Controversies in the Care of Worker's Spine Injuries:

WHY MOST DOCTORS FAIL WORKER'S COMPENSATION 101

Why doesn’t the treating doctor understand the needs of the case manager and adjuster??

—Can you help your doctors to do the right thing for injured workers?
With all that education,
WHY DON'T THEY GET IT?

Models of Patient Care
The Medical Model
versus
The Industrial Model

The Medical Model
Diagnosis and Treatment
Causation (if simple)
Psycho-social influences/
Secondary gain (only if very obvious)
The Medical Model: The Illness- Disease Paradigm

Any set of symptoms (e.g. illness) is caused by one of a limited number of possible anatomic or physiologic disturbances (e.g. disease) [Thomas Sydenham, late 1700’s]

The Industrial Model

- 1884 Germany: Bismarck and his railroads
- 1900 United States: the organized labor movement

Assumes Causation= Injury

The Industrial Model

- Diagnosis and Treatment
- Assumes Causation= Injury
- Psycho-social influences/ Secondary gain
- Permanent and Stationary status
- Impairment/ Disability
- Work Status
What Is Not Taught in Medical School

- Thinking Outside the Sydenham Paradigm
- Causation (unless simple)
- Psychological Influences
- Social Influences
- Impairment
- Disability

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Danger: Imposing the Medical Model on the Injury Model

If Simple Problem, Model OK
If Complex Problem, Model Fails

Back and Neck Pain in The Injured Worker

Universal - 80% Lifetime Incidence,
• Second most common health problem
• Part of Aging - "Grey Hair"

Unfortunate Historical Approach:
• Mixter and Barr - Herniated Disc = "Rupture"
• Annular "tears" on MRI

The Medical Definition of Spinal Injury: Sources of Spinal Pain

"Pain is subjective, does not necessarily correlate with objective findings, and cannot be quantified"
Unfortunately, when physicians cannot measure a patient’s pain, there is a tendency to focus on that which is measurable, even if that being measured is unrelated to the complaint.
The Care of the Spine Patient: Spinal Diagnosis: Traditional Training

- Determining the source of symptoms:
- Anatomy-Based Diagnosis:
  - Exam
  - Imaging Studies: X-ray, MRI, CT Scan
  - Provocative studies:
    - (Diagnostic Injections, Discogram)
  - EMG/NCV

Advanced Technology, Low Specificity:

- X-Ray
- MRI
- CT Scan
- Myelogram
- Discogram
- EMG (Low Sensitivity)
- Range Of Motion Measurements

The Medical Model of Spinal Pain

- The Science of Spinal Pain Is in Its Infancy!
- Leg Pain vs Back Pain
- Relies on Advanced Technology, Low Specificity
- Ignores Psychological and Social Influences
PAIN: Providers evaluating spinal-related pain:

- Orthopedists
- Neurologists
- Phys Med & Rehab
- Anesthesiologists
- Neurosurgeons
- Neurologists
- Addictionologists
- ER docs
- Family Practice

- Internists
- Physical therapists
- Chiropractors

PAIN: Providers with NO training in understanding the non-anatomic causes of pain:

- Orthopedists
- Neurologists
- Phys Med & Rehab
- Anesthesiologists
- Neurosurgeons
- Neurologists
- Addictionologists
- ER docs
- Family Practice

- Internists
- Physical therapists
- Chiropractors

Medical Model: Pain Diagnosis

- All training re pain is anatomy-based.
- Pain Diagnosis Model:
  - Based on Broken Bone:
  - Symptoms ➔ Focused Exam ➔ Tests
  - Diagnosis ➔ Treatment
  - Arm Hurts ➔ Look at and Examine Arm ➔
  - X-ray Arm ➔ Cast Arm

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Spine Institute of Arizona- Edward J. Dohring, MD
PAIN

- Pain is a symptom.
- Guide to looking for cause of pain.
- NO objective measure of pain (unlike temperature, lab studies of blood).

Tools to track patient’s perception of pain:
- VAS (Visual Analogue Scale), 0-10
- Pain Diagram
- Oswestry Disability Index

Pain Diagram/Visual Analogue Scale
Section 1: Pain Intensity

- I can tolerate the pain I have without having to use pain killers. [0 points]
- The pain is bad but I manage without taking pain killers. [1 point]
- Pain killers give complete relief from pain. [2 points]
- Pain killers give moderate relief from pain. [3 points]
- Pain killers give very little relief from pain. [4 points]
- Pain killers have no effect on the pain and I do not use them. [5 points]

Section 2: Personal Care

- I can look after myself normally without causing extra pain. [0 points]
- I can look after myself normally but it causes extra pain. [1 point]
- It is painful to look after myself and I am slow and careful. [2 points]
- I need some help but manage most of my personal care. [3 points]
- I need help every day in most aspects of self care. [4 points]
- I do not get dressed wash with difficulty and stay in bed. [5 points]

Section 3: Lifting

- 0% to 20% (minimal disability): Patients can cope with most activities of daily living.
- 21%-40% (moderate disability): Patients may experience more pain and problems with sitting, lifting and standing. Travel and social life are more difficult. Patients may be off work. Personal care, sleeping and sexual activity may not be grossly affected.
- 41%-60% (severe disability): Pain is a primary problem for these patients, but they may also be experiencing significant problems in travel, personal care, social life, sexual activity and sleep.
- 61%-80% (crippled): Back pain has an impact on all aspects of daily living and work.
- 81%-100%: These patients may be too ill to care for themselves. Close supervision or institutional care is required.
The Medical Definition of Spinal Injury: Sources of Spinal Pain

- The Science of Spinal Injury Is in Its Infancy!
- Leg Pain vs Back Pain
- High Technology, Low Specificity.
- Psychological and Social Influences.

