

The Physiatrist's Role in Workers' Compensation

Physiatrists play an important role in the workers' compensation system. Physiatrists partner with authorized treating physicians (ATPs) to co-manage the care of injured workers and help them recover and engage in productive activity as soon as medically reasonable. Referrals to physiatrists, who assist with pain management, usually happen when injuries are more complex or difficult to manage. However, physiatrists should always follow the evidence, and their primary focus should be on restoring function, minimizing overtreatment and preventing medicalization (patient overreliance on the medical system). Physiatrists should maintain a holistic perspective and not simply focus on individual body parts. Ultimately, the physiatrist can serve as a smart, thoughtful ATP colleague.

Co-managing Care

- Co-manage an injured worker's care after receiving the referral, but do not take over care from the ATP. The ATP, not the physiatrist, should make the final decisions about return to work (RTW), maximum medical improvement (MMI) and care plans.
- Keep the ATP in the loop. Document thoroughly and avoid excessive cutting and pasting. Share clinical notes timely with the ATP and call the ATP when appropriate.
- Educate patients that complete pain relief may not be possible and is not the goal of treatment. Instead, treatment will focus on improved function and RTW as soon as medically appropriate.
- Set realistic goals of therapy with the injured worker. Unreasonable expectations will delay recovery.
- Help the ATP manage care as conservatively as possible. Escalate interventions only when it makes sense and when Division of Workers' Compensation (DOWC) Medical Treatment Guidelines (MTGs) criteria are met.
- Do not delay MMI unreasonably. If functional improvement has plateaued and persistent pain would benefit from ongoing treatment, consider including this as maintenance care for a defined period. Don't keep the claim open simply for ongoing pain.

Pain Management

- The MTGs should guide pain management, especially Exhibit 9, Chronic Pain Disorder, and Exhibit 7, Chronic Regional Pain Syndrome/Reflex Sympathetic Dystrophy.
- Be exceedingly judicious in the use of opioids.

Treatment

- Do not overtreat. Use one modality at a time and transition to another only after a reasonable trial fails as supported by *objective* assessments of functional status.*
- Keep in mind that active therapy is much more beneficial than passive therapy for promoting recovery.
- Follow the MTGs when using physical therapy, chiropractic, massage and acupuncture. A medical provider should initially prescribe six sessions of physical therapy, massage or acupuncture. An additional six sessions would only be prescribed based on *objective*, documented improvement in function* with additional *meaningful* improvement likely.

- Understand the MTGs and requirements for prior authorization for all potential types of interventions under consideration. For example, MTGs do not support stem cells, viscosupplementation, PRP injections or spinal cord stimulators and require prior authorization or must meet strict criteria. Payment is likely to be denied if you do not obtain prior authorization and practice outside the MTGs.
- One or two trials of ESI might be appropriate for short-term pain relief to help an injured worker complete physical therapy, but there is no evidence ESI confers a long-term benefit. Adequate functional and pain responses after each ESI must be formally demonstrated and documented before subsequent ESIs are considered. Moving from ESIs to other kinds of injections (e.g., SI joints) is not supported; confirm a single, appropriate diagnosis up front.
- Be mindful of the evidence and criteria required to proceed with lumbar fusion.
- Chronic Regional Pain Syndrome (CRPS) is over-diagnosed in the Colorado workers' compensation system. The MTGs establish very strict criteria for this diagnosis.**

Psychosocial

- Psychosocial evaluations and treatment are vastly underutilized in workers' compensation.
- Assess psychosocial issues early and repeatedly if clinical improvement is not observed as would be expected. The MTGs recommend referrals to psychologists for thorough psychological evaluations and treatment when clinical improvement is delayed as early as six weeks into a claim.

