Employee Benefit Plan Review

SEPTEMBER 2006

COLUMNS

FEATURE ARTICLES

SEPTEMBER 2006
VOLUME 61 ◆ NUMBER 3

FEATURE ARTICLES

COLUMNS

The Positive Impact of Interventional Pain Care on Worker's Compensation

IRA FOX

Business owners across the country note that the impact made on their bottom line due to injured employees has never been greater. Despite the dramatic effect that comes with changing regulations and compliance within the complex arena of employee benefits, the bigger issue is still loss of productivity. There is no easy way to make up for lost productivity when employees are unable to work. One factor that clearly influences the inability to work is recurrent pain.

Many—if not most—people are unable to work through pain. Employee benefits managers have long relied on traditional means of managing pain. The first line of reference is physical and occupational therapists, orthopedists and chiropractors. If these remedies work, mission accomplished. Sadly, for a substantial population, relief is temporary, and then pain persists despite therapy and surgery. Of late *interventional pain care* has become a referral of choice.

Interventional pain care, in short, is treating pain from its site of origin. It has numerous benefits. Fluoroscopically-guided injections1 using small quantities of a local anesthetic may provide remarkable relief—and equally important, valuable diagnostic information. Using this diagnostic tool, more effective treatment can be subsequently rendered. This may include anatomically specific medicinal injections as well as elimination of certain pain fibers. Non-surgical treatment of ailments including disk disruption is also possible.

MRIs, x-rays, and physical therapy may all indicate different locations as to the source of pain. Interventional techniques confirm or disprove previous diagnoses. Often this can eliminate unnecessary, ineffective, and more invasive options such as surgery.

THE EMPLOYEE—AND EMPLOYER—BENEFITS

Worker compensation claims come from all walks of life. On-the-job injuries cover a wide

WC CLAIMS DATABASE STATISTICS RESULTS

Disability Type: ALL
Cause of Accident: FALL OR SLIP INJURY
Nature of Accident: SPRAIN/STRAIN
Body Location: BACK

YEAR	TOTAL CASES	CASES W/ INDEM	TOTAL INDEM	AVG INDEM	CASES W/ MED	TOTAL MED	AVG MED	CASES W/ SETTLE
1996	1878	1608	$12,131,456	$7,544	1634	$13,965,954	$8,547	659
1997	1739	1484	$12,067,047	$8,131	1515	$12,681,340	$8,370	584
1998	1580	1272	$10,575,275	$8,313	1314	$12,106,719	$9,213	514
1999	1550	1328	$10,992,300	$8,277	1369	$12,908,583	$9,429	546
2000	1497	1217	$11,104,863	$9,124	1263	$13,215,318	$10,463	549
2001	1301	1061	$11,220,776	$10,575	1106	$14,941,490	$13,509	520
2002	1445	1190	$10,878,714	$9,141	1278	$14,677,797	$11,484	601
2003	1316	1088	$8,695,389	$7,992	1158	$11,363,555	$9,813	467
2004	1218	957	$5,622,357	$5,874	1029	$8,271,857	$8,038	344
2005	964	733	$3,091,626	$4,217	765	$4,431,429	$5,792	133
2006	305	22	$32,400	$1,472	23	$43,413	$1,887	0

Source: *http://www.fldfs.com/WCAPPS/Claims_Research/Stats_Search.asp*

gamut of possibilities, but among the more frequent claims are lifting and slip-and-fall injuries. Lifting injuries, for example, are a common cause of recurrent pain, where the strain on the neck or back is felt immediately, and consistently. Human resources directors and employee benefits managers are well aware of the most common causes of injuries and what influences loss of productivity the most in their place of business.

Persistence of pain is an added detriment that may lengthen an employee's out-of-work status. A patient's underlying psychological status may work against the resolution of pain over time. Once again, interventional pain management is beneficial, particularly when combined with physical therapy and instructions for a home stretching and strengthening program. If a patient is treated early and begins to feel relief, he or she can resume a normal life, which includes work. If the pain returns down the road, the patient knows that there is relief, and will seek it out. Work interruption is minimized. Interventional pain care can be scheduled just like any other doctor's appointment, and does not require a tremendous time commitment.

Although many doctors treating workers compensation claims may feel a strong responsibility toward younger patients whose productivity is often essential, the conventional wisdom on this has changed in the 21st century. Older patients, even senior citizens, now comprise a substantial portion of the workforce, particularly in warm climates such as Florida and Arizona. As such, claims from workers well into their 60s and 70s are not uncommon and in fact, older workers may be more susceptible to work-related injuries.

For older patients, degenerative problems often complicate the injury, but interventional treatment administered to the back, neck, shoulder, arms, and buttocks can be applied quickly, often with rapid relief. Interventional pain specialists employ numerous techniques and injections to provide immediate respites. Because patients are in less pain, they can undergo physical therapy more readily and take action against recurrence by maintaining their improved condition.

In addition, as mentioned above, interventional pain physicians have utilized the techniques of fluoroscopy. This wonderful diagnostic tool that gives insight not only into the origin of pain but the type of treatment necessary, and the progress achieved. Through a clinical series of treatment algorithms,[2] interventional pain physicians have proven success reducing the severity of pain, the length of time in pain, and sometimes, eliminating it altogether.

