

HOW TO INCREASE SURGEONS REVENUE BY USING ON-LINE EXPERT SYSTEM TOOLS FROM MCD*

(developed by former Johns Hopkins Hospital physicians)

www.MarylandClinicalDiagnostics.com

(*Maryland Clinical Diagnostics)

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Increase Income Using MCD Tests

- 1) 192% more interventional procedures, such as facet blocks, root blocks, peripheral nerve blocks and provocative discogram, as recommended by Treatment Algorithm- **BIG MONEY MAKER**
- 2) Increase surgery 50%-63%, as recommended by results of interventional procedures- **THIS IS THE REAL MONEY MAKER**
- 3) Reduce the amount of time evaluating a patient
- 4) Takes only 5 minutes of staff time-easy for them
- 5) Small revenue from administration of MCD tests
- 6) Get better insurance pre-authorization

Increase revenue 30% from current patients

- Convert current “non-surgical” patients into surgery 50%-63% of the time, & interventional testing 192% increase
- Use automated history taking with Internet based tests
- Computer format complies with Electronic Medical Records, and results go into chart.
- The tests take 5 minutes of staff time -makes their job easier
- In a group practice, the automated history taking eliminates inter-rater (between doctor) variability issues using the Diagnostic Paradigm
- Computer scoring gives consistent quality interpretation
- Treatment Algorithm indicates tests used by Johns Hopkins Hospital physicians.

Value of the MCD Tests to a Neurosurgeon or Orthopedic Surgeon

- Pain Validity Tests determines who needs a more thorough evaluation or who gets conservative care
- Diagnostic Paradigm provides automated history taking, asking all questions needed for diagnosis, generating a narrative summary of complaints, diagnosis and differential diagnosis, and Treatment Algorithm.
- Surgeon need only read results, do a physical and select proper tests from Treatment Algorithm, done at surgicenter.
- Evaluation time is 10 min. instead of 30-60 min.
- 50%-63% of patients now getting conservative care will need surgery, at the hospital or surgi-center, to improve.
- Average increased income from surgery -30% more a year
- Small passive income from MCD tests of \$75 per patient

Value of the MCD Tests to a Surgicenter

- Increased use of fixed cost assets, such as Operating Rooms (20%-30% increase in orthopedic or neurosurgical cases) from 50%-63% increase of ops*
- Increase use of radiology equipment, C-arms, procedure rooms (192% increase in interventional testing-facet blocks, root blocks, peripheral nerve blocks, provocative discogram)*
- Documented improved patient care -Evidence Based Medicine
- A Surgicenter can expect increase income of 30% a year***THESE ARE THE REAL MONEY MAKERS**

MCD Pain Validity Test

- Johns Hopkins Hospital doctors published 7 articles showing that 87%-94% of clients have a valid complaint of pain.
- On-line test in English and Spanish, is 32 questions, and 151 answers
- Predicts organic pathology with 95% accuracy, and absence of pathology with 85%-100% accuracy. Protects the doctor.
- Spots narcotic seeking patients.
- Results available in 5 min.

MCD Pain Diagnostic Test and Treatment Algorithm

- Johns Hopkins Hospital doctors published articles showing that sprains, strain, whiplash, need a more thorough evaluation
- On-line test in English and Spanish, is 72 questions, and 2008 answers. Results in 5 min.
- Diagnoses have 96% correlation with diagnoses of Johns Hopkins Hospital staff members
- 50%-63% increase in surgery
192% increase in interventional testing

Value of the Pain Validity Test

- Takes only 5 minutes of staff time to administer
- Can predict with 95% accuracy which patient will have abnormal medical tests, and need testing
- Justifies doctor's prescription of narcotics
- Generates \$25 of passive income using CPT code
- Documents need for further medical testing
- Can predict who will not have abnormal medical testing with 85%-100% accuracy. Protect the doctor.
- Spots the fakers, malingerers, and drug seekers
- Increases surgery rate 50%+ from existing patients