Partnering with Pinnacol

- RTW in some capacity, as soon as medically reasonable, is a key form of therapy and can be extremely helpful for recovery. Use Pinnacol's RTW department when an injured worker is not working but could work in some capacity. Pinnacol's RTW department will reach out to the injured worker and the employer to determine if modified duty is available and will keep the provider in the loop.
- Pinnacol will track clinical practice patterns and will periodically provide feedback to physiatrists. Information for a specific medical practice or provider may be requested at any time.
- Pinnacol prioritizes "vouching" for the quality of care delivered by medical providers in our preferred provider network, SelectNet®. In this light, the MTGs are not just "suggestions"; they should apply in most cases. There will be some exceptions, and it is reasonable to diverge from the MTGs in those cases. However, it is important to provide a compelling, detailed clinical rationale that makes sense to independent physician reviewers.

***Functional gain documentation**

Below are common examples of documentation that do not portray functional status or functional response to treatment.

- Injured worker's goal is to "get back to normal."
- "Pain level is 5/10."
- "Injured worker is improving, physical therapy is helping."
- "IW is approximately 25% of the way toward meeting the physical requirements of her job."
- "Patient reports no improvement 0/10."
- "Range of motion improving."

Functional gains that can be objectively measured include:

- Increased ability to perform activities of daily living.
- Decrease in opioid or medication use.

- Increased range of motion, coordination strength, endurance and/or positional tolerance.
- Decreased work restrictions for modified duties and return to work.
- Subjective reports of decreased pain and increased function when correlated with objective findings

****CRPS diagnosis**

In the event a diagnosis of CRPS is being considered, refer to Exhibit 9 - Complex Regional Pain Syndrome/Reflex Sympathetic Dystrophy. Significant harm can be done to patients by incorrectly diagnosing CRPS. The guideline specifies the Budapest criteria should be rigorously fulfilled, a detailed psychosocial evaluation should be carried out, and alternative diagnoses, including psychiatric diagnoses, should be explicitly considered and ruled out. To properly evaluate potential CRPS, a thorough review of prior medical records should also be completed. To validate CRPS in the Colorado workers' compensation system, diagnostic testing is required, but it should take place only after these preceding items have been thoroughly documented and clearly support a potential CRPS diagnosis.

Before accepting the validity of a CRPS diagnosis, Pinnacol may obtain an independent expert review to confirm the criteria detailed in both the Chronic Pain Disorder and CRPS MTGs have been met. Pinnacol may obtain an independent review and deny prior authorization or payment for diagnostic testing if it is not deemed reasonable or necessary based on MTG criteria.

Pinnacol's ability to evaluate potential CRPS diagnoses can be enhanced by providing photographic documentation of physical findings. To help fulfill the MTG criteria, Pinnacol can assist in obtaining pre-injury medical records, assist in finding psychological and medical experts, and authorize payment for evaluations and second opinions.

Pinnacol does not intend to direct the type or duration of medical treatment. A treating provider is expected to exercise independent medical judgment.

Resources

DOWC Rule 17 - Medical Treatment Guidelines

<https://cdle.colorado.gov/medical-providers/medical-treatment-guidelines>

DOWC Rule 17 - Medical Treatment Guidelines, Exhibit 9, Chronic Pain Disorder

https://cdle.colorado.gov/sites/cdle/files/Rule_17_Exhibit_9_Chronic_Pain_Disorder_Prior_to_2021.pdf

DOWC Rule 17 - Medical Treatment Guidelines, Exhibit 7, Complex Regional Pain Syndrome/ Reflex Sympathetic Dystrophy (CRPS/RSD)

https://cdle.colorado.gov/sites/cdle/files/Rule_17_Exhibit_7_Complex_Regional_Pain_Syndrome-Reflex_Sympathetic_Dystrophy_Prior_to_2021.pdf

Documenting Functional Gains

<https://www.pinnacol.com/provider-news/ensuring-functional-gains-with-pt-ot>

If you have any questions or need additional information, please contact Pinnacol Assurance's Provider Relations team at provider_management@pinnacol.com or 303.361.4945.

For assistance with getting your patient back to work, contact Jackie Geib, return to work specialist, at jacqueline.geib@pinnacol.com or 303.361.4798.