

Complicating Factors/Prognostic Factors

Patient Name: _____ Patient File #: _____

DOI: _____ Injured areas allowed: _____

Prognostic Factors: Prognostic factors that may provide a partial basis for the necessity for chronic pain management of spine-related conditions after MTI has been achieved include:

- Older age (pain and disability):
- History of prior episodes (pain, activity limitation, disability):
- Duration of current episode >1 month (activity limitation, disability):
- High pain intensity (activity limitation; disability):
- Occupational factors [higher job physical or psychological demands (disability)]:

Note: The list above is not all-inclusive and is provided to represent prognostic factors most commonly seen in the literature. Other factors or comorbidities not listed above may adversely affect a given patient's prognosis and management. These should be documented in the clinical record and considered on a case-by-case basis.

Each of the following factors may complicate the patient's condition, extend recovery time, and result in the necessity of ongoing care:

- Nature of employment/work activities or ergonomics. The nature and psychosocial aspects of a patient's employment must be considered when evaluating the need for ongoing care (e.g. prolonged standing posture, high loads, and extended muscle activity).
- Impairment/disability: The patient who has reached MTI, but has failed to reach pre-injury status has an impairment/disability even if the injured patient has not yet received a permanent impairment/disability award.
- Medical history: Concurrent condition(s) and/or use of certain medications may affect outcomes.
- History of prior treatment: Initial and subsequent care (type and duration), as well as patient compliance and response to care, can assist the physician in developing appropriate treatment planning. Delays in the initiation of appropriate care may complicate the patient's condition and extend recovery time.
- Lifestyle habits: Lifestyle habits may impact the magnitude of treatment response, including outcomes at MTI.
- Psychological factors: A history of depression, anxiety, somatoform disorder or other psychopathology may complicate treatment and/or recovery.

Complicating factors that may document the necessity of ongoing care for chronic conditions.

- Severity of symptoms and objective findings
- Patient compliance and/or non-compliance factors
- Factors related to age
- Severity of initial mechanism of injury
- Number of previous injuries (>3 episodes)

- Number and/or severity of exacerbations
- Psycho-social factors (pre-existing or arising during care)
- Pre-existing pathology or surgical alteration
- Waiting >7 days before seeking some form of treatment
- Ongoing symptoms despite prior treatment
- Nature of employment / work activities or ergonomics
- History of lost time
- History of prior treatment
- Lifestyle habits
- Congenital anomalies
- Treatment withdrawal fails to sustain MTI

Clinical information obtained during re-evaluation that may be used to document the necessity of chronic pain management for persistent or recurrent spine-related conditions includes, but is not limited to:

- Response to date of care management for the current and previous episodes.
- Response to therapeutic withdrawal (either gradual or complete withdrawal) or absence of care.
- MTI has been reached and documented.
- Patient-centered outcome assessment instruments.
- Analgesic use patterns.
- Other health care services used.ⁱ

Note to reviewer/case manager/hearing officer: This information is being provided to help you understand the unique circumstances of this case. While ODG and other guidelines serve as benchmarks (not deadlines) for care it is imperative to consider the above-mentioned factors when evaluating care. It would be improper to limit care based on strict adherence to dosaging recommendations found in ODG and other guidelines without considering the complicating factors. Furthermore, according to the Annals of Internal Medicine, **“Until more data from well-designed controlled clinical trials become available, physicians should remain cautious when using current guidelines as the sole source guiding patient care decisions.”**ⁱⁱ That message pertains to those reviewing care as well.

- Please review previous reports/case summaries and/or addendum for more information.

Physician Signature

Date

ⁱ Management of chronic spine-related conditions: consensus recommendations of a multidisciplinary panel. Farabaugh RJ, Dehen MD, Hawk C. J Manipulative Physiol Ther. 2010 Sep;33(7):484-92. [http://www.jmptonline.org/article/S0161-4754\(10\)00186-7/abstract](http://www.jmptonline.org/article/S0161-4754(10)00186-7/abstract)

ⁱⁱ Analysis of Overall Level of Evidence Behind Infectious Diseases Society of America Practice Guidelines. Dong Heun Lee, MD; Ole Vielemeyer, MD. Arch Intern Med. 2011;171(1):18-22.

**A full text copy of the chronic conditions paper can be obtained from JMPT by going to:
<http://www.jmptonline.org/>**