



QUARTERLY NEWS WINTER 2008

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MESSAGE FROM THE PRESIDENT

*William Milliken, MD MPH FACOEM CIME
Fort Collins, CO*

“Thirty-two years ago, I went as a pioneer into a new, unexplored field of American medicine. Workers accepted risks with submissiveness as part of the price one must pay for being poor. Back in those early years I used to despair of relief for those overworked, underpaid immigrants. It was they who did the heavy, hot, dirty and dangerous work of the country. So from the first, I made it a rule to try to bring before the responsible man at the top the dangers I had discovered. As I look back on it now from this changed world of safety first, it astonishes me to see how very well this method often worked. Then came the crash and the clouds of thickening all over the land, over all classes, not only the poor. And as the war clouds thickened and our country moved nearer and nearer to the conflict, I began to feel that if we chose to keep out, it would be a great cost. To watch the unspeakable horrors, and to tell ourselves it was not our business, that only this hemisphere concerned us, would be to stifle some of the finest qualities in our nation. After all, we are far from guiltless of the blunders which led up to the war”. (Taken from Exploring the Dangerous Trades, The Autobiography of Alice Hamilton, MD, 1943).

The immigrant workers Dr. Hamilton referred to were Asians, Russians and Europeans. The crash was that of 1929, a crash preceded by wealthy Wall Street industrialists once referred to as “Robber Barons” by former President Theodore Roosevelt. The war to which Dr. Hamilton referred was WWII. In the early 1900s, Theodore Roosevelt, speaking with a bullet

lodged in his chest, issued what he may well have thought to be his last testament to the world:

“I have altogether too important things to think of to feel any concern over my own death. I am ahead of the game anyway. No man has had a happier life than I have led. Every good citizen ought to do everything in his or her power to prevent the coming of the day when we shall see in this country two recognized creeds fighting one another, when we shall see the creed of the "Have-nots" arraigned against the creed of the "Haves". My appeal for organized labor is two-fold; to the outsider and the capitalist I make my appeal to treat the laborer fairly. Now, the other half is to the labor man himself. My appeal to him is to remember that as he wants justice, so he must do justice”.

As we approach the end of my term as President of your Academy, I find our parallels to the world of 60 or more

years ago astonishing. We face unprecedented challenges ahead, and as we all witnessed in association with Hurricane Katrina, the future will bring out our worst and our very best. As professionals within the scope of OEM, we can choose to be spectators or we can work together to face these challenges. When I began working on your behalf as President a year ago, I pledged (1) to increase and broaden partnerships with others to meet regional educational goals; (2) to promote OEM in the region, and; (3) to increase our scope to involve all members.

Although we very unexpectedly lost previous financial support via long time conference partner Pinnacol Assurance, we have been fortunate to forge valuable relationships with the Rocky Mountain Center for Occupational & Environmental Health (RMCOEH) (Utah) and the newly formed Mountain and Plains (MAP) ERC. We are working with our new partners to meet goals

#1 & #2.

Two states formerly within our Academy have elected to associate with other ACOEM Regional Components (North and South Dakota), but we maintain active involvement in Colorado, New Mexico, Wyoming, Montana and Utah. Our current Vice President is Dr. John Schumpert of Montana, Board Member Dr. Denece Kesler is from NM, and Delegate Dr. Greg McCarthy is from NM. The RMAOEM needs and formally requests a volunteer from each of our states; a volunteer that can function to represent each state within the RMAOEM. These efforts will work toward meeting goal #3.

Your incoming President, Dr. Hugh Macaulay, has been active in trying to determine what the needs of all RMAOEM members are. In the near future, members can expect a survey asking precisely what *continued on next page* those needs

are, and I encourage all of you to participate in that survey (especially those of you outside the Metro Denver area). This will further and more practically involve all of the membership at our regional level and at the national level.

I hope you will read the Secretary-Treasurer's corner (Dr. John Hughes) in the Spring Quarter Newsletter 2009.

We have come through some very difficult challenges in 2008. However, the RMAOEM remains financially sound.

