

DEPARTMENT OF LABOR AND EMPLOYMENT

Division of Workers' Compensation

7 CCR 1101-3

WORKERS' COMPENSATION RULES OF PROCEDURE

Rule 17 MEDICAL TREATMENT GUIDELINES

17-1. STATEMENT OF PURPOSE

The Director adopts the medical treatment guidelines pursuant to § 8-42-101(3.5)(a)(ii), C.R.S.. The purpose of these guidelines is to comply with § 8-40-102(1), C.R.S., and assure the quick and efficient delivery of disability and medical benefits to injured workers at a reasonable cost to employers, without the necessity of any litigation.

17-2. USE OF THE MEDICAL TREATMENT GUIDELINES

- (A) All health care providers shall use the medical treatment guidelines promulgated by the Director, as required by § 8-42-101(3)(B), C.R.S..
- (B) Payers shall routinely and regularly review claims to ensure that care is consistent with the Division's medical treatment guidelines.

17-3. PROVIDER'S RESPONSIBILITIES

- (A) The health care provider shall prepare a diagnosis-based treatment plan that includes specific treatment goals with expected time frames for completion in all cases where treatment falling within the purview of the medical treatment guidelines continues beyond 6 weeks.
- (B) Within 14 days of request by any party, the provider shall supply a copy of the treatment plan both to the patient and to the payer. Should the patient otherwise require care that deviates from the medical treatment guidelines, the provider shall supply the patient and the payer with a written explanation of the medical necessity for such care.

17-4. PROCEDURE FOR QUESTIONING CARE

- (A) The medical treatment guidelines set forth reasonable medical care for high cost or high frequency categories of occupational injury or disease. However, the Division recognizes reasonable medical care may include deviations from the guidelines in individual cases.

The provider must request prior authorization if the proposed treatment falls outside the medical treatment guidelines, if the guidelines require prior authorization for a proposed treatment, or if rules 16-9 (b)(1)-(4) apply, the provider *may* request prior authorization to receive a guarantee of payment.

- (B) Rule 16-10 governs the contest of a request for prior authorization.
- (C) If the payer questions whether treatment that has been provided is consistent with the medical treatment guidelines, the procedure for contesting payment is covered in Rule 16-11 (C).

17-5 EXHIBITS TO RULE 17

- (A) Exhibit 1 – Low Back Pain Medical Treatment Guidelines
- (B) Exhibit 2 – RESERVED
- (C) Exhibit 3 – Thoracic Outlet Syndrome Medical Treatment Guidelines
- (D) Exhibit 4 – Shoulder Injury Medical Treatment Guidelines
- (E) Exhibit 5 – Cumulative Trauma Conditions Medical Treatment Guidelines
- (F) Exhibit 6 – Lower Extremity Medical Treatment Guidelines
- (G) Exhibit 7 – Complex Regional Pain Syndrome/Reflex Sympathetic Dystrophy Medical Treatment Guidelines
- (H) Exhibit 8 – Cervical Spine Injury Medical Treatment Guidelines
- (I) Exhibit 9 – Chronic Pain Disorder Medical Treatment Guidelines
- (J) Exhibit 10 – Traumatic Brain Injury Medical Treatment Guidelines