AMA Guides® Editorial Panel

Public Meeting

Thursday, June 23rd, 2022

Please Mute Your Computer to Prevent Background Noise

Participants will be placed in the waiting room until the meeting begins at 6:00pm CT

Agenda

I. Introduction/Housekeeping
   I. Welcome and Agenda
   II. Attendance
   III. Meeting Mechanics, AMA Conflict of Interest and Confidentiality Reminders

II. Panel Members
   I. Welcoming of new Panel Members and Advisor
   II. Thank you to departing Panel Members

III. Topics/Objectives
   I. Public Comment Period Updated
   II. Update on in-process outstanding proposals
      I. Tinnitus
      II. PROMIS
   III. Chapter 13: The Nervous System
      I. Applicant Presentation/Update
      II. Panel Discussion

IV. Public Meeting Closing
   I. Next Public Meeting is August 18, 2022
      I. Discussion on Public Comment on current proposals

V. Executive Session

Attendance

- Attendance will be taken to establish a quorum.

Panel Members

Helene Fearon, PT
Steven Feinberg, MD
David Gloss, MD
Robert Goldberg, DO
Rita Livingston, MD, MPH

Doug Martin, MD
Kano Mayer, MD
Mark Melhorn, MD
Lylas Mogk, MD
Marilyn Price, MD

Noah Raizman, MD
Michael Saffir, MD
Jan Towers, PhD

Panel Advisors

Chris Brigham, MD
Hon. Shannon Bruno Bishop, JD
Barry Gelinas, MD, DC

Abbie Hudgens, MPA
Hon. David Langham, JD

Confidentiality/COI Reminders

- Confidentiality
  - It is at the discretion of the AMA, the publisher and convener, which topics, news items, or policy decisions resulting from this or any Editorial Panel meeting will be announced publicly at the appropriate time. Until and unless the AMA makes such a public announcement, all discussion and decisions made during AMA Guides® Editorial Panel Meetings are confidential.
  - Please refrain from tweeting or participating in podcasts, interviews, or news articles about Panel meetings, discussions, or deliberations. Recording devices by Panel members and co-chairs is strictly prohibited. The AMA will record all Panel meetings for reference materials and will be the only recording of Panel meetings allowed.
- Conflict of Interest (COI)
  - You are here because of your interest and/or experience with the AMA Guides®, but your affiliations could pose a potential conflict of interest. Please mention all of your disclosures if they are relevant to the topic being discussed or the opinions you hold and express.
  - While you were nominated by a society, remember that your Editorial Panel duty is to the AMA Guides®. You are not here to represent the interests of any society, profession, or employer.

Professional.
Ethical.
Welcoming.
Safe.

- Updated policy in early 2019.
- This is what we expect of our members and guests at AMA-sponsored events.
- We take harassment and conflicts of interest seriously. Read our policy or file a claim at **ama-assn.org/codeofconduct** or call **(800) 398-1496**.

Meeting Mechanics

- This meeting is being recorded.
- Webcams are optional but may be used if Panel Members and Advisors wish to do so
- Panel members and advisors are open-line participants and may speak at any time throughout the duration of the event.
- Please consider muting your phone to prevent background noise and raising your hand to pose a question or comment. Staff may mute you if there is too much background noise.
- Hand raise or chat feature encouraged to indicate desire to speak. **Please unmute yourself prior to speaking.**

Meeting Mechanics (con’t)

- Co-chairs will introduce the proposal(s).
- Presenters will provide an overview of the proposal.
- Editorial panel members and advisors are encouraged to contribute to discussion.
    - Oral disclosures are not required of panel members and advisors during the meeting but might be helpful when expressing a strong opinion.
- Public participants are invited to participate towards the end of discussion and are asked to disclose any conflicts of interest when introducing themselves.

Welcome to our New Panel Members and Advisor

Robert Sataloff, MD – Panel Member

- **Nominated by**: American Academy of Otolaryngology- Head and Neck Surgery
- **State**: Pennsylvania
- **Specialty**: Otolaryngology-Head and Neck Surgery

- Extensive, decades long experience with the Guides and permanent impairment patients
- Author/contributor to the 6th edition; extensive publishing and peer-review experience in books, journals, etc

Idalia Massa-Carroll, PhD – Panel Member

- **Nominated by**: American Psychological Association
- **State**: Colorado
- **Specialty**: Rehabilitation Psychologist

- Specializes in Workers' Comp Psychological Care
- Chair of the CO Neuropsych Society: Workers' Comp Task Force
- Has written proposed bill to protect mental health records in CO

Gayla Poling, PhD – Panel Member

- **Nominated by**: American Speech Language-Hearing Association
- **State**: Minnesota
- **Specialty**: Audiology (Speech and Hearing Science)