RMAOEM VP, Dr. John Schumpert, has risen to the challenge of producing a quality conference in the setting of a complete loss of prior funding, increased costs of producing a conference, and the introduction of two completely new conference sponsors on extremely short notice. As you will see, the venue and conference methodology have necessarily changed. Dr. Schumpert has done an outstanding job of working with RMCOEH and MAP ERC to organize what I think will be a solid conference in January 2009. Given the global challenges we face, the developing guidance from the ACOEM Occupational and Environmental Medicine Practice Committee (Uniform Credentials Application for

OEM), increasing complexity of OEM, and an obvious call for OEM leadership in an uncertain world, I strongly believe that this year's conference content, although much more broad than in times past, is highly appropriate and will serve to challenge each of us to raise our collective bar as Occupational and Environmental Medicine Specialists.

As President, I have learned some difficult and valuable lessons. First, the RMAOEM is served by wonderful, self sacrificing and talented people from all sectors of our field. Second, volunteer activity as an Officer on the Executive Committee of your RMAOEM is extremely time demanding and challenging. Although we need candidates (you) for Vice-President and a currently unfilled non-Colorado Board of Directors position, be advised that these positions are challenging and at times overwhelming. Third, as a component of ACOEM, we have a responsibility to support the vision of ACOEM and the mission to voice to ACOEM the concerns and needs of our regional membership. Fourth and most importantly, the RMAOEM cannot thrive and properly function without membership input and support. Please do continue as a member of ACOEM and the RMA-

OEM. Please do communicate your concerns and suggestions to the RMA-OEM Officers and Board via website links. We want and need to hear from you on a regular basis. If necessary call me at 970.613.1000. Please do attend annual General Membership Meetings. And very importantly, I hope you will continue to support the RMAOEM conferences; especially the 2009 conference which comes on the heels of one of the most challenging times the RMA has faced.

The RMAOEM has undergone huge unanticipated change in the past couple of years. Our nation, and indeed the entire world, faces unprecedented change and challenge. But as stated by Dr. Alice Hamilton over 65 years ago in very similar times, "Mankind does not all of a sudden become sinless, but he knows little of history who thinks our progress is downhill. We do swing down sometimes, but not as far as we swung down the last time, and when we swing up again it is to go higher than we went before".

Thanks for your membership and your support. I look forward to hearing from you and to seeing all of you in January 2009!



VICE-PRESIDENT'S CORNER

*John Schumpert, MD
Missoula, MT*

It wasn't that long ago that we were sorting out all the primary season rhetoric. Now we have completed a historic election in some of the most trying times in recent history, and we have elected a new US President! Come January, we won't just be inaugurating a new Administration, we'll also be entering an exciting new chapter in the history of the Rocky Mountain Academy of Occupational and Environmental Medicine.

Many of you may have noticed that the educational program is not strictly focused on musculoskeletal disorders as it has been in the past. You may not be aware of the reasons for these content changes. It is appropriate that these

changes be explained at this time.

In the past, the Rocky Mountain Academy has partnered with Pinnacol Assurance to produce a high-quality educational program. Because Pinnacol is a worker's compensation insurer, it has always requested that a certain portion of the program remain focused on musculoskeletal issues and issues allied to the provision of medical services to typical worker's compensation patients. In addition, a number of exhibitors have been present in order to inform our members of services available to them within our region.

All of this changed in 2008, when Pinnacol informed the Rocky Mountain

- "we have elected a new US President!"
- "2009 conference not strictly focused on musculoskeletal disorders as it has been in the past..."
- "new conference partners..."
- "student poster session 10-12:30 Friday—we need your support!"

Academy that it could no longer serve as a partner in the production of our annual meeting. Without Pinnacol's major sponsorship and assistance, it became financially and practically infeasible to continue with the previous format of our meetings. In particular, it became financially obvious we could no longer host an exhibition of allied services for our membership.

