Interventional Pain Care

Its positive impact on public risk and workers' compensation

By Ira Fox, M.D., DABPM, FIPP

The federal government has spent billions of dollars on medical issues and expenses related to workers' compensation. Individual businesses and corporations compelled to comply with regulations have also spent significant dollars. However, many business owners suggest that more impact is felt not by the dollars spent but by the productivity lost when employees can not return to work. One factor that seems to influence the inability to work is recurrent pain.

Common sense tells you that many people are unable to work through pain. Benefits managers have long relied on traditional means of managing pain and refer workers to physical and occupational therapists, orthopedists, and chiropractors. If these remedies work, all is well. But 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 has numerous benefits. By applying a medicinal injection, treatment attacks the pain at the site of origin and the relief is often immediate. In addition, treatment also doubles as a diagnostic tool. MRIs, X-rays and physical therapy may all indicate different locations as the source of pain. Interventional techniques confirm or prove wrong previous diagnoses. Often this can eliminate unnecessary, ineffective and more invasive options such as surgery.

Treatment for all populations

Worker compensation claims come from all walks of life. On the job injuries cover a wide 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,In cases such as these, the persistence of the pain is an added detriment. Patient psychology works against the resolution of the 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 doesn't require tremendous time commitment.

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Many doctors treating workers compensation claims will feel a strong responsibility toward to younger patients whose productivity is often essential. However older patients now comprise a substantial portion of the workforce, particularly in warm climates such as Florida. As such, claims from workers well into their 60s and 70s are not uncommon and in fact, older workers are 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. 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, interventional pain physicians have utilized the techniques of fluoroscopy which is a wonderful diagnostic tool that gives insight into the origin of pain and type of treatment necessary. Through a clinical series of treatment algorithms, 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) www.dol.esa.gov/share. 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.
- Develop common protocols for efficacy and outcome studies.
- Communicate administrative and patient related matters on a regular basis.

The American Society of Interventional Pain Physicians (www.asipp.org) only began 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.

The state of Florida tracks claims by injury. The attached chart provides an overview of claims and dollars spent on neck injuries workers' compensation claims. 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, referring to an interventional pain physician should be a knowledgeable choice. The doctor must be a board certified anesthesiologist, with additional training and certification in pain management. Board certification by the American Board of Pain Medicine is noteworthy. FIPP (Fellow of International 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.

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 many statistics and in a recent report, the BLS data concludes 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.

Thus, with continuing concern at missed employment days, public risk managers must look at new and pioneering treatments to help workers get back to work.

Source: (1)www.worldinstituteofpain.org (2)www.onlinelawyersource.com/workers_compensation/statistics.html

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WC Claims Database Statistics Results
State of Florida – Neck Injuries

YEAR	TOTAL CASES	CASES W/INDEM	TOTAL INDEM	AVG INDEM	CASES W/MED	TOTAL MED	AVG MED	CASES W/SET	TOTAL SET	AVG SET	CASES W/BEN	TOTAL BEN	AVG BEN
1990	744	652	$8,937,895	$13,708	647	$8,758,940	$13,537	186	$7,397,672	$39,772	673	$25,094,507	$37,287
1991	301	253	$4,297,863	$16,987	267	$6,260,539	$23,447	111	$4,223,192	$38,046	277	$14,781,593	$53,363
1992	422	337	$4,231,708	$12,556	355	$5,739,940	$16,168	166	$6,665,923	$40,156	379	$16,637,571	$43,898
1993	1203	1020	$10,289,399	$10,087	1050	$14,729,204	$14,027	360	$14,033,411	$38,981	1093	$39,052,015	$35,729
1994	1272	1093	$8,513,825	$7,789	1112	$12,319,879	$11,079	366	$11,731,403	$32,053	1151	$32,565,107	$28,292
1995	1119	952	$7,064,029	$7,420	974	$9,743,679	$10,003	326	$9,498,634	$29,136	1005	$26,306,343	$26,175
1996	1153	932	$7,689,413	$8,250	975	$10,451,890	$10,719	363	$9,987,457	$27,513	1012	$28,128,759	$27,795
1997	1116	913	$6,550,177	$7,174	944	$8,674,066	$9,188	351	$8,678,102	$24,723	988	$23,902,345	$24,192
1998	1100	887	$7,976,576	$8,992	932	$12,190,467	$13,079	325	$14,553,746	$44,780	960	$34,720,788	$36,167
1999	1147	962	$9,280,638	$9,647	988	$11,650,318	$11,791	387	$13,248,079	$34,232	1034	$34,179,034	$33,055
2000	1144	941	$8,709,151	$9,255	960	$11,032,309	$11,491	368	$10,672,048	$29,000	1009	$30,413,508	$30,142
2001	1118	901	$7,741,394	$8,592	946	$9,307,210	$9,838	377	$8,912,954	$23,641	988	$25,961,558	$26,276
2002	1085	833	$7,457,799	$8,952	911	$10,893,654	$11,957	359	$9,318,399	$25,956	955	$27,669,852	$28,973
2003	1167	961	$6,345,008	$6,602	1011	$9,252,161	$9,151	288	$4,962,918	$17,232	1052	$20,560,086	$19,543
2004	1076	760	$3,079,546	$4,052	783	$5,028,096	$6,421	108	$1,164,653	$10,783	819	$9,272,294	$11,321

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