1. **Purpose**
   The purpose of this policy is to establish an operational definition of Minimal Clinical Progress as it relates to clinical decision making in the course of patient management.

2. **Definition**
   “Minimal Clinical Progress” is the measurable outcome of a specific course of care or an intervention relative to a patient’s level of comfort and function to sufficiently justify additional care.

3. **Statement of Policy**
   
   3.1. It is Triad Healthcare, Inc.’s (Triad) position that it is up to the provider to choose the most appropriate outcomes assessment tools from which to assess comfort and function. Once this assessment is made by the provider, Triad’s position is that it is reasonable and valid for the provider to represent his/her patient’s status on a set of easily reported, standardized scales. Scales used by Triad to measure improvement in patient comfort and function are as follows:
      
      - Numeric Pain Severity Scale (ten unit scale)
      - Pain Radiation (three unit scale)
      - Functional Index/Restrictions of Daily Activity (ten unit scale)
      - Work Capacity Scale (three unit scale)
      - Patient Report of Improvement (ten unit scale).

   In the above scales, TRIAD considers a one unit improvement in a three unit scale or a three unit improvement in a ten unit scale a clinically meaningful change and representative of Minimum Clinical Progress.

   3.2. Minimal Clinical Progress as it relates to medically necessary care is determined on a case-by-case basis.

4. **References**
   
   4.1. The following scientific references were utilized in the formulation of this medical policy. Triad Healthcare, Inc. will continue to review clinical evidence surrounding the policy of minimal clinical progress and may modify this policy at a later date based upon the
evolution of the published clinical evidence. Should additional scientific studies become available and they are not included in the list, please forward the reference(s) to Triad Healthcare, Inc. so the information can be reviewed by the Academic Advisory Committee (AAC) and the Medical Quality Improvement Committee (MQIC) to determine if a modification of the policy is in order.


• Carreon LY, Glassman SD, Howard J. Fusion and nonsurgical treatment for symptomatic lumbar degenerative disease: a systematic review of Oswestry Disability Index and MOS Short Form-36 outcomes. *Spine J* 2007 Nov 21


• Copay AG, Glassman SD, Subach BR, Berven S, Schuler TC, Carreon LY. The minimum clinically important difference in lumbar spine surgery patients: a choice of methods using the Oswestry Disability Index, Medical Outcomes Study questionnaire Short Form 36, and Pain Scales. *Spine J* 2008 Jan 15.

• Copay AG, Subach BR, Glassman SD, Polly DW, Schuler TC. Understanding the minimum clinically important difference: a review of concepts and methods. *Spine J* 2007 Apr 2.


• Ghogawala Z, Benzel EC, Amin-Hanjani S, Barker FG, Harrington JF, Magge SN, Strugar J, Coumans JV, Borges LF. Prospective outcomes evaluation after


• Nyiendo J, Haas M, Goldberg B, Lloyd C. A descriptive study of medical and chiropractic patients with chronic low back pain and sciatica: management by physicians (practice activities) and patients (self-management). *J Manipulative Physiol Ther.* 2001 Nov-Dec;24(9):543-51.


• Rejas J, Pardo A, Ruiz MA. Standard error of measurement as a valid alternative to minimally important difference for evaluating the magnitude of changes in patient-reported outcomes measures. *J Clin Epidemiol* 2008 Apr; 61(4):350-6.


4.2. Related Triad Medical Policies:

- **TMMP 18 – Medical Necessity**

5. Attachments

5.1. *Provider Manual*

### Table of Revisions

<table>
<thead>
<tr>
<th>Revision Date</th>
<th>Modified By</th>
<th>Description</th>
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<tbody>
<tr>
<td>03/18/2010</td>
<td>Level 1, 2, 3</td>
<td>Annual review. Text below Table of Revisions added. No changes made to policy text.</td>
</tr>
<tr>
<td>02/18/2009</td>
<td>Level 1, 2, 3</td>
<td>Annual review. Discussion section removed. Title changed from “TMMP 15 – Minimal Clinical Progress.” Definition added. Section 3.2 “Minimal Clinical Progress as it relates to medically necessary care is determined on a case-by-case basis” added. Sections 2.1, 2.2, and 2.3 removed. Section 2.5 modified and placed in last paragraph in Section 3.1</td>
</tr>
<tr>
<td>08/07/2008</td>
<td>Level 1, 2, 3</td>
<td>Policy review and reformatting for Triad Policy Library. References added.</td>
</tr>
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</table>

Triad’s Medical Policies are not recommendations for treatment and providers are expected to exercise their clinical judgment in providing the most appropriate care. Health care providers and patients should not rely on these Medical Policies in making health care decisions. These Medical Policies are guidelines and do not constitute an authorization, certification, explanation of benefits or guarantee of payment. Applications of Triad’s Medical Policies are determined by the enrollee’s benefit documents and contracts and as such individual benefits must be verified. Determinations of medical necessity apply only if the benefit exists and no contract exclusions are applicable. In the event of a conflict, a participant’s benefit plan document shall supersede the information contained in Triad’s Medical Policies.