

## Meeting minutes: Medical Services Review Board

Date: Oct. 16, 2025

Minutes prepared by: Katrina Namad

Location: Hybrid – Washington Room at the Department of Labor and Industry (DLI), 443 Lafayette Road N., St. Paul, MN, and via Webex

### Members present

Beth Baker (chair)  
Annie BeBault-Juntilla (remotely)  
Tammy Bredahl  
Russell Gelfman (vice-chair, remotely)  
Kerri Hoff (remotely)  
Ceil Jung – alternate  
Chris Kramer – alternate (remotely)  
Courtney Mitchell – alternate (remotely)  
Robin Saunders Ryan (remotely)  
Jessica Stimac, assistant commissioner  
Taiwo Lawal, DLI medical consultant

### Members absent

Elizabeth Alm  
Zachary Anderson – alternate  
Chad Griffith  
Lisa Hanselman  
Michael Head  
Arnes Huskic – alternate  
Matthew Monsein  
Maria Starchook-Moore  
Andrew Wilkins – alternate  
Deborah Zurcher – alternate

### DLI staff members present

Sharon Benkufsky  
April DelCastillo (remotely)  
Tom Garza  
Bretta Hines (remotely)  
Denise Holmes  
Alexis Johnson (remotely)  
Ethan Landy  
Heather Rixen  
Derek Rushlow (remotely)  
Nichole Sorenson  
Sandy Stoddard  
Salina Tekle  
Brian Zaidman  
Laura Zajac

### Visitors present

Bruce Alexander (University of Minnesota)  
Carla Ferrucci (remotely)

## Agenda items

1. **Call to order** – The meeting was called to order at 4:04 p.m. Roll call was done by Salina Tekle and a quorum was met.
2. **Approval of agenda and previous meeting minutes** – A motion to approve the July 17, 2025 minutes, along with the Oct. 16, 2025 agenda as presented, was made by Tammy Bredahl and seconded by Ceil Jung. A roll call vote was taken and the motion passed.
3. **DLI updates – Assistant Commissioner Jessica Stimac**
  - After 43 years, Special Compensation Fund Director Karen Kask-Meinke is retiring.
  - Several staff members recently presented at the Work Comp Forum.
  - DLI is collaborating with MWCIA to ensure the insurance verification site reflects zero estimated exposure policies and reported construction class codes in accordance with recent legislative requirements, effective Jan. 1, 2026. The updated feature will be available Jan. 1.
  - As noted on the agenda, elections will take place. Stimac expressed appreciation for the leadership provided during the past year by both Chair Dr. Beth Baker and Vice-Chair Dr. Russell Gelfman, and noted their efforts have contributed to a lot of really good work, particularly regarding treatment parameters.
4. **Post-traumatic stress disorder (PTSD) study – Dr. Bruce Alexander, University of Minnesota**
  - The Minnesota PTSD study examined the impact of workers' compensation on PTSD claims. Bruce Alexander presented the findings of the study, including: the impact of the legal requirements for work-related PTSD and comparisons to other states; trends and findings in PTSD claims data; and screening, treatment and diagnosis best practices. For the screening, treatment and diagnosis best practices, he highlighted that evidence supports covered treatments in Minnesota's treatment parameters, but that treatment is evolving and requires regular review and updates. He also noted that access to care is a challenge in this area.
  - The report also included stakeholder feedback highlighting systemic issues, such as high initial denial rates – especially among presumption occupations, poor communication, limited access to care and misalignment between claim timelines and clinical realities. Data analysis showed most denials were based on determinations of non-work-related stress, and return-to-work rates remained low. The study faced limitations, including inconsistent data, lack of longitudinal tracking and underreporting due to stigma. Recommendations from the report include improving data quality, expanding provider access, clarifying denial processes and regularly updating treatment standards to better support affected workers.
  - Discussion ensued focused on obtaining a diagnosis and the lack of longitudinal data. Specifically, Baker expressed concerns with access to qualified PTSD diagnosticians, particularly in rural areas. Expanding eligibility to include physicians trained in DSM-5 criteria could improve access, but she acknowledged legislative action may be required. Additional discussion focused on how obtaining a diagnosis remains a barrier in the claims process. Gelfman asked about gaps in longitudinal data, which led to discussion about how the claims process with denied claims limits the data insurers and the department receive.

Addressing these issues may require both legislative and structural changes to improve access, data quality and system transparency.

- Baker asked about the next steps. Stimac explained the next steps rest with the Workers' Compensation Advisory Council, which may act on, revise or disregard the report's recommendations – some of which, such as outreach and education, can be implemented by the Department of Labor and Industry without legislation. However, the Medical Services Review Board (MSRB) retains authority to review treatment parameters and may choose to revisit PTSD-related guidelines and look at current and emerging treatments. Ethan Landy confirmed MSRB can also share its position with the advisory council to inform policy.

#### **5. Elections – Baker and board**

- Voting members included Baker, Bredahl, Jung, Gelfman, Courtney Mitchell, and Robin Saunders Ryan. A quorum of six voting members was confirmed.
- Nominations were opened for chair and vice chair. Bredahl nominated both Baker for chair and Gelfman for vice chair. No additional nominations were presented. Landy noted no second is required for nominations. A roll call vote was conducted separately for each position. Baker and Gelfman were confirmed as chair and vice chair, respectively, for another year.

#### **6. Medical policy updates – Sharon Benkufsky, DLI Compliance, Records and Training**

- The medical policy team completed updates to the fee schedules as of Oct. 1; these have been posted. Several new CPT codes were added to 5221.4050 for physical medicine and rehabilitation procedure codes on the RVU tables:
  - 95992 – Canalith repositioning;
  - 97550 – Caregiving training, first 30 minutes;
  - 97551 – Caregiving training, each additional 15 minutes;
  - 97552 – Caregiving training, group;
  - 91919 – Unlisted code for communication with QRC; and
  - G0283 – Electrical stimulation (also added to 5221.4060, chiropractic procedure codes).
- Additionally, DLI has received increased inquiries regarding proper billing for electronic medical records. In response, the September edition of *COMPACT* included an FAQs section addressing billing procedures and Minnesota Statutes § 176.135, subdivision 7, which pertains to payments for electronic medical bills.

#### **7. Treatment parameters – Sharon Benkufsky, DLI Compliance, Records and Training**

- The board is reviewing proposed updates to therapeutic injection treatment parameters. Previously, the full board reviewed changes to injection parameters for low back pain, thoracic pain and neck pain; today, the focus is chronic pain management.
- Benkufsky explained the current draft pushes injured workers into chronic treatment after one year. Dr. Taiwo Lawal discussed looking at injections within one year, and then there were opinions about injections after 12 months and if there's an acute flare, and explained linking to maximum medical improvement may allow these factors to be considered. Discussion ensued and Bredahl questioned whether the proposed changes would limit cases with long-term injection use. She mentioned cases with injections 20 to 30 years down the line as a potential concern. Stimac mentioned there is a reasonableness and necessity requirement. There was general acknowledgment chronic treatment is

difficult in this area. Landy mentioned a goal was also to address what the focus should be after the first 12-month period – three to four injections – and what happens next. Stimac and Benkufsky both discussed that parameters are for the majority of cases and that there is always the option for a departure for a specific case. Gelfman reminded the board that treatment frequency is based on medical guidance and there is nothing in the literature at the moment that addresses when injections should be terminated. Baker explained that before the injections just stopped at a defined number, so these draft parameters change that.

- Concerns remain about the chronic section, particularly regarding long-term use, lack of objective criteria and inconsistent documentation of functional improvement. DLI staff members and the board members agreed to review the draft again at the January meeting and consider updates to the chronic language, in particular. Members were encouraged to review lines 409 through 413 and suggest changes that would improve clarity and confidence in the chronic framework.
- No vote has been taken; the draft remains under consideration for refinement and potential approval in January.
- Members were asked to submit feedback individually to Benkufsky to comply with open meeting laws. A clean version of the draft will be circulated for easier review.
- The goal is to finalize the full rule draft package and to reach consensus for a potential vote on the draft in January.

#### **8. Future agenda items – Baker and board**

- Earlier discussion noted injection parameters and PTSD treatment parameters as items for the January meeting.
- No additional future agenda items were brought to the table.

## **Adjournment**

- A motion to adjourn the meeting was made by Bredahl and seconded by Jung. A roll call vote was taken and the motion carried. The meeting was adjourned at 5:57 p.m.