- Current DoD research award on Tinnitus treatment system
- President-elect of National Hearing Conservation Association

Les Kertay, PhD – Panel Advisor

- **Nominated by**: International Academy of Independent Medical Evaluators
- **State**: Tennessee
- **Specialty**: Psychology, Disability (Insurance)

- Immediate past –president of IAIME
- Successfully submitted an update to AMA Guides Sixth 2021; active in the editorial process

Thank you to our departing Panel Members

Lylas G. Mogk, MD
Specialty:
Ophthalmology

Jan Towers, PhD
Specialty:
Nursing

Helene Fearon, PT
Specialty:
Physical Therapy

Public Comment Period

Public Comment Period in Progress

- Open until July 15, 2022
- Current Proposals open to Public Comment:
  - Chapter 15- UE Range of Motion Tables and Section 15.7
  - Chapter 11 – ENT (sections 11.2g and 11.4b)
  - Chapter 17- Spine – complete chapter
- Currently have 11 individuals or organizations reviewing the proposals for the upcoming Guides cycle.
- To date we have received five comments:
  - Three for Spine
  - Two for Range of Motion

Proposal Status Updates

Tinnitus

- ENT SMEs are in process of revising, amending, and adding content to the proposal. The goal of this revision is to provide some explanatory language on how to do the history and physical for tinnitus to help inform how clinicians administer the THI and when it is appropriate to do so.

- **Next Steps:**
  - Receive SME's update by end of month
  - AMA medical writer and editor review changes
  - Resubmit proposal with update for Panel review

fPROMs Proposal Update

The Nervous System

June 23, 2022

James Underhill, PsyD

Diana Kraemer, MD

Sponsored by the

International Academy of Independent Medical Evaluators

Chapter 13
The Nervous System

Key Factor:

The effect of a neurological disease on basic and instrumental ADLs that is consistent with the natural history of that disease

Wording for this Chapter

- 2008 6th Edition, Chapter 13
- "New" Chapter 13 is this submission

Chapter 13 - The Nervous System

New Chapter 13 Tables	
Disorders of Consciousness	Formerly Consciousness and Awareness
Episodic Disorders	Formerly Episodic LOC or Awareness
MSCHIF-E	(incorporates Aphasia and Emotion – Emotion replaces GAF)
UE CNS dysfunction	
Station and Gait Disorders	
Neurogenic Respiratory Function	
Neurogenic Bowel Function	
Neurogenic Bladder Function	
Neurogenic Sexual Function	
Neuropathic Pain	(Dysesthetic Pain, Trigeminal and Glossopharyngeal Neuralgia, and Miscellaneous Peripheral Nerve Pain)
Migraine	

Sleep and Arousal has been referred to Chapter 14, based on the DSM-5

Chapter 13 - **The Nervous System**

There is an increase in Impairment Ratings in 5 Tables

Core Principle of the Guides: Consistency between Chapters

2008 Ratings:

- Dysrhythmias, HTN, Asthma, Liver **65% WPI**
- Anemia **75% WPI**
- Consciousness and Awareness **50% WPI**
- Ch 13: Episodic, Aphasia and MSCHIF **50% WPI**

New Chapter 13: Episodic Disorders **65% WPI**

MSCHIF-E **75% WPI**

Migraine (5%) **20% WPI**

Neuropathic Pain (5-10%*) **15% WPI**

*Added Class 4 for Anesthetic Pain

Chapter 13 - The Nervous System

Table 13-5x Disorders of Consciousness: The ICD -11 recognizes

3 diagnoses:

- Class 1, Minimally Conscious State = 80% WPI
- Class 2, Persistent Vegetative State = 90 % WPI
- Class 3, Permanent Vegetative State = 100% WPI

Table	Class 1	Class 2	Class 3
Disorders of Consciousness	**80%**	**90%**	**100%**

Disorders of Consciousness cannot be combined with any other Table

MSCHIF-E incorporates the GAF and Aphasia

Table	Class 1	Class 2	Class 3	Class 4
MSCHIF-E	**1-3**	**5-15**	**20-40**	**50-75**
Disorders of Consciousness	**80**	**90**	**100**	**-**
Episodic Disorders	**2-10**	**11-20**	**25-40**	**45-65**

Disorders of Consciousness cannot be combined with any other Table.

Chapter 13 - The Nervous System

Grades within Class

Creating Grades within Class aids with Inter-rater Reliability

- We considered: 0, 3, or 5 Grades *(we chose 3, A, B, and C)*
- We considered making the Default Grade A or B *(we chose B)*

1-10 %
1 **5** 10
A **B** C

If Class B is the default, then the rater can adjust the IR (up or down) based on the history, physical, or laboratory tests.

The default Grade B can be adjusted for BOTC or progressive illness.