The Pain Experience

- No training in why and how people express pain or complain of pain
- Pain expression affected by personality: influenced by genetics and culture and upbringing: "tough kid" vs. "crybaby"

Studies show that life experiences and stressors profoundly influence our experience of pain:

- Abuse as a Child, Divorce, Loss of Job
- Life Stressor scales:
  - Social Readjustment Rating Scale, Holmes & Rahe
Measurements Predicting Responses to Treatments for Pain:

- Waddell’s Tests
- MMPI - Minnesota Multi-Phasic Personality Inventory: Scales Hy, HS, D

Waddell’s Nonorganic Signs

- Regional signs: nonanatomic sensory abnormalities, nonphysiologic weakness
- Pain with simulated mechanical stresses
- Absence of pain with distraction
- Obvious overreaction
- Superficial tenderness
There is no medical distinction between those who cannot work and those who will not work because of chronic low back pain.

John Loeser, Univ. of Washington Pain Clinic

Much of the disability associated with back pain does not appear to be due to the pain itself, but rather due to the fear of pain.

-Gordon Waddell

Pain is not Disease!!

Aging is not an injury!!
Issues with Worker’s Claims:

- The Subjective Nature of Much Spinal Pain
- The Expanding Definition of Pain, = Injury
- Changing Social Expectations—
  - Less Pain Tolerance
- Physician Training— Treat Pain
  - Unfortunately, easier to do procedure (and more remunerative) than to spend time educating and changing behavior

The Path to Better Care of Worker’s Spine Injuries

- Research— Basic Science and Clinical Outcomes Studies
- Physician Training
- Attention to Psycho-Social Factors
- Communication and Data Sharing—
  - Physicians and Insurance Companies

Lumbar Disc Nomenclature

- Work Design
- Risk Assessment
- Task Analysis
- Problem Solving
- Framework

- The Work of the Lumbar Spine
  - Framework
  - Framework
  - Framework
  - Framework

- Lumbar Disc Nomenclature
  - Framework
  - Framework
  - Framework
  - Framework
Physician Training

- Sympathy & Gaining Trust of injured worker.
- Affirm Symptoms.
- Objective, Scientific Causation.
- Objective, Scientific Treatment.
- Proper referral for other treatment when procedures inappropriate.

PLATO:

- "No physician, insofar as he is a physician, considers his own good in what he prescribes, but rather the good of his patient; for the true physician is a ruler having the human body as subject, and is not a mere money maker."

Pain as a Fifth Vital Sign

- 1995 American Pain Society
- 1999 VA
- 2001 Joint Commission on Accreditation of Healthcare Organizations
- Soley addressing personal perceptions
- Focus on medications- opiate epidemic
- 700% increase in hosp admissions and deaths 2000-2010
Chronic opiate use does not decrease pain scores or increase function
Long term opiate use can actually increase pain perception- "new pain receptors"
Difficult to wean patients: significant resistance: "feel good" vs. pain control, fear of pain, "what else can we do?", addictive personalities
**Exciting New Study**

Brain characteristics predict pain response to injury

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**Helping your patients and doctors**

- Direct your patients to MDs who understand the complex factors in pain presentation.
- Multi-disciplinary group MDs are more aware of multi-variable reasons for pain.
- Insist on informative notes addressing worker's and adjuster's needs.
- Case Manager/ Adjuster Input
- Obtain an IME/ 2nd opinion when necessary.
Worker's Comp 101 - February 2000

Worker's Comp MDs
- Qualified by training: Boarded, experience & CME with worker’s compensation.
- A good listener and educator.
- A team player with a broad perspective: part of a multi-disciplinary group.
- Middle of the road, not too conservative or aggressive. (Avoids legal complexities)

Informative notes
- Beyond assessment and plan.
- Justify diagnosis, diagnostic work-up, treatment.
- Address causation.
- Address work status and return-to-work.
- At conclusion of care:
  - P&S, % PPI, Time-limited Supportive Care

Case Manager/ Adjuster Input: Tying it all together
- You may have the best knowledge of patient.
- Assist with patient personality assessment.
- Point out consistencies & inconsistencies in patient history & function.
- Remind the doctor of the scientific model.
- Bring in other team players.
Independent Medical Evaluations

1. If causation is a possible issue—early IME!
2. If too aggressive or too quickly surgical.
3. If care or off-work status is prolonged.
4. If care is stalled (no change in care, combined with no work or no closure).
5. Try to do prior to attorney involvement.

“The human being is composed of unstable parts, stabilized only by a healthy mind.”
—Spinoza, 1670

THANK YOU!!