As a part of an attempt to broaden the meeting's curriculum and attendance, we have part-

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nered with the Mountain and Plains Education and Research Center, and the Utah Education and Research Center (Rocky Mountain Center for Occupational & Environmental Health). These two entities, representing the Colorado School of Public Health, and the University of Utah, have graciously agreed to provide speakers and funding for our educational program. One of the missions of the Mountain and Plains ERC and the Utah ERC is the training of future occupational health and safety professionals, including occupational medicine physicians, nurses, psycholo-

gists, ergonomists, health and safety specialists, physicists, engineers, environmental scientists, toxicologists, industrial hygienists and many others. It is thus appropriate and very important to broaden the educational program to include our annual conferences. These changes are primarily due to our close ties with the Mountain and Plains ERC, as well as our partnership with Utah ERC; however, ACOEM Committee activity is also engaged in formulating a uniform OEM physician credentialing protocol which I encourage all of you to become more aware of via ACOEM.

In addition to the expanded lectures there will also be a poster session from the trainees of the MAP ERC and the Utah ERC in the first day of the conference. We hope that you will come early to register and enjoy the posters and research conducted by ERC students and trainees. Poster viewing will be conducted from 10:00 Am to 12:30 PM. Please come early to meet, learn from, encourage, and support these outstanding students and trainees! They are our future...



SECRETARY-TREASURER'S CORNER

John Hughes, MD

Please check for Dr. Hughes' column in the 2009 Spring Newsletter



PRESIDENT ELECT'S CORNER

Hugh Macaulay, MD

Please check for Dr. Macaulay's column in the 2009 Spring Newsletter



DELEGATE'S CORNER

Brian Beatty, MD

Colorado

The House of Delegates recently met in Albuquerque, New Mexico for their fall 2008 meeting. Some interesting issues were brought forth for discussion including a resolution that ACOEM express its support for a single-payer national health insurance and calls upon federal legislators to work towards its enactment within the current Congress and along with this there was also a resolution that ACOEM expand its policy platform on the role of our specialty in an era of healthcare reform.

There were additional resolutions including a resolution calling on US Congress to restructure the Toxic Substances Control Act of 1976. There were resolutions to encourage ACOEM to develop guidelines regarding safe handling of nanoparticles in research and industry and that ACOEM also encourage and endorse research into the field of nanotechnology through its interaction with Federal research institutions. There was a resolution to advocate for revision of the OSHA Lead Standard and guidance for physicians

on occupational lead poisoning to achieve blood lead levels no higher than 10 to 20 mcg/deciliter for workers exposed to lead on-the-job and that ACOEM adopt an occupational medicine practice guideline on lead poisoning consistent with the California guidance documents. There was much debate on these issues and they will be sent to the board of ACOEM for further recommendations and/or passage.

There was also debate on the future fall ACOEM/HOD meetings. ACOEM recently canceled SOTAC meetings which were typically held in the fall and with that the question was whether to continue with the House of Delegates meetings. It was felt by the House of Delegates that there should be ongoing, continuous, in person future fall meetings of the ACOEM House of Delegates to continue networking, idea exchange and mentoring that is fostered by such in person interaction.

- "recent House meeting in NM"
- "single payor system"
- "TOSCA reform"
- "Lead Standard revision"
- "nanoparticle guidelines"

It was also felt that there should be an option of remote participation, however, this would require a more sophisticated web-based meeting tool.

Overall, it was a very positive meeting and the next meeting will be held at the spring AOHC 2009 meeting.

The spring AOHC will take place in San Diego, CA and should be a great conference in sunny Southern California!

The 2009 AOHC is arranged according to specialization in an offering within five customized tracks.

The 2009 conference will be offered on the San Diego waterfront at the Manchester Grand Hyatt. Visit ACOEM on the web for details and complete information.

Continued next page



WORDS FROM THE PAST PRESIDENT

*William Woo, MD
Wheat Ridge, CO*

I would like to extend our heartfelt and sincere thanks to Pinnacol Assurance for three years of conference support and organization from 2006-2008. The RMAOEM is working toward partnerships with Pinnacol Assurance in the provision of conference based educational venues in the future. To Dr. Mark Frank and the leadership at Pinnacol Assurance - thank you!

This year, the RMAOEM has partnered with the Rocky Mountain Center for Occupational & Environmental Medicine and the newly formed Mountain and Plains ERC in producing the 2009 conference. We extend our thanks to these organizations for their contributions to what we believe will be an interesting and challenging look at Current Perspectives in Occupational and Environmental Health.