Adjustors and Benefit Manager Referrals

As benefit managers, human resource professionals, and case workers have become more aware of interventional pain care they refer patients sooner than in years past. With referrals coming only months—sometimes just weeks—after the injury, recovery time is dramatically reduced and employees head back to work far sooner than with traditional means.

The federal government has commenced with a program called the SHARE initiative—Safety, Health and Return to Employment, in collaboration with the Department of Labor's Office of Workers' Compensations Programs (OWCP) and Occupational Safety and Health Administration (OSHA).[3] With such emphasis on returning to work, public risk professionals must consider newer and better ways of returning workers to good health.

In a similar manner, the World Institute of Pain promotes the best practice of pain medicine throughout the world. According to Prithvi Raj, MD, who is Chairman Emeritus—Board of Examination, WIP—Section Pain Practice, "interventional techniques continue to grow and more physicians consider them in their daily practices." The goals of the group are many, but among them are:

- Educate and train personnel of member pain centers;

TOTAL SETTLE	AVG SETTLE	CASES W/ BENEFITS	TOTAL BENEFITS	AVG BENEFITS
$18,631,568	$28,272	1670	$44,728,979	$26,783
$17,765,015	$30,419	1548	$42,513,402	$27,463
$14,904,584	$28,997	1352	$37,586,578	$27,800
$16,557,365	$30,324	1403	$40,458,248	$28,836
$17,091,523	$31,132	1290	$41,411,705	$32,102
$17,376,671	$33,416	1133	$43,538,937	$38,428
$15,511,543	$25,809	1311	$41,068,054	$31,325
$9,960,574	$21,328	1194	$30,019,519	$25,141
$4,744,857	$13,793	1067	$18,639,071	$17,468
$1,444,964	$10,864	788	$8,968,019	$11,380
$0	$0	23	$75,813	$3,296

- Develop common protocols for efficacy and outcome studies; and
- Communicate administrative and patient related matters on a regular basis.[4]

The American Society of Interventional Pain Physicians[5] was founded in 1998. Its steady rise in membership is indicative of the needs for this type of treatment as well as its success. The organization has been instrumental in forming legislation and in March 2005, the Centers for Medicare and Medicaid mandated that Interventional Pain Management become the 34th medical specialty represented on state Carrier Advisory Committees, which make local decisions about Medicare coverage. This rise in interest in interventional pain care is not a momentary aberration—it will continue to grow. In fact, many physicians already note a rise in their workers' compensation claim patients—in both the number of referrals, and the quickness of the referral.

Because workers compensation claims comprise a substantial portion of new patients, this kind of focus is critical.

A Florida Example

The state of Florida tracks claims by injury. The chart provides an overview of claims and dollars spent on compensation claims for sprains and strains due to slip and fall over the past 10 years (current year is partial). It is a significant number and extrapolated nationwide, the associated costs are tremendous. By incorporating interventional pain care, anecdotal evidence has indicated that workers time off has been significantly reduced, sometimes one-third of what is otherwise expected.

Knowing the Reference

For risk managers and employee benefits analysts, referring to an interventional pain physician should be a knowledgeable choice. The doctor must be board certified by the American Board of Anesthesiology with an additional sub-specialty certification in pain management. Board certification by the American Board of Pain Medicine is noteworthy. FIPP (Fellow of Interventional Pain Practice) provides certification by the World Institute of Pain which includes a practical exam performing procedures on cadavers.

The risk manager should also have familiarity with the screening and follow up of patients. As the practice of interventional pain management continues to gain acceptance, those who practice it gain important experience. This means that patients are better served—and employers are better off. There is no substitute for experience.

Communication, success, and back to work figures are all important in the relationship between the workers' comp patient, the doctor, and the manager.

The Bureau of Labor Statistics compiles data, and in a recent report, the BLS information concluded that the percentage of work missed because of ergonomic related issues has remained constant, accounting for roughly 34 percent, while the overall number of injuries and illnesses has actually decreased. So while missed work for injuries may have lessened, poor ergonomics has remained steady, and is often a source for pain.[6]

Concern at missed employment days is real. Employee benefits managers must consider new and pioneering treatments to help workers get back to work.

Notes

1. Fluoroscopy is the production of an image in real time when x-rays strike a fluorescent screen. Interventional pain specialists use the fluoroscope as a guide to needle placement, assisting in the location of pain origination.
2. Treatment algorithms embrace a step-by-step protocol often with varying degrees of repetition for the resolution of health problems. Interventional pain techniques employ such algorithms for effective relief.
3. See www.dol-esa.gov/share.
4. See www.worldinstituteofpain.org.
5. See www.asipp.org.
6. See www.onlinelawyersource.com/workers_compensation/statistics.html.

Ira Fox, M.D., DABPM, FIPP, is the founder of Anesthesia Pain Care Consultants, Inc., based in Tamarac, Fla. Dr. Fox serves as an examiner for the FIPP certification exam.