Value of the Pain Diagnostic Test

- Takes only 5 minutes of staff time to administer
- Increase number of evaluations a physician can see by reducing evaluation time
- Increases surgery rate 50%-63% from current patient population. (See Dr. Long's article)
- Treatment Algorithm recommends tests based on each diagnoses, based on Johns Hopkins protocol
- Increased interventional testing 192% (see Dr Das)
- Gives diagnoses with a 96% correlation with diagnoses of Johns Hopkins Hospital doctors
- Generates \$25 passive income using CPT code

Fusion for Occult Posttraumatic Cervical Facet Injury

Donlin M. Long, MD, PhD, † ‡ § R. F. Davis, MD,* † ‡ § William G. Speed, III, MD,* † ‡ §
and Nelson H. Hendler, MD, MS* † ‡ §*

In 70 sprain and strain patients with history of negative MRI and CT after neck injury, after the Diagnostic Paradigm was used, Johns Hopkins Hospital doctors recommended facet (zygapophyseal joint) blocks, root blocks and provocative discograms, for 95% of them. After testing, 44 had well indicated surgery (63%). Good relief was obtained in 93% of patients. Lead author was chairman of neurosurgery.

Abstract: Persisting neck pain and headache is a common complication of acceleration/deceleration injury. Seventy patients with normal imaging studies and persisting pain after injury (median 1.7 y), who had failed all usual conservative forms of care were offered a diagnostic block protocol to determine the origins of the persisting pain. Blocks included C-2-3 roots bilaterally; C-2-3-4 zygapophyseal joints, and provocative discography at C-3-4, 4-5, 5-6, 6-7. Seventy patients entered the study; 67 completed the block protocol. On the basis of response to blocks, 44 patients were chosen for posterior cervical fusion of C-1, 2, 3, 4 in several combinations. Seventy-nine percent of patients achieved complete pain relief; 14% received satisfactory pain relief; fusion was achieved in 95%. These data support the hypothesis of Bogduk and associates that upper cervical facet injury is a common consequence of acceleration/deceleration accidents. The symptoms can be relieved by upper cervical fusion in some patients selected by concordant blocks.

Key Words: facet injury, fusion, whiplash injury, neck pain, headache, pain relief

(Neurosurg Q 2006;16:129-134)

-----Original Message-----

From: Dr. Gautam Das MD, FIPP <gdas2310@gmail.com>

To: Dr. Nelson <DrNelson@MarylandClinicalDiagnostics.com>

Sent: Sun, Sep 10, 2017 8:12 am

Subject: Request for an Article at Jorapain

Dear Dr. Nelson,

Your lectures at the ICRAPAIN conference in Kolkata were excellent. From the 550 physicians from around the world who attended, you received the highest rankings for your lectures. I am so pleased that you incorporated this lecture material in your new book. This will be very valuable to any physician. May we publish your lecture in Journal on Recent Advances in Pain, where I am editor in chief?

We have found that The Diagnostic Paradigm from www.MarylandClinicalDiagnostics.com has provided excellent medical information. **This test has allowed us to increase the number of interventional procedures we do by 192% compared to our previous levels,** with increased benefits to patients. Thank you for introducing this program to us.

I look forward to receiving your permission to publish your lecture.

Regards,

Dr. Gautam Das MD, FIPP

Editor-in-Chief: Journal on Recent Advances in Pain

Director: Daradia-The Pain Clinic

Course Director: Aesculap Academy Pain Management courses

Author of books: 'Clinical Methods in Pain Medicine-2nd Ed'; 'How to start & run a pain clinic'; 'Basics of Pain Management' & 'Common pain management procedures'

Ex-Chairman: World Institute of Pain- India, Iran, Pakistan & Sri Lanka section

Improving the Diagnostic Process

- Describing pain is a subjective process
- Most patients focus on severity of pain, which has no diagnostic value
- Most patients cannot describe the location of pain, or what makes it better or worse
- Patients can't tell the doctor many of their symptoms. Average evaluation time is 11 minutes.
- Patients take a lot of time describing their symptoms
- The Diagnostic Paradigm speeds the evaluation process, and asks 72 questions, with 2008 possible answers, so patients don't overlook any of their symptoms. Takes patient 35-60 minutes to complete.