The transition from a Pinnacol Assurance sponsored conference to one with potentially no financial sponsorship was a great challenge for us in planning the 2009 conference. There was financial uncertainty as we forged relationships with new sponsors. We took steps last year to reduce event planning costs, and in an effort to insure fiscal solvency approaching 2009, the Officers and Board of the RMAOEM voted to forgo involvement of vendors in 2009. This allowed us to produce a 2009 conference while insuring a financially sound position as we enter 2009.

To our former vendors and conference supporters, we express profound thanks! Past President 2009 will work with you toward forging ahead with new partnership ideas and growth in the years to come.

SPECIAL REPORT

INHALATION EXPOSURE CASE *WILLIAM MILLIKEN, MD*

A 32 year old police officer A and her partner officer B were called to the scene of an alarm activation at a warehouse on an early evening. There were 3 workers on the floor who spoke limited English. The officers quickly screened the first floor and large open bay where the three men were. The officers smelled propane (there was an overhead heater). The officers noticed an overhead loft across the main floor and proceeded upstairs. The officers smelled paint and a photo lab odor. Officer A noted severe ocular and upper respiratory irritation. She sensed inability to breathe and ran past Officer B who followed. The officers exited to fresh air; the workers on the ground level were apparently unaffected. Officer A rapidly developed headache, chest tightness, nausea, and disorientation. Fire Department officials (waiting for the police to clear the building) noted some distress/disorientation. Officer A was transported to an ER where she was monitored and treated with oxygen. She felt better, but later experienced severe fatigue on discharge to home.

Family medicine assessment: EKG normal, saturation on oxygen = 95%, peak flow above predicted. Diagnosis was exposure to unknown fumes; history of well controlled asthma. Pulmonary Medicine consultation: recommendations for continued treatment and observation. Spirometry testing was within normal limits, but flow volume loops were variable and revealed mid expiratory hesitation/cough. CXR was normal. Treatment: oxygen and inhalers. Never smoker.

An Occupational Medicine (OM) referral was scheduled due to persistence of oxygen support (4 weeks). Comprehensive metabolic panel, urinalysis, and CBC were normal with the exception of a slightly high hematocrit and hemoglobin with normal indices. MSDS data was incomplete. Building inspection results were unknown. Officer B was reportedly oxygen dependent. One fire department official had been evaluated in the ER for nausea and headache. ER records were not available. OM assessed and noted oxygen saturation to be stable after a walk test on room air, but there was objective evidence of wheezing with a respiratory rate of 40. Recovery was normal. Interview and review of incomplete exposure data suggested possible exposure to a coating compound containing aliphatic solvents, xylenes, ethyl benzene, titanium dioxide, aromatic solvent, naphtha, trimethylbenzene, and Stoddard solvent. Target organs included kidney, lung, liver, heart, and CNS. OM recommended formal occupational pulmonary medicine consult with pulmonary testing. Prior to the consult, recommendations were oxygen, bronchodilator and steroid inhalers, restrict further exposure, and consider baseline HR CT of the chest with close monitoring and serial spirometry.

Continued next page

What was the assessment?

- A) exacerbation versus aggravation of asthma
- B) exclude toxicant induced pneumonitis, mild; toxic bronchitis
- C) Both
- D) Neither

Answer: Both. The history suggests probable exposure to a toxicant associated with immediate irritant effects with involvement of specific target organs. It is unusual for a relatively healthy 32 year old female with no medical history except mild asthma to be dependent on oxygen a month following such an inhalation exposure.

- The precise toxicant inhalation scenario may be unknown or incompletely reported in this case
- Pre-existing asthma is a risk factor for negative inhalation exposure outcomes
- Irritant gas inhalation may associate with toxic bronchitis or bronchiolitis
- Reported causes of asthma causation or exacerbation/aggravation are too numerous to list
- Naphtha inhalation with associated aspiration may lead to chemical pneumonitis and bronchospasm
- Mixtures of solvents may rarely induce acute chemical pneumonitis

Approximately 7 months following exposure, Officer A was referred to an occupational pulmonary disease specialist for definitive diagnosis and assessment of impairment. The Police Department is considering at least baseline pulmonary testing for all officers and possible two year interval screenings. Complete MSDS and exposure evaluation data were never presented.

