

A Closer Look at Worker Compensation Patients with Failed Back

In this article, Richard Deyo, MD presents us with new information about worker compensation patients who have had spinal surgery. This condition is often called failed back surgery syndrome (FBSS). Most people return to normal function after surgery. But in the case of FBSS, pain continues even with conservative care (pain relieving medications, physical therapy).

Failed back surgery syndrome (FBSS), is also known as post-laminectomy syndrome but the condition can occur after the lamina (pillar of bone that is removed to take pressure off a protruding disc).

The pain is often described as dull, aching, and diffuse. Diffuse pain means the patient cannot point to one spot where the pain is present over a general area. There may be some abnormal sensations with sharp, pricking, and/or stabbing pain.

Dr. Deyo is a well-known and often quoted researcher on the subject of back pain. The topic this time is the cost-effectiveness of failed back surgery syndrome (FBSS) as compared to two other treatment methods. The group included 158 worker compensation patients with FBSS. Many other studies of worker compensation patients have consistently shown that this group has worse outcomes than patients with the same diagnosis and same (or similar) treatment.

This report is actually the second published paper based on data gathered and reported on earlier. The focus on worker compensation patients is a unique study. The first study reported on the results of three separate treatment approaches. The three treatment groups were 1) spinal cord stimulation, 2) pain clinic, and 3) usual care. This second look compares the costs associated with each treatment method. The most common outcome was pain.

In the first study, the authors measured outcomes over a two-year period of time based on pain, disability, and use of opioids. They found that five per cent of the spinal cord group reached the treatment goals in these three areas. Only three per cent of the pain clinic group met the outlined treatment goals. And 10 per cent of the group receiving usual care had a successful final outcome. Spinal cord stimulation had a 50 per cent improvement in pain, less than daily use of opioids, and a two-point improvement on the disability score using the Oswestry Disability Index.

Now taking a look at the costs of each approach, it turns out that the spinal cord stimulation was the most expensive. Although it had better results or fewer visits to the doctor than the usual care approach.

The differences in results could not be attributed by differences among the patients because they were evenly matched for age, gender, and other personal characteristics. It was observed that the spinal cord stimulation group had more intense leg pain than the other two groups. The worker compensation group was also more likely to have a lawyer representing their case.

To give you some idea of the costs involved in treating this patient population, the combined costs of total productivity loss was as follows:

- \$98,637 per patient for the spinal cord stimulation group
- \$84,340 per patient for the pain clinic patients
- \$67,292 per patient in the usual care group

The conclusion of this study is that usual care for failed back surgery syndrome is the most successful and least expensive. Spinal cord stimulation is not a cost-effective approach to this problem. This information will be of interest to state worker compensation services to cover for injured workers. This particular study was done in Washington state where the use of spinal cord stimulation for worker compensation patients was approved by the Department of Labor and Industries back in 2004.

Reference: William Hollingworth, PhD, et al. Costs and Cost-Effectiveness of Spinal Cord Stimulation (SCS) for Failed Back Surgery Syndrome. *Spine*, 2011. Vol. 36. No. 24. Pp. 2076-2083.