

STI Claims at High Risk for Prolonged Disability

Research over the past 10 years has increasingly found psychosocial factors to be more important than biomedical factors in predicting who develops chronic pain and prolonged pain disability. WorkSafe NB uses the Pain and Activity (P&A) Questionnaire to flag claimants at risk for prolonged pain disability. 16% of soft tissue injury (STI) claimants off work at 4 weeks have a P&A score > 139. Over the long-term, these claimants represent 64% of the 20% of claims that account for 82% of STI claim costs. 60% of prescriptions were for opioids in claimants with a P&A score > 139 (predominantly psychosocial pain generator) compared to 30% in claimants with a score < 99 (predominantly biological pain generator). Recent research literature suggests that patients with high opioid use have poorer rehab, poorer return to work and poorer health outcomes.

In March 2009, WorkSafeNB successfully completed a 1-year pilot to reduce the percentage of these claimants who remained on benefits at 26 weeks from accident or recurrence. The literature indicates that claimants at risk for prolonged pain disability need some form of cognitive-behavioural therapy (CBT) in addition to functional restoration rehabilitation. Patients at very high risk (e.g., P&A > 147) need a more comprehensive program of CBT + functional restoration rehabilitation than those at high risk (e.g., P&A 140-147).

WorkSafeNB claimants at low (P&A < 99) and medium (P&A 99-139) risk remained in the traditional Continuum of Care caremap. Claimants at high risk received a case management CBT intervention in addition to active primary physiotherapy rehab or work conditioning. Compared to past experience, 40% fewer claimants were on benefits at 26 weeks, and 50% more were working. On average, post-intervention scores dropped from high to medium risk. Claimants at very high risk were generally referred to a multidisciplinary functional rehab program with CBT and work simulation. Compared with past experience, 30% fewer were on benefits at 26 weeks, and 20% more were working. On average, post-intervention scores dropped from very high to high risk.

Based on these results, WorkSafeNB has rolled out the use of the P&A Questionnaire at 4 weeks to stratify claimant risk for prolonged pain disability. The P&A score is then used to tentatively assign a claimant to a risk-based caremap. Each claimant with a score > 139 is assessed by the case manager to confirm that the claimant is in the appropriate caremap. If not, the case manager reassigns the claimant. For example, a claimant with a P&A > 147 is assigned to the multidisciplinary caremap. But on assessment, the case manager is able to address sufficient barriers to early recovery that the claimant's risk for prolonged disability is significantly reduced. The referral to the multidisciplinary program is cancelled and the claimant remains in local primary physiotherapy or work conditioning.

Douglas Margison, BSc, MD, CCFP(C), MBA, FCBOM