PEARLS: (1) Obtain occupational pulmonary assessment early (2) Obtain complete exposure data (3) Advise at risk employees to document pre-employment status (4) Plain chest radiography is usually normal in most acute exposures (5) Many toxicants have unknown pulmonary effects; there is great variability from one person to the next (6) Why would a 32 year old be oxygen dependent at 4 weeks after an apparent mild exposure??? (7) Despite the absence of incriminating exposure analysis, the exposure had temporal and biological credibility for residual pulmonary disease related to an undefined exposure

Anyone interested in presenting cases or relevant educational material of any kind? Please contact the RMA for participation in upcoming Newsletters; we look forward to hearing from you!

DEPARTMENTS

COLORADO WILLIAM WOO, MD

Senate Bill 08-241 was passed with the following summarized changes effective 7/1/2008:

- removes limitations to # of external prosthetic devices (glasses, hearing aids, braces and dentures)
- disallows reduction of temporary total, temporary partial, or medical benefits to an injured worker based on a previous injury
- allows for reduction of permanent partial impairment award where there has been a previous work related injury to the same body part or system which resulted in an award or settlement in Colorado or under a similar workers compensation Act in another state
- allows for the reduction of permanent impairment based on non-occupational impairment in the same part/system if the prior impairment was associated with a prior injury and was disabling at the time of the subsequent occupational injury/illness
 - see “Apportionment of Spinal Condition/Injuries” at the Colorado Division website
- disallows apportionment of permanent total disability when the disability is the result of work injuries (including those with associated congenital, genetic, or similar conditions)
 - permanent total disability benefits may be apportioned in cases where an occupational condition results from combined work and non-work etiologies
- does not restrict employers or insurers from seeking reimbursement or contribution by other employers or insurers for benefits being paid to an injured worker as long as claimant benefits are not reduced or affected

For more information, visit the Colorado Division website. The next Colorado General Assembly session begins soon and the RMAOEM will monitor and report to the membership. NOTE that adjustments to the Medical Fee Schedule will become effective 1/1/2009 and details may be obtained at the Colo- *Continued next page*

MONTANA

coming soon... please contact the RMAOEM if interested in representing your state within the RMA

UTAH

coming soon - request volunteers for this quarterly report—please contact the RMAOEM if interested

WYOMING

coming soon - request volunteers for this quarterly report—please contact the RMAOEM if interested

NEW MEXICO DR. GREGORY MCCARTHY

Update on New Mexico Worker's Compensation Environmental Health and Safety 2008

The state of New Mexico has had several changes in worker's compensation law in the year 2008. There have been some other environmental health improvements that occurred statewide. One important change that is important to physicians and other providers is the change in the worker's compensation administration physician fee schedule.

The New Mexico Workers' Compensation Administration released the changes list to the 2009 Physician's Fee Schedule on Sept. 5. The public hearing was held on Oct. 9, with the comment period closing at 5 p.m., Friday Oct 10. Following the close of the comment period through Nov. 30, the WCA will review those codes submitted at the public hearing. Approximately, 75 Surgery CPT Codes and 14 physical medicine codes were submitted by the public for additional evaluation. The WCA is asking several insurers to provide more current healthcare rates on physician procedures to assist in the evaluation process. Director Glenn R. Smith will release the 2009 Physician's Fee Schedule in December, to take effect December 31, 2008.

Workers' Compensation Administration Physician's Fee Schedule to be released in December

Another legislative proposal to come from the Advisory Council on Workers Compensation and Occupational Disease Disablement concerning Legislation on Firefighter Presumptive Causation.

At its Sept. 30 meeting, the Advisory Council on Workers' Compensation and Occupational Disease Disablement voted to support a legislative proposal on firefighter presumptive causation. The legislation, to be introduced in the 2009 Legislative Session, creates a presumption that certain illnesses contracted by municipal fire members – as defined in the Public Employees Retirement Act in 10-11-2 M (4)NMSA 1978 – are caused as a result of their employment. These illnesses are specified forms of cancer linked to minimum years of service and illnesses diagnosed through exposure as a result of their duties. This does not include pre-existing illnesses which are excluded from coverage. While the presumption is refutable in all instances by the employer, the burden of proof of causation to obtain workers' compensation benefits would be shifted from the firefighter to the employer.

