

Insurance

Medical Billing Fraud

a.k.a. »The Rockholt Report«

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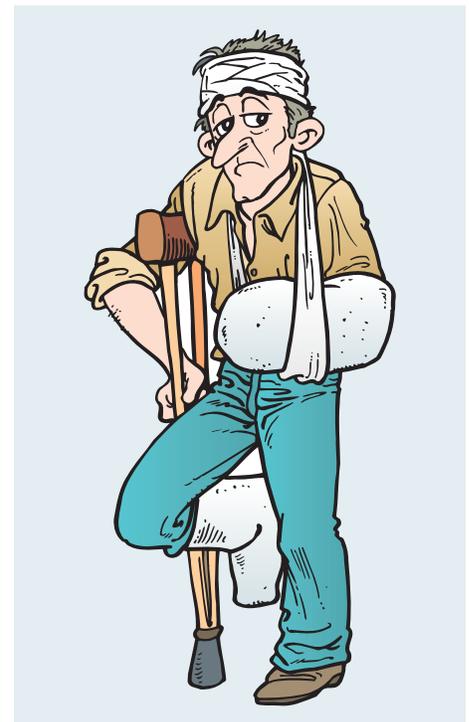
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Pain Management: Are We Getting Our Money's Worth?

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As a sequel to last month's article on the opiate epidemic, a follow-up on the ubiquitous topic of pain seems logical. The holy grail of compassionate care has always been the treatment of pain and suffering. Acute pain, whether treated humanely, or largely ignored, has a limited half-life and resolves within a variable duration. However, when pain becomes chronic it poses a much more difficult therapeutic situation. Over the years numerous protocols have been devised as a remedy. Unfortunately none have stood the test of time or have been the utopian solution for all types of chronic pain.





Treatment of chronic pain was largely ignored by the medical community until the past two to three decades. In the 1980s, pain centers evolved in tandem with state vocational rehabilitation multi-disciplinary programs whose targets were injured workers deemed too painful to return to their former jobs. These centers employed a physician director and frequently offered an intense 10 to 14-day inpatient agenda which included physical therapy, occupational therapy, cognitive behavioral therapy, psychological testing, work hardening, social workers and ergonomic specialists. They were expensive and the costs were covered by the employer. The return on investment was poor and over time these programs have been discontinued.

As society became more aware of the victims of chronic pain and the poor treatment they were given, a variety of medical specialists including anesthesiologists, physiatrists, and interventional radiologists, stepped up to address the needs of untreated or poorly treated patients.

Pain management mega centers were established, some with exotic names suggesting there were now “institutes” available to them. Many of these physicians abandoned their former practice and some even enrolled in pain management fellowships and became “board certified” to increase their credibility. These pain palaces were erected to accommodate their patients including ownership of MRIs and CT scanners as well as treatment using outpatient procedures including a multitude of spinal injections. Frequently the target of the injections would change from epidurals to facets, to medial branch blocks, or sacroiliac joints as they attempted to identify the elusive “pain generator.”

Primary care physicians often overworked with busy office schedules would become frustrated with unsatisfied pain patients and frequently refer to these centers. The causation of chronic pain including nonorganic factors such as depression, anxiety, psychological factors and compensation awards could be easily overlooked as the focus was primarily on injection procedures and providing opiates monitored with pain contracts.

The proceduralists at these pain centers armed with a variety of needles rarely confront their patients with “I can’t help you anymore.” The current peer-reviewed international spine literature is highly skeptical that there is any long-term benefit from the epidural steroid injections, facet blocks, medial branch blocks, epidural lysis and radiofrequency ablations. Commonly there is reported temporal benefit perhaps related to the analgesic affect of the Lidocaine or to the transient placebo effect.

Only when the payer restricts the number of questionably beneficial injections, will these procedures be brought under control. This will be met with strong opposition from the medical providers who own these “revenue centers.” The question remains, “are we getting our money’s worth?”

Pain Management and Personal Injury

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When the practice of pain management intersects with potential for financial gain in personal injury claims, overutilization and escalating costs can really run up the tab. When a surgery center is involved, a series of three epidural injections, which should cost somewhere in the range of \$2,000 to \$3,500 can run as high as \$70,000! This is a situation that is clearly out of control.

Meet us at

If you get a chance, stop by the INFORM booth # 511 to see us at **IASIU** next month in Greensboro, NC.

Mike Fossey and Tami Rockholt will be speaking on the topic: **“ICD-10 : Implications for Fraud”**.

We look forward to seeing you there!