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Oh, My Aching Back!

TAKING OUR PULSE

Back pain is the most common reason for filing workers compensation claims in the United States. After the common cold, back pain is the second most common cause of sickness leave and accounts for about 40% of sick absences from work. The American Academy of Pain Medicine reports that back pain in workers 40 - 65 years of age costs employers an estimated \$7.4 billion per year with almost 72% of this cost due to workers with back pain exacerbations. It accounts for approximately 175.8 million days of restricted activity annually in the US. Medical costs have risen and questions by payers and patients about unnecessary treatment have become frequent. By some estimates, Americans are spending billions every year on unnecessary surgery and other medical care.

JUST WHAT THE DOCTOR ORDERED

Acute low back pain is usually self-limited and has no serious underlying pathology. For most individuals, reassurance, over-the-counter anti-inflammatory medication and advice to stay active are sufficient. Selected individuals with “red flag” findings (indicating a serious condition) require closer follow-up and in some cases urgent referral to a surgeon. Statistically, 95% of individuals recover within 12 weeks with 40% experiencing relapses within 6 months. Immediate imaging such as an X-ray or MRI is rarely indicated. Bed rest, massage therapy and opioid medications have not shown to be beneficial for treatment of acute back pain.

Persistent back pain, unresponsive to non-invasive treatment, often results in additional treatment. Invasive non-surgical treatments for back pain include lumbar epidural injections, selective nerve root blocks, lumbar facet injections, sacroiliac joint injections, trigger point injections, facet rhizotomy, medial nerve blocks and medial nerve ablation. Each of these options have specific clinical indications and frequency for repeated procedures. These

interventions may be considered for those claimants who have documented pathology (via imaging), clinical findings correlating with the imaging results and have failed conservative therapies such as physical therapy, anti-inflammatory medications, and a short course of muscle relaxants. Invasive treatment options are not recommended for claimants with soft tissue sprain/strain type injuries as these will typically resolve within 4-6 weeks with or without any treatment. Based on available literature, injection therapy for low back pain and sciatica has limited clinical value.

These interventions are intended to be components of an integrated approach to the management of pain, including exercise/physical therapy, patient education, and psychosocial support. Broadspire's Physician Advisory Criteria address the indications, contraindications, and frequency for repeated interventions for each of these specific treatments, e.g. our Physician Advisory Criteria on Epidural Steroid Injections.

When claimants continue to report pain complaints interfering with activities of daily living and work ability, surgery may be a consideration. Of interest is that numerous studies have demonstrated that lumbar disc herniations will subside over time in the majority of cases with non-surgical treatment and even those with compressive lesions are likely to experience spontaneous regression of their lesions and have a high rate of clinical improvement without surgery! Spine surgery procedures vary, from simple one-level laminectomy/discectomy to complex multi-level fusions and artificial disc replacements. All of these spinal procedures carry potential complications including, but not limited to, nerve root damage, infection, bleeding, persistent pain, sexual dysfunction, non-union and/or bleeding. Repeat surgical procedures are not uncommon. The literature suggests that the annual number of spinal fusions alone increased by more than 75% between 1996 and 2001. Several factors contribute to the rise in the number of spinal surgeries including an aging population, improved imaging procedures, technology advances in spinal fixation devices and refinements in surgical procedures. However, this increase may in part be driven by financial incentives that exist for device manufacturers and surgeons. A historical cohort study reported in *Spine*, 2011, specific to the workers compensation population, noted those individuals with lumbar fusion had a poor return to work (RTW) status 2 years after surgery, longer disability durations and more frequent use of daily opioids compared to the non-surgical control group. In addition, legal representation decreased the odds of the injured worker returning to work as did the use of opioids.

KEY TAKE AWAY POINTS

- Soft tissue sprain/strains typically resolve within a few weeks independent of any intervention, and even disc herniations tend to subside spontaneously.
- Conservative therapies should have been trialed and failed prior to invasive therapy.
- Invasive procedures for back pain, and surgical interventions, have unique clinical indications for the specific procedure and should be subject to Utilization Review.
- Reducing the number of unnecessary spinal surgery procedures is an important patient safety issue.
- Peer Review offers assessment of these spinal interventions, applying the latest medical research findings and standards of care in the determination process. Our Second

Opinion Imaging Study (S.I.S.) review program, can assist in determining the accuracy, severity and aging of an MRI study.

- Most individuals will continue to experience some residual pain and discomfort regardless of treatment rendered.

CIRCULATING IN THE PRESS

The Workers Compensation Research Institute's 2014 Annual Report and Research Review reported that workers with similar low back conditions received very different care, depending on the state. For disc cases, the differences were most notable in nerve testing, pain management injections, back surgery and physical medicine. In addition, X-rays and MRIs were used more often and earlier than recommended by evidence-based treatment guidelines, especially for cases with non-specific low back pain.

Workers Compensation Research Institute, Annual Report 2014, Interstate Variations in Medical Practice Patterns for Low Back Conditions

"Certainly there are more injections than actually should happen," said Dr. Gunnar Andersson, the chairman emeritus of orthopedic surgery at Rush University Medical Center in Chicago, who was not involved in the research. "It's sort of become the thing you do. You see this abnormality on the M.R.I. and the patient complains, and immediately, you send the patient for an epidural injection."

The New York Times, July 2, 2014 Common Back and Leg Pain treatment May Not Help Much, Study Says