Comparison of Examples: MSCHIF vs MSCHIF-E

	Class 1	Class 2	Class 3	Class 4
2008 MSCHIF	1-10	11-20	21-35	36-50
New MSCHIF-E	1-3	5-15	20-40	50-75
Grade	1 **2** 3 A **B** C	5 **10** 15 A **B** C	20 **30** 40 A **B** C	50 **60** 75 A **B** C
2008 MSCHIF (midrange)	**5**	**15**	**28**	**43**
New MSCHIF-E **(Default Grade B)**	**2**	**10**	**30**	**60**

Increasing the Range from:

- 50% in the 2008 MSCHIF to 75% in the New MSCHIF-E

  Only increases IR in the more affected Classes

Chapter 13 - The Nervous System

MSCHIF vs MSCHIF-E

2008 Case Example 13-10: Traumatic Injury to the Head

> A 45-yo man struck as passenger in an MVA, not wearing a seatbelt; his head hit the windshield and mirror. No LOC, but a contusion was noted of the left parietal area on CT. He cannot comprehend simple commands, cannot work, and needs distant supervision in the home. He can name objects from sight but has difficulty understanding verbal and written commands.

If we compare apple to apples, using Class 3 only:

- 2008 MSCHIF (Table 13-8), Midrange Class 3 = **28% WPI**
- New MSCHIF-E (Table 13-5c) Default Class B = **30% WPI**

Note: His exam is consistent with Major Neurocognitive Disorder, with loss of independence, failure of compensatory strategies, and severe limitations in ADLs.
He warrants placement in Class 4, rather than Class 3

- 2008 MSCHIF (Table 13-8), Midrange Class 4 = **43% WPI**
- New MSCHIF-E (Table 13-5c) Default Class 4 = **60% WPI**

The Class 4, 60% WPI is a more appropriate rating given his limitations in ADLs

Chapter 13 - **The Nervous System**

2008: Case Example 13-15: Diabetic Painful Peripheral Neuropathy

A 55 yo woman has a 45 history of Type 1 DM. Examination shows bilateral mild foot drop, decreased pinprick, position and vibration, and absent DTRs. Has difficulty walking long distances and on grades.

If we compare apple to apples, using Class 1 only:

- 2008 (Table 13-12, Station: Class 1, 10%); (Table 13-17, Dysesthetic, Class 2, 7%); Combined, **16% WPI**
  Note: the 2008 rater places her at the high end of each Class, however, the midrange IR = **11% WPI**
- New (Table 13-5 Station, Class 1, Gr B, 5%); Table 13-5 Neuropathic, Class 2, B, 5%) Combined=**10% WPI**

However: She warrants a Class 2 rating based on her B foot drop & sensory loss (she could not climb stairs):

- 2008: (Table 13-12, Station: Cl 2, 15%); (Table 13-17, Dysesthetic, Class 2, 5%); Combined,**19% WPI***
- New: (Table 13-5 Station, Class 2, Gr B, 15%); (Table 13-5 Neuropathic; Class 2, B, 4%): Combined, **19% WPI**

*mid-range used for comparison

Chapter 13 - The Nervous System

Headache

ICHD Criteria (used in the ICD)

I. Primary Headache Disorders (Migraine, TTH, TACs, Other)
II. Secondary Headache Disorders: most prominent is PTH
III. Neuropathies and Facial Pains and other headaches

Consistent with the 2008 Guides: Only Migraine is rated, New Chapter 13 continues this tradition.

- Secondary Headaches are NOT rated in the Chapter 13
- Post-traumatic Headache is rated in Chapter 3, Example 3-2 (Post Concussive HA)

This is discussed in the New Chapter 13 however, it likely requires more language: the phenotype of "PTH with migraine features" is still a secondary headache and should not be rated using Table 13-5 Migraine

Chapter 13 - **The Nervous System**

Progressive Neurologic Diseases:

The Nervous System has many progressive diseases.

We have attempted to address the issue of progressive illnesses… how does one reasonably attempt to acknowledge the progressive nature of the neurologic disease without anticipating future decline or altering Class.

We propose that with neurologic diseases with expected progression *consistent with the known natural history*, the rater may modify the Grade within Class (Grade B to Grade C). This allows some discretion within Class. Should the disease worsen to the point where placement in another class is warranted, then re-evaluation would be necessary.


Thank You

Discussion

Closing

- Thank you to today's presenters. This now concludes the public meeting.
- Next **Public** meeting will be a virtual meeting on Thursday, August 18th at 6pm CT.
- Next **Panel** subcommittee/executive session schedule for July 21st at 6pm CT Virtual.
- Public meeting is adjourned. Panel members, please see instructions for accessing Executive Session that have just been sent by staff.

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