Types of Tests Used for Validating Pain and What They Measure

- **Anatomical Tests:** MRI, CT, static X-ray, discogram, myelogram all miss pathology 56%-78% of the time – **a picture.**
- **Physiological Tests:** Flex-Ex. X-rays, bone scan, nerve blocks, root blocks, facet blocks, peripheral nerve block, rotational 3D-CT, provocative discogram, gallium scan, Indium 111 scan, phentolamine test, EMG/NCV, neurometers, 2 poster brace, body jacket with thigh spika- **a response.**

Background of Test Developers, and Authors

- Donlin Long, MD, Ph.D. former chairman of neurosurgery Johns Hopkins Hospital, founder and Director of the Pain Clinic, Johns Hopkins Hospital, professor of neurosurgery, Johns Hopkins University School of Medicine
- James Campbell, MD –professor of neurosurgery, Johns Hopkins University School of Medicine, past president, American Pain Society
- Reginald Davis, MD – former chief resident in neurosurgery, Johns Hopkins Hospital, assistant professor of neurosurgery, Johns Hopkins University School of Medicine, former chief of neurosurgery, Greater Baltimore Medical Center, Laser Spine Institute
- Nelson Hendler, MD, MS, former assistant professor of neurosurgery-Johns Hopkins University School of Medicine, past president, American Academy of Pain Management
- John Rybock, MD, assistant professor of neurosurgery Johns Hopkins University School of Medicine, assistant dean for academic affairs, Johns Hopkins University School of Medicine.

Proposal for Orthopedic and Neurosurgeons

- Record income from surgery, and interventional testing (facet blocks, root blocks, nerve blocks, provocative discograms) for 120 days **before** test
- Implement MCD tests in practice for 120 days.
- Have staff get MCD tests on all patients
- Follow recommendations of Treatment Algorithm
- Record income from surgery, interventional testing (facet blocks, root blocks, nerve blocks, provocative discograms) and tests for 120 days **after** test use
- Compare and contrast change in income before and after use of MCD tests

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Reginald J. Davis, M.D., F.A.A.N.S., F.A.C.S.

Director of Neurosciences, Greater Baltimore Medical Center
Chief of Neurosurgery, Greater Baltimore Medical Center
Assistant Professor of Neurosurgery, Johns Hopkins University
Clinical Instructor of Neurosurgery, University of Maryland

Dear Colleague:

As a neurosurgeon, one of the problems I often confront is obtaining an accurate history from patients who have trouble expressing themselves, or have multiple problems requiring extensive history taking. To address this problem, physicians, who were staff members at Johns Hopkins Hospital, conducted research, in which I participated, which led to the development of the Diagnostic Paradigm. ([copy](#) attached). This questionnaire is now available over the Internet in English and Spanish, in a self-administered form. Your medical assistant or secretary can administer to a patient in five minutes. This questionnaire provides a narrative summary, and diagnoses with a 96% correlation with diagnoses rendered by staff members of Johns Hopkins Hospital.

If you want more information, contact Nelson Hendler, MD, MS, at DocNelse@aol.com

Respectfully,

Reginald J. Davis, MD, FAANS, FACS

Donlin M. Long, M.D.

Donlin M. Long, M.D.
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Dear Colleagues:

As a neurosurgeon with a long standing interest in both acute and chronic pain, one of the major problems which I confront is to determine when a patient has a probably valid complaint of pain and when they may be exaggerating complaints for a variety of other reasons. Having validated testing to help make that differentiation has been a goal of the Johns Hopkins Pain Treatment Center since it was founded. I, with a number of other members of the Department of Neurosurgery and Pain Treatment Center participated in research to establish a valid measure for estimating low back pain and treatment effects upon it, these included the Hendler Back Pain Test, which subsequently became the Mensana Clinic Back Pain Test and a questionnaire utilized to predict organic pathology in chronic back and neck pain. One of the most important of these tools predicts the likelihood of a physical cause being found for complaints of chronic back, neck and radicular pain. These have culminated in a Pain Validity Test, which is now available over the internet in both English and Spanish. It is a self-administered form, which can be completed by a patient in about five minutes. The test predicts with statistically valid accuracy which patients are likely to have at least one objective medical test, which validates the origins of the pain. I append relevant references. Further information is available through one of the physicians who was responsible for much of this research. Dr. Nelson Hendler, M.D., M.S., is available at DocNelse@aol.com. I personally find these tests clinically useful and employ them regularly in my practice. I have no financial interests in any of them. If I can provide any further information, do not hesitate to contact me at the appended email address.

