

Workers Comp Can Be a Big Pain

There are few bigger problems for a transportation company than workers comp.

And there's no bigger problem for a workers comp plan than pain – it's literally a pain! Better management of pain would shave millions from the costs of comp plans – ART as well as traditional.

Assessing, diagnosing and treating pain has been the elusive goal of medical science as well as risk managers down through the years. The transportation company in question had the usual roster of hundreds of comp cases involving various injuries to extremities and other body parts, with pain most times the common element.

It's a rule of thumb that workers off the job on comp for more than two years won't be coming back. You may as well wave them off to Margaritaville. Well, this company had plenty of those.

It wasn't that nobody was paying attention. Their comp program included the best available medical providers, physical therapists and case managers. They even had the occasional surveillance experts trying to determine that the effort that caused pain on the job didn't have the same effect on the golf course. But nothing – in a statistical sense – worked.

Then we ran across a little startup company by a gang of Johns Hopkins trained doctors – curious how much credibility that conveys, isn't it? The docs had pooled their research to put together a program that could improve the accuracy of

assessing a patient's self-descriptions of pain, and then send that patient along to a better-informed diagnostic and treatment process. And the best part was convenience: the pain validation test could be taken on the Internet, in English or Spanish, in any of thousands of proctored settings.

The way we understood it, the scientifically constructed questionnaire would be near impossible to fool (they told us it would work at 85% accuracy or more). The way answers correlated to each other would illuminate the patient as (a) not actually in pain, (b) experiencing imaginary pain that still requires treatment – but different treatment, or (c) experiencing objective pain but, depending on the duration, may have been misdiagnosed and needs alternative treatment.

It also must be noted that the insurance industry has never proven cost effectiveness for any standard workers comp procedures including specialist evaluations, surveillance, functional capacity evaluations or others. There is no evidence that any of these are cost-effective. There is only "company policy."

Well, the pain validity approach sounded too good to be true (as those things usually are). So we decided to call the little company's bluff and loaded up a carton of 260 comp cases, and we didn't give them the easy ones. All were over six months old. We found that 48% were identified as sprains or strains, which is already suspicious or misdiagnosed because sprains/strains usually heal in 7-10 days.

The only really consistent element of these comp files was the continual increase in costs for both medical care and disability income. The oldest 15 cases carried a current average cost of \$248,925. Stunning!

Each of the claimants was scheduled to take the Pain Validity Test at a proctored examination site. Then, if appropriate, they were scheduled for the followup diagnostic and treatment protocols. The good news was that 30 people were able to get back to work immediately – there was nothing wrong with them except they had fallen through the cracks. Other cases were redirected to new diagnoses and treatment plans. In a large way, this company had stopped the bleeding.

The transportation company figured out that if the Pain Validity Test worked that well on old cases, it would begin sending all its claimants through the Independent Medical Evaluations (IME) system. It operates through several thousand health provider settings around the country, is easy to access and inexpensive at \$300 per individual.

The beauty of the system is not only to assess pain, but also to overcome the grim statistic that 40 to 71 percent of claimants with chronic pain problems are misdiagnosed at the beginning of the case and everything flowing from that point takes the wrong direction.

It's no secret that workers comp is the most inefficient, ineptly operated part of the health care system. That's because of its need to operate in an ambiguous state subject to the awkward cross currents of regulatory, legal, health and HR priorities.

If just one part of workers comp can be fixed, the results would reverberate throughout the system, and serve us all. I think getting a good start in each case with a scientific validation of the claimant's pain could be the part that gets fixed first. ■

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