New Mexico Workers Compensation Premium rates

As of January 2008, average premium rates for employers in the voluntary market receive a decrease in rates of about 4.9 percent and employers in the assigned risk pool received an average decrease of about 11.1 percent. Self-insurers, groups and pools saw worker's compensation expenditures decrease.

NM Workers' Comp. Quarterly Bulletin is published quarterly.

Glenn R. Smith, Director

Mark Llewellyn, Managing Editor

Diana Sandoval, Editor/Designer

The Bulletin is published in January, April, July and October by the Economic Research Bureau of the New Mexico Workers' Compensation Administration. The Bulletin is available free of charge. Send changes of address and requests to receive the Bulletin to the Economic Research Bureau, New Mexico Workers' Compensation Administration, PO Box 27198, Albuquerque, NM 87125-7198; or by e-mail at research@state.nm.us. Suggestions for articles are welcome; call Diana Sandoval at (505) 841-6052.

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Recent issues of the Quarterly Bulletin can be viewed on Internet... <http://worker-scomp.state.nm.us/research/index.php>.

The Advisory Council on Workers' Compensation and Occupational Disease Disablement is a task force created by statute, comprised of six members, three representing workers and three representing employers. The primary role of the Council is to advise the governor and legislature on the status of the worker's compensation system in New Mexico. The Advisory Council meets several times a year on an irregular schedule. Scheduled meetings of the Council are announced on a special telephone number, (505) 841-6011, and on the WCA Web site, <http://workerscomp.state.nm.us/council/index.php>.

Another notable accomplishment for 2008 was the WCA Opening of 'Green' Building in Las Vegas, New Mexico.

A showcase for the state of New Mexico! That's how several state legislators and government leaders described the New Mexico Worker's Compensation Administration's newest office building in Las Vegas. The 6,993-square-foot, \$2.2 million building is the first eco-friendly building of its size and first to be built following strict standards for energy efficiency detailed in Gov. Bill Richardson's Executive Order 2006-001 for new construction of state buildings – they're to be 50 percent more energy efficient than existing state buildings of comparable size.

"We are so pleased that the agency has been provided this state-of-the-art facility in which to dispense to the citizens of northern New Mexico all of the services that the Workers' Compensation Administration makes available to address the needs of injured workers and the business community," said WCA Director Glenn R. Smith.

The building, designed by Albuquerque firm Wilson & Company, Inc., Engineers and Architects, includes some passive solar concepts like heat retaining walls and south-facing windows to maximize heat from the winter sun. Other energy-efficient and cost saving features include extra insulation in the envelope of the building and recycled materials used in the carpet and ceiling tiles, according to Howard M. Kaplan, architect and operations manager with the Wilson firm. "Studies show that people work better in well-lit areas and we incorporated a lot of natural light," he said, which will also cut down on the need for artificial light indoors.

The Las Vegas staff is elated to have such spectacular new quarters to which they report every day. Om-budsman Shannon Aragon said that to go from their old building, which had only three offices, to the new spacious building has been a big adjustment, but one they've happily made. Compliance Officer Christine Lucero appreciated the involvement the staff was given in selecting colors and furniture, as it gave them more of a sense of pride and ownership. The building is quite literally "green," with some interior walls painted a soft shade of green, which is thought by some interior decorators to promote a peaceful atmosphere.

Ground was broken on the building in April 2007 and the project was completed in July 2008, with the Las Vegas staff moving in immediately.

New Mexico is rapidly becoming a popular state for the filming industry.

The filming industry has chosen New Mexico to shoot many new films, movies, and TV series. The movie industry is also making strides in becoming green and not leaving carbon dioxide footprints. New Mexico has provided solar energy and bio-diesel among other alternative energy sources for this growing industry.

Studio executives agreed.

"The infrastructure within the studio is much more conducive to green guidelines, but once production goes on location it gets more difficult," said Shelley Billik, vice president of environmental initiatives for Time Warner Inc's Warner Bros, but added that studios were increasingly shooting in areas around New Mexico and in Vancouver due to their environmental advocacy.



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