Yours Sincerely,



Donlin M. Long, M.D., Ph.D.
Distinguished Service Professor Emeritus
The Johns Hopkins School of Medicine

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Nelson Hendler, MD, MS
117 Willis St.
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July 30, 2014

Dear Nelson:

When I was the managing editor of US News & World Report, I was struck by severe pain in both of my legs. The pain was so serious that I could barely walk. I saw my orthopaedist, who made a diagnosis, but I wanted a second opinion. I took your diagnostic test for chronic pain over the Internet and I was struck by how precisely it diagnosed the cause of my pain, S-1 radiculopathy. Your diagnostic test precisely matched the diagnosis done by my doctor after x-rays and MRI exams, which I found quite amazing.

You then referred me to a spine surgeon, Dr. Reginald Davis, of Baltimore. He performed surgery to correct my spinal stenosis. The problem was solved and my pain disappeared. I cannot tell you how appreciative I am of your test and for your surgeon recommendation.

I would recommend your Internet diagnostic test to anyone who has a chronic pain problem.

Sincerely,



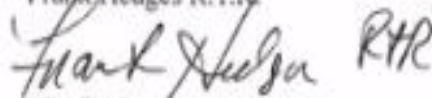
Peter Cary
Former Managing Editor
US News & World Report.

Frank Hedges
6216 Shelly Dr
Ocean Springs, Ms 39564

Dr Hendler,

After taking the Diagnostic Paradigm and Treatment Algorithm, I felt greatly compelled to share my thoughts and amazement! I have been in the medical field for 29 years, with 23 of it in Hospital Management. I have also had 3 neck surgeries and need a lower back surgery. When I discovered the test, I was sure it was a scam and challenged it with great skepticism. The test took me about 30-40 minutes to complete and received my results back in 5 or 10 minutes. The first thing that impressed me was how detailed the questions were. When I looked online for my results, I simply was amazed! This test told me in 5 minutes what took me 4 years of surgeries, CT's, X-Rays, MRI's, and 5 physicians to find out!! It also offered treatments I didn't get, that I wished I would have. My first thought was " This could be to the medical field what Microsoft is to computers!!" My skepticism was changed to respect and truly believe there is no reason why this won't be used world wide to treat pain. I wish this would have been in my surgeon's hand when I went to see him for the first time. Things could have been much, much better for me!

Frank Hedges R.T.R

A handwritten signature in black ink that reads "Frank Hedges" followed by the initials "RTR". The signature is written in a cursive style.

12-17-15

LAW OFFICES OF NEJAT KOHAN
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Phone (760) 325-3700, Fax (760) 325-3702

November 29, 2012

Maryland Clinical Diagnostics - California office
2145 East Tahquitz Canyon Way, Suite 4
Palm Springs, California, 92262

RE: Endorsement of the use of Pain Validity Test

Dear Sirs/Madams:

I have used the tests from www.MarylandClinicalDiagnostics.com on a client, and I was most impressed with the results. Not only did the Pain Validity Test predicts that my client had real organic pathology, which was confirmed by objective medical tests, but the Diagnostic Paradigm provided comprehensive diagnoses, with which my client who is also a Doctor, agreed.

Moreover, it provided additional diagnoses, which the treating doctor had overlooked, and later included in his diagnostic consideration.

Finally, the Treatment Algorithm recommended tests, which had not been considered by the treating doctor, which would objectively confirm additional pathology, greatly helped his results. Both my client and I were pleased with the outcome.

I would endorse the use of these tests by other attorneys for their clients.

Sincerely,


Nejat Kohan, Esq.

Contact Information

- You must first register to use the tests. Please contact Nelson Hendler, MD, MS* or use www.MarylandClinicalDiagnostics.com
- Register on-line, or write DocNelse@aol.com*
- Mensana Clinic Diagnostics Building
- 117 Willis St. – suite 301
Cambridge, Maryland, 21613 or *email
- Call-443-277-0306 or email DocNelse@aol.com
- 24 hour help line: 443-277-0306