines such as the ODG or ACOEM guidelines. However, Oregon developed treatment guidelines for lumbar artificial disc replacement and therapy services. Additionally, Oregon has excluded the following treatments (or treatment of side effects) from compensability:

- Dimethyl sulfoxide (DMSO), except for treatment of compensable interstitial cystitis
- Intradiscal electrothermal therapy (IDET)
- Surface electromyography (EMG) tests
- Rolfing
- Prolotherapy
- Thermography

Cervical artificial disc replacement:

Cervical artificial disc replacement is not a compensable medical service unless the procedure is a single level or a two level contiguous cervical artificial disc replacement with a device that has Food and Drug Administration (FDA) approval for the procedure.

Lumbar artificial disc replacement:

Lumbar artificial disc replacement is not a compensable medical service unless the following criteria are met:

> The procedure is a single-level lumbar artificial disc replacement with an unconstrained or semi-constrained metal on polymer device, with the following:
>
> - Age 16 to 60 years
> - Single-level artificial disc replacement between L3 and S1
> - Minimum of six months unsuccessful exercise based rehabilitation

Certain conditions always make the lumbar ADR inappropriate (absolute contraindications) for patients being considered for lumbar ADR. Other conditions (depending on several factors, including severity, location, etc.) may affect whether lumbar ADR is appropriate based on physician's judgment (relative contraindications):

Conditions that would always make lumber ADR inappropriate (absolute contraindications):

- Metabolic bone disease - for example, osteoporosis
- Known spondyloarthropathy (seropositive or seronegative)
- Posttraumatic vertebral body deformity at the level of the proposed surgery
- Malignancy of the spine
- Implant allergy - to the materials involved in the ADR device
- Pregnancy – currently
- Active infection, local or systemic
- Lumbar Spondylolisthesis or Lumbar Spondylolysis
- Prior lumbar fusion, laminectomy, or facetectomy at same level as proposed surgery
- Lumbar spinal stenosis - moderate to severe lateral recess and central stenosis

Platelet rich plasma (PRP) injections:

Platelet rich plasma injections are not compensable, unless they are for non-operative:

- Knee: Osteoarthritis pain, chondral surface injury and partial thickness meniscal tears after failure of three months of conservative care, which may include a standard course of physical therapy;
- Elbow: Lateral and medial epicondylitis after failure of three months of conservative care, which may include a standard course of physical therapy;
- Shoulder: Tendon, bursa, and muscle injuries, including partial tears and small tears, and adhesive capsulitis after failure of three months of conservative care, which may include a standard course of physical therapy.

Therapy guidelines:

The therapy guidelines apply to services coded with physical medicine and rehabilitation codes (CPT® codes 97010-97799). Unless otherwise provided by an MCO's utilization and treatment standards, the usual range for therapy visits is up to 20 visits in the first 60 days, and four visits a month thereafter. This is only a guideline and insurers should not arbitrarily limit payment based on this guideline nor should the therapist arbitrarily use this guideline to exceed medically necessary treatment. The medical record must provide clinical justification when therapy services exceed these guidelines. When an insurer believes the treatment is inappropriate or excessive, the insurer may request director review as outlined in OAR 436-010-0008.

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