

Volume 20

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FIRST QUARTER 2016 MEDICAL INITIATIVES

TAKING OUR PULSE

It seems appropriate, in this initial 2016 issue of the Medigram, to preview some of the medical initiatives that will be implemented, or enhanced, in the first quarter of the year. We are constantly identifying, and evaluating via outcomes analysis, new medical management products and programs that can contribute to improved quality and cost-effectiveness.

In addition to the topics discussed today, there are several others of interest, but we will keep you in suspense until our next issue.

JUST WHAT THE DOCTOR ORDERED

- **Cognitive Behavioral Therapy (CBT)** has been previously available as a resource for claimants who have difficulties coping with pain. This brief course of therapy has proven to be effective in supporting claimants' abilities to control their symptoms, diminishing their reliance on drugs (such as opioids), and avoiding a cycle of excessive interventional procedures, e.g. injections into the spine. The program will be enhanced through the process of "data-mining." Automated triggers are being programmed into Broadspire's systems which will identify emerging treatment patterns suggesting that a claimant may be heading into difficulties which warrant early intervention. This process is often referred to as "predictive modeling." This triage stage is followed by administration of the pain screening questionnaire (PSQ), a validated, reliable tool for assessing the level of a claimant's risk for developing chronic pain. High-risk individuals will then be offered CBT.
- **Electrodiagnostic Functional Assessment (EFA)** is a computer-assisted profile of musculoskeletal parameters collected from an array of wireless sensors positioned around the body at rest and during provocative motion. The test has been documented to be helpful in determining the presence (or absence), origin, age, and extent of soft tissue injury, particularly when complaints are purely subjective, and also points to appropriate therapy when applicable. Test results have been accepted as meeting evidence-based standards in many jurisdictions. The EFA may be applied purely in a post-incident manner, or, alternatively, baseline studies can be performed for employees in high-risk job categories, to be followed, if and when necessary, by a post-incident study for

comparison. Our clients will have an opportunity to consider whether, and how, the EFA may be helpful to them.

- **Radiology/Orthopedics Combined Peer Reviews.** A significant body of research, not to mention the experience of many in the industry, has confirmed that there is a substantial error rate in the interpretation of imaging tests, such as MRIs. And even if a particular finding is clearly evident in an image, it may not be responsible for a claimant's symptoms; may be chronic or incidental and unrelated; and may not be severe enough to warrant a proposed surgical procedure. The landscape is littered with "failed back syndromes", unfortunate individuals who remain symptomatic and unable to work despite one or more back surgeries. Our solution has been, once again, to develop a predictive model to identify claimants who have undergone imaging of the spine, shoulder or knee, yet have not fully recovered as anticipated. A joint review and discussion between our radiology and orthopedic consultants will be undertaken to critically assess the claimant's MRI findings, current clinical status, treatment plan, and functionality, and advise the claim adjuster and case manager on optimal strategies to pursue for successful resolution.
- **Official Disability Guidelines (ODG)** has been selected as our primary resource for evidence-based treatment guidelines and return-to-work durations, in lieu of the MDA/MDG. ODG offers a comprehensive suite of tools beyond treatment and RTW, including: a drug formulary, reserve calculator, and predictive duration calculator. It is available, as always, in the quick link drop-down on Broadspire's intranet. MDG will be phased out at the end of Q1 2016. ODG's durations reflect both "best practice" (optimal) clinical expectations, as well as "real-world" aggregate statistical durations drawn from 10M claims. The predictive calculator for any individual claim takes into account the established ICD diagnosis; age and state of residence of the claimant; his/her DOL job classification; presence of various comorbid medical conditions; risk factors (e.g. smoking and opioid use); and legal representation.

CIRCULATING IN THE PRESS

Cognitive-Behavioral Therapy for Individuals with Chronic Pain

“Over the past three decades, cognitive-behavioral therapy (CBT) has become a first-line psychosocial treatment for individuals with chronic pain. Evidence for efficacy in improving pain and pain-related problems across a wide spectrum of chronic pain syndromes has come from multiple randomized controlled trials. CBT has been tailored to, and found beneficial for, special populations with chronic pain including children and older adults. Innovations in CBT delivery formats (e.g., Web based, telephone-delivered) and treatments based on CBT principles that are delivered by health professionals other than psychologists show promise for chronic pain problems.”¹

Musculoskeletal disorders early diagnosis: A retrospective study in the occupational medicine setting

“Electrodiagnostic Functional Assessment (EFA) objectively evaluates injuries to muscles by incorporating surface electromyography (EMG) to measure myoelectrical signals of muscle groups recorded from up to 18 sensors placed on the skin surface while simultaneously assessing functional capacity at rest and during full range of motion. The evaluation is non-invasive and non-loading and

provides measurements in real time. Soft-tissue damage of ligaments, tendons, and muscles, commonly referred to as sprains and strains, has proven to be very difficult to accurately diagnose and assess and represents the highest incidence rate, lost days and medical costs in the workers compensation system.

EFA test results affected the course of treatment, improved clinical and functional outcomes, increased patient satisfaction, and decreased dispute litigation. In fact, 98 of the 100 cases resulted in return to maximum medical improvement with no ratable impairment and full release to active duty. Only two percent of the cases were challenged and 98% of the EFA control group returned to their pre-injury job. This paper is a case reference for 100 cases tracked over a three year time period and serves as an illustration of results utilizing a new diagnostic aid.”²

Imaging the back pain patient

“Imaging is an integral part of the clinical examination of the patient with back pain; it is, however, often used excessively and without consideration of the underlying literature. When conservative care fails, imaging may be undertaken with due consideration of its risks: labeling the patient as suffering from a degenerative disease, cost, radiation exposure, and provoking unwarranted minimally invasive or surgical intervention. Imaging can suggest the presence of discogenic pain, but the lack of a pathoanatomic gold standard obviates any definitive conclusions. The imaging natural history of disc herniation is resolution. There is very poor correlation between imaging findings of disc herniation and the clinical presentation or course. Only when an imaging finding is concordant with the patient’s pain pattern or neurologic deficit can causation be considered.”³

REFERENCES:

- 1) “Cognitive Behavioral Therapy for Individuals with Chronic Pain”, Dawn M. Ehde, American Psychologist, February-March 2014, Vol. 69, No. 2, 153-166
- 2) “Musculoskeletal disorders early diagnosis: A retrospective study in the occupational medicine setting”, Kulin and Reaston, Journal of Occupational Medicine and Toxicology 2011, 6:1, [Http://www.occup-med.com/content/6/1/1](http://www.occup-med.com/content/6/1/1)
- 3) “Imaging the back pain patient”, Maus T, Phys Med Rehabil Clin N Am, 2010 Nov, 21(4): 725-66, doi: 10.1016/j.pmr.2010.07.044.6) “Holiday Medical Hazards and Illnesses, Types and Causes”, <http://www.healthype.com/holiday-medical-hazards-and-illnesses-types-and-causes.html>