

# Employee Benefit Plan Review

## ■ Special Report

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## Interventional Pain Care and Workers' Compensation: A Model for Getting People Back to Work

September was National Pain Awareness Month. But for many employers around the country, every month can be beset by employee pain and resulting absenteeism. The result is billions of dollars in lost productivity and profits.

Productivity lost, either through absenteeism or poorly performing employees who try to "work through" recurrent pain, places employers in a difficult situation. Lost productivity—like time itself—is a nonrenewable resource. No one wins when employees are unable to work.

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This includes employee benefits managers and the company's workers' compensation claims statistics. The higher the number and value of claims, the greater the drag on the company's fiscal performance.

Although 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 state.

### GETTING EMPLOYEES BACK TO WORK

For employers and company benefits managers, traditional illness often leads to "traditional" pain management. Whether that is sending the employee to his or her general

practitioner, or referring the employee to physical and occupational therapists, orthopedists, and chiropractors, remedies can include therapies designed years ago to treat the most common maladies. For many sufferers, relief is temporary, but the issues of pain and lost productivity continue.

Enter interventional pain care and management. Working with medical doctors and practitioners specially trained in the discipline, interventional pain care seeks to diagnose and treat pain at the source.

According to the American Society of Interventional Pain Physicians (ASIPP), "Interventional pain management is defined as the discipline of medicine devoted to the diagnosis and treatment of pain-related disorders, principally with the application of interventional techniques in managing subacute, chronic, persistent, and intractable pain, independently or in conjunction with other modalities of treatment." For patients suffering lingering or chronic pain, and employers hoping to get them back to work faster, 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.

Depending on the diagnosis, interventional pain physicians use a number of techniques and procedures that have proven outcomes by which 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 procedures; and
- Implantable intrathecal drug delivery systems.

### FROM DIAGNOSIS TO MANAGEMENT

Pain reduction or eradication is the desired outcome, but diagnosis plots the path to

potential recovery. Procedures like fluoroscopically guided injections using local anesthetic for some can provide both relief and diagnostic value. Fluoroscopy is an imaging technique that incorporates x-rays to produce real-time images of the internal anatomy. This diagnostic tool provides more accurate delivery of medication and important information to the physician on the origination of the pain, and thus the doctor can offer more effective treatment.

When necessary, diagnostics often work best when their findings are validated by other techniques. Yet, often the results from an MRI, x-ray, and even physical therapy or examination may indicate different locations as to the source of pain. This can be a chance for interventional techniques to shine, either confirming or disproving previous findings or diagnoses. What's more, in a healthcare climate that seeks to reduce unnecessary expenditures, like tests or procedures, such interventional techniques can reduce or eliminate ineffective, unnecessary, or even more invasive options, up to and including surgery.

The aforementioned scenarios, from injuries, chronic pain, and absenteeism, to the organization's pressing need to get workers healthy and back to work, affect 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.

The appropriate first call made by a human resources director or employee benefits manager is to the general practitioner or claims adjuster to document the mishap. Yet, if pain persists and lengthens an employee's out-of-work status, quite possibly exacerbating a deteriorating psychological status, resolution may be difficult to achieve.

The advice and services of an interventional pain management poorly designed ergonomics in the workplace can result in significant pain and absenteeism. About one in three (34 percent) of all work missed stems from ergonomic-related issues, according to the US Bureau of Labor Statistics.

specialist *are* beneficial and can often be even more effective when combined with physical therapy or other home programs. A patient treated early often begins to experience expedient and lasting relief. Not only is the employee more comfortable, he or she returns to work sooner. This increases organizational productivity and, equally as important, reduces the time of a workers' compensation claim.


Not all remedies are permanent. Some patients are "cured" of their pain, while some experience future recurrences. Still, if pain returns in the future, the intervention that reduced or temporarily eliminated pain initially could be the first and best chance at future success. Again, this can reduce work interruption. Moreover, if pain becomes cyclical or recurring, interventional pain care can be scheduled.

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Interventional pain care and management is growing in favor and its beneficiaries run the demographic gamut. Depending on the injury or source of lingering pain, employees from Millennials to Baby Boomers approaching retirements are ideal candidates for many procedures. This is especially important as many workers are putting off retirement into their late 60s and 70s. As those older patients more frequently suffer degenerative problems that may create or complicate injuries, interventional treatments deliver an ideal remedy, especially when performed in concert with physical or occupational therapy.

For those employee benefits managers who know how to help employees tackle pain and return to work, absenteeism and lost productivity can be reduced and billions of dollars can be saved all year long. 

### WHEN TO ENGAGE THE INTERVENTIONAL PAIN CARE PHYSICIAN

The engagement of an interventional pain specialist presents a unique scenario. Benefit managers, human resource professionals, and case workers have become more aware of interventional pain care over time. Yet, the interventionalist's expertise could come into play weeks after patients have experienced a precipitating event, whether an accident, surgery, or some organic occurrence. It's not until the patient has endured some variety of lingering pain or discomfort that the specialist may be called in. In most situations, though, pain relief comes quickly postintervention and employees may return to work far sooner than with traditional pain care.

Who should get the referral? The American Board of Anesthesiology has a certification process for interventionalists, as well as an additional subspecialty certification in pain management. The American Board of Pain Medicine also certifies qualifying members. A Fellow of Interventional Pain Practice has earned certification by the World Institute of Pain, and the American Board of Interventional Pain Physicians has a certification process as well.

### COST OF HEALTH-RELATED ABSENTEEISM

The US economy loses upward of \$84 billion a year due to lost productivity stemming from health issues and missed work, according to a 2013 report from Gallup-Healthways. Issues include chronic health problems, like obesity, high cholesterol, and blood pressure, cancer, asthma, and depression. For many, lingering pain can affect the neck, back, and legs; the head, face and mouth; postsurgical, invasive treatments and posttraumatic injuries; muscles and bones; as well as chronic reflex sympathetic dystrophy or complex regional pain syndrome. Even issues like

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