

Texas Department of Insurance **Workers'** **CompUpdate**

a publication of the Division Of Workers' Compensation volume 1, number 4 December 2006

Changes for Designated Doctor Program

NEW TRAINING FOR DESIGNATED doctors in the Texas workers' compensation system has been approved by the Texas Department of Insurance, Division of Workers' Compensation. The Division also has improved scheduling of designated doctor assignments for injured employees. Together, these changes meet new statutory requirements for the doctors and streamline doctor assignments by the Division, said Albert Betts, Commissioner of Workers' Compensation.

Centralization of designated doctor scheduling is intended to improve operational consistency and also to prepare for an

expected increase in scheduling activity due to the added responsibilities of designated doctors provided for in House Bill (HB) 7.

The new Designated Doctor rules (28 Texas Administrative Code §180.21) are effective January 1, 2007. Under these rules, health care providers must meet minimum requirements for admission to the Designated Doctor List (28 TAC §180.21[d]) in order to receive designated doctor assignments on or after January 1, 2007. The minimum requirements include completion of training to examine injured employees to:

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Working Group Monitors System Reforms

THE WORKERS' COMPENSATION Working Group (WCWG) was created in December 2005 to invite system participants to discuss the implementation of certified Workers' Compensation Health Care Networks and other reforms included in House Bill (HB) 7 (79th Legislature). The WCWG met a total of nine times this year. Additional meetings are planned for 2007 following the legislative session.

Recognizing that workers' compensation system reform "cannot be effectively achieved without the cooperative interaction of all system participants," the WCWG objectives include identifying key regulatory goals to assess performance of insurance carriers and providers; identifying incentives to encourage system participants to comply with regulatory requirements; providing input on implementation of networks; developing strategies for better communication among

system participants; and identifying opportunities to expedite and ensure the quality of medical and indemnity dispute resolution processes.

System stakeholders represented on the WCWG include workers' compensation insurance carriers, workers' compensation networks, self-insurers, health care providers, organized labor, and private sector employers. State agencies represented include the Office of Injured Employee Counsel, the Office of Public Insurance Counsel, the State Office of Risk Management, and the Texas Department of Transportation. Educational institutions include the University of Texas System and Texas A&M University System.

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TWO YEARS AGO, the future of the Texas workers' compensation system was very much in doubt. When compared to other states, the Texas system had high medical costs per claim and poor return-to-work outcomes. The former administrative agency was under scrutiny by the Legislature and seemed to be hamstrung by some of its own practices to respond to questions and complaints. A great many system stakeholders — injured employees, employers, health care providers, insurance carriers, legislators — were not satisfied with the situation.

The Legislature acted in 2005 and passed House Bill (HB) 7. Moving ahead in time to the present, a better outlook for workers' compensation in Texas is starting to come into focus. We still have many challenges to meet and not everyone may be content with the changes enacted so far, but we are headed in a more positive direction. Most importantly, we have general agreement on some broad goals for the system and a willingness to allow the appropriate amount of time for some of those goals to be realized.

I believe we are headed toward a time when returning the injured employee to work is once again a primary concern, where resolution of income and medical disputes occurs more efficiently and quality health care is available and provided in a timely manner. I also am optimistic that we are building a better system that will attract more employers to participate.

It was my pleasure to visit with many system participants at the 2006 DWC Conference in Austin earlier this month, and to hear from two of the state's leaders in workers' compensation reform. Both State Representative Burt Solomons and State Representative Helen Giddings offered unique perspectives on the past and future of the system; we are fortunate to have such knowledgeable legislators engaged in the reform effort.

Elevating the Texas workers' compensation system to serve as a model for the rest of the nation will depend on the unified efforts of all system participants. Looking back over the last two years, and glancing ahead to the changes to come, I can see that we are headed in the right direction.

Albert Betts
Commissioner of Workers' Compensation

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The staff that prepares this newsletter has no role in proposing, drafting, editing, or approving TDI rules or policies or interpreting statutes.

Workers' CompUpdate should not be construed to represent the policy, endorsement or opinion of the Commissioner of Insurance, the Commissioner of Workers' Compensation or the Texas Department of Insurance. By necessity, summaries of proposed and adopted rules cannot explain their full complexity. Readers interested in complete information about administrative rules should consult the versions published in the *Texas Register*.

To the best of the staff's ability, information presented in this newsletter is correct as of the publication date, but scheduled dates and proposed rules and amendments may change as the adoption process goes forward.

Workers' CompUpdate is available online at:
www.tdi.state.tx.us/wc/indexwc.html
under "News and Publications."

Conference Highlights System Improvements

THE 2006 DWC CONFERENCE on December 4-5 in Austin featured more than 20 breakout training sessions to inform workers' compensation system participants about new developments to help them navigate the system more successfully.

More than 500 registered conference attendees heard

general session presentations from State Representatives Burt Solomons and Helen Giddings. Rep. Solomons was the author of House Bill (HB) 7 passed in 2005 to reform the system. Rep. Giddings guided HB 7 through the House Business and Industry Committee as committee chair. Commissioner of Workers' Compensation Albert Betts also spoke at the conference on the current status of system reforms.

Session topics at the conference were chosen to highlight the major changes in the system under HB 7. Also, the sessions were aimed at explaining Division processes which most often raise questions from system participants and at providing information to encourage improvement in system outcomes such as the early return to work of injured employees.

"We had a successful program that hopefully provided information and training to system participants that will have an immediate benefit for them," said Allen McDonald, Deputy Commissioner for Workplace and Medical Services.

For those system participants unable to attend the 2006 DWC Conference, handouts and other materials from the training sessions will be made available in the near future on the agency website at: www.tdi.state.tx.us/wc/indexwc.html, under "Seminars and Education."

Conference presentations and other materials will be posted to the Division website at: www.tdi.state.tx/wc/indexwc/html, under "Seminars and Education."

Changes for Designated Doctor Program

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- Evaluate and report the extent of the employee's compensable injury;
- Determine whether the injured employee's disability is a direct result of the work-related injury;
- Determine the injured employee's ability to return to work; and
- Evaluate similar issues

Designated doctors also continue to examine injured employees for maximum medical improvement (MMI) and to assign impairment ratings. For the billing and reimbursement of designated doctor exams, refer to the Medical Fee Guideline [28

TAC §134.202, subsections (c)(5), (c)(6), (e)(6) or (e)(7)], as applicable.

Approved training for designated doctors was offered by the Texas Medical Association and the American Academy of Disability Evaluating Physicians (AADEP) this Fall in Houston, Austin, San Antonio, Fort Worth and Dallas. Additional training will be offered during 2007 in Houston, McAllen and El Paso. A majority of health care providers on the Designated Doctor List were to have received the new training by December 31, 2006. For a designated doctor training schedule, go to: www.tdi.state.tx.us/wc/mr/irtraining.html.

Working Group Monitors System Reforms

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WCWG members also discussed the Strategic Management Plan for the Division of Workers' Compensation developed in accordance with HB 7. The plan identifies five major focus areas for the future management of the Division: injured employee services; return to work; medical

“The meetings were a very effective way of bringing people together to analyze issues and help set a new course for workers' compensation in Texas.”

**Rick Levy
Texas AFL-CIO**

quality, cost, and access; dispute resolution; and performance-based oversight. The plan also outlines improvements to rulemaking and policymaking as well as plans to implement electronic medical billing in the Texas workers' compensation system. WCWG participants received updates on proposed rules and rule timelines, ideas for how to structure performance-based oversight, and outreach efforts to system participants regarding the system changes. Members have requested presentations including “silent PPOs,” return-to-work, and TDI's complaint process. Members said the opportunities to receive new information about networks and other sys-

tem reforms, as well as the chance to interact with Commissioner Betts about the future direction of the Division, were among the highlights from the group meetings.

“We are very pleased with the cooperative efforts in the rulemaking process that TDI and the Division have accomplished through the work group,” said Creg Parks, Chief Executive Officer for Physicians Cooperative of Texas.

“The working group meetings have been extremely helpful in providing an interactive dialogue among all parties, which can only enhance the effective implementation of networks and other reforms enacted by the Legislature,” said Ron Cobb, Counsel for the American Insurance Association.

“The meetings were a very effective way of bringing people together to analyze issues and help set a new course for workers' compensation in Texas,” said Rick Levy, Legal Director, Texas AFL-CIO. “The Department set the right tone, encouraging discussion and cooperation in addressing key policy questions.”

More information about the WCWG is posted on the agency website at: www.tdi.state.tx.us/consumer/wcwg.html.

Employer Nonsubscription Rate Drops Slightly

TO BETTER UNDERSTAND EMPLOYER participation trends in the Texas workers' compensation system, the Texas Department of Insurance (TDI) conducted a survey of 2,800 year-round Texas employers during June-August 2006. Complete findings from the survey are discussed in a report to the 80th Legislature posted on the agency website at: www.tdi.state.tx.us/reports/commish/documents/hb7aafinal.pdf.

The survey found that the percentage of Texas employers that are nonsubscribers to the workers' compensation system fell by one percentage point from 38 percent in 2004 (an estimated 110,200 employers) to 37 percent in 2006 (an estimated 107,300 employers).

Approximately 23 percent of Texas employees (approximately 1,772,000 employees) work for nonsubscribing employers in 2006 (see Chart). This represents a 0.1 percent drop since 2004, but is the second highest percentage of Texas employees working for nonsubscribing employers since 1993.

Results from the survey showed that while a higher percentage of larger employers have made the decision to become nonsubscribers since 2001, the percentage of small and mid-sized employers who have obtained workers' compensation coverage has actually increased during that same time period.

While 35.4 percent of the employers surveyed in general say that excessively high premiums was their primary reason for being nonsubscribers, 41 percent of large employers (i.e., employers with more than 500 employees) said their primary reason was that they could do a better job of providing injured employees with appropriate medical and wage benefits.

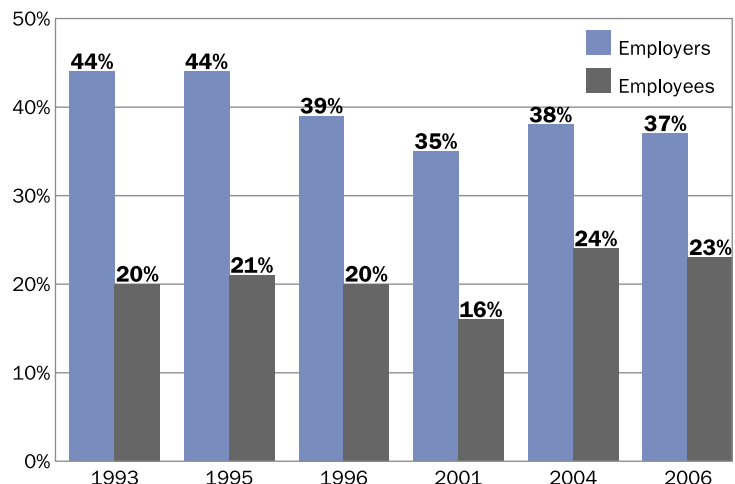
Approximately 22 percent of Texas subscribers say that they purchase workers' compensation coverage because they believe it is required by law, according to the

survey. This may not be surprising since Texas is the only state where workers' compensation coverage is not mandatory.

*For more information about nonsubscription rates and employers' reasons for participating or not participating in the Texas workers' compensation system, see Texas Department of Insurance, *An Analysis of the Effect of the 2005 Legislative Reforms on the Affordability and Availability of Workers' Compensation Insurance for Texas Employers: A Report to the 80th Legislature, 2006* (www.tdi.state.tx.us/reports/commish/documents/hb7aafinal.pdf).*

*Also, Texas Department of Insurance, *Workers' Compensation Research and Evaluation Group, Employer Participation in the Texas Workers' Compensation System: 2006 Estimates, October 2006.**

Percentage of Texas employers that are nonsubscribers and the percentage of Texas employees that are employed by nonsubscribers, '93-'06



Source: Survey of Employer Participation in the Texas Workers' Compensation System, 1993 and 1995 estimates from the Texas Workers' Compensation Research Center and the Public Policy Research Institute (PPRI) at Texas A&M University; 1996 and 2001 estimates from the Research and Oversight Council on Workers' Compensation and PPRI; and 2004 and 2006 estimates from the Texas Department of Insurance, Workers' Compensation Research and Evaluation Group and PPRI.

Time Frame for a Health Care Provider to Request Reconsideration of a Reduced or Denied Medical Bill

The Division of Workers' Compensation amended billing and reimbursement rules to be effective for dates of service on or after May 2, 2006. Sections of the Medical Payments and Denials rule (28 Texas Administrative Code § 133.304), were amended, renumbered, and adopted as the Reconsideration for Payment of Medical Bills rule (28 TAC § 133.250).



New 28 TAC § 133.250 outlines the process for the sender of a medical bill [generally a health care provider (HCP)] who is dissatisfied with an insurance carrier's final action on the bill to request reconsideration of the bill by the insurance carrier.

The HCP is required to submit the request for reconsideration of a reduced or denied medical bill no later than eleven months after the date of service. Further, a HCP is not permitted to submit a request for reconsideration until after either (1) the insurance carrier has taken final action on a medical bill or (2) the HCP has not received an explanation of benefits within 50 days from submitting the bill to the insurance carrier.

In addition, when submitting a request for reconsideration, the HCP must:

- (1) Reference the original bill and include the same billing codes, date(s) of service, and dollar amount(s) as the original bill;
- (2) Include a copy of the original explanation of benefits, if received, or documentation that a request for an explanation of benefits was submitted to the insurance carrier;
- (3) Include any necessary and related documentation not submitted with the original medical bill to support the HCP's position; and
- (4) Include a bill-specific, substantive explanation in accordance with 28 TAC §133.3, Communication Between Health Care Providers and Insurance Carriers, which provides a rational basis for modifying the denial or payment.

For dates of service prior to May 2, 2006, previous 28 TAC §133.304 did not specify a time frame within which the sender must request reconsideration of a reduced or denied medical bill. Therefore, for dates of service before May 2, 2006, a HCP may submit a request for reconsideration at any time and the carrier may pay additional amounts as appropriate at any time.

Requesting reconsideration does not extend the one-year medical dispute resolution deadline. However, this one-year time frame does not prevent the HCP from requesting reconsideration or the carrier from paying additional amounts after the one-year time frame. Since medical dispute resolution is the HCP's primary recourse for appealing a carrier's response to a request for reconsideration, a request for reconsideration should be submitted in a timely manner.

Clarification of Preauthorization Requirements for Treatments and Services Provided on or After May 2, 2006

The recent amendments to Preauthorization, Concurrent Review, and Voluntary Certification of Health Care (28 Texas Administrative Code §134.600) affect which treatments and services require preauthorization. Specifically, some were removed as individual items on the list of treatments and services requiring preauthorization, while others were entirely removed from the list. Also, three subsections of the list of treatments and services requiring preauthorization will not be effective until additional rules have been adopted.

Following is a summary of changes to 28 TAC §134.600. Preauthorization still may be required for items: a). When they exceed or are not addressed in adopted Division treatment guidelines; b). When they are included as part of a required treatment plan; or c). When they are provided for a treatment or diagnosis not accepted by the carrier as part of a compensable injury under 28 TAC § 126.14.

Treatments and services that require preauthorization under certain conditions:

1. TENS units were removed as separate items on the preauthorization list due to duplication with other sections of the list. A TENS unit with billed charges in excess of \$500 (either purchased or cumulative expected rental) is subject to preauthorization as durable medical equipment under 28 TAC §134.600(p)(9).

2. Myelograms, discograms, or surface electromyograms were removed from the list as separate items, since they are diagnostic studies. If they are repeat individual diagnostic procedures with a reimbursement rate of greater than \$350 as established by the current MFG, they are now subject to preauthorization under 28 TAC §134.600(p)(8).

3. Bone growth stimulators were removed as separate items on the list because of duplication with other sections of the preauthorization rule. Based on amended 28 TAC §134.600(p)(1)-(3), an implantable bone growth stimulator is subject to preauthorization if specified as part of a surgical procedure. An external bone growth stimulator with billed charges in excess of \$500 is subject to preauthorization as durable medical equipment under 28 TAC §134.600(p)(9).

Treatments and services that no longer require preauthorization:

1. Chemonucleolysis;
2. