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MY VIEW

Interventional pain care: a model for getting people back to work

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Employers around the country are beset by employee pain and resulting absenteeism. The result is billions of dollars in lost productivity and profits. Lost productivity — like time itself — is a nonrenewable resource.

Though sickness and acute injury are the most common sources of absenteeism, pain borne from chronic or lingering injuries needs professional involvement. Often, through pain management or interventional procedures, nagging injuries or pain can be remedied or reduced sufficiently to bring suffering employees to a more productive



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state.

Working with medical doctors and practitioners specially trained in the discipline, interventional pain care seeks to diagnose and treat pain at the source. Interventional pain management can reduce the duration and severity of pain, help employees return to life and work faster and enjoy an overall improved quality of life.

Take Helen S., a private duty nurse in Hialeah. She suffers from multiple sclerosis that created serious spasticity issues. After seeking help from interventional pain specialists, she was deemed an ideal candidate for an intrathecal pump that significantly reduced her pain and her spasticity. She took on a job as a part-time worker and has not missed work since.

Injuries, chronic pain and absenteeism impact more than the bottom line. From on-the-job injuries, like lifting, strains and slip-and-fall injuries, to the resulting drain on human capital and performance, organizations are in need of solutions. A patient

treated early often begins to experience expedient and lasting relief. Not only is the employee more comfortable, but he or she returns to work sooner. This increases organizational productivity and, equally as important, reduces the time of a worker's compensation claim.

There are a number of techniques that have proven outcomes where employees return to work more quickly and with better productivity. Among the many successful solutions are epidural steroid, trigger point and Botox injections; sympathetic plexus blocks; spinal cord stimulation; radiofrequency ablation, percutaneous intradiscal pro-

cedures; and implantable intrathecal drug delivery systems.

Interventional pain care and management is growing in favor, and its beneficiaries run the demographic gamut. Because many workers are putting off retirement into their late 60s and 70s and frequently suffer degenerative problems that might create or complicate injuries, interventional treatments deliver an ideal remedy, especially when performed in concert with physical or occupational therapy.

For example, Miami electrician Arthur W.'s arthritis in his back evolved from minor irritation at the early stages to very debilitating pain

months later, making him unable to work productively. The use of fluoroscopy-guided injections directly at the site of the origination of pain helped diagnose and alleviate his symptoms so dramatically, he was able to return to work full time.

The ability to help injured employees is critical. By providing them with a treatment and rehabilitation plan that will allow them to tackle the pain and return to work, absenteeism and lost productivity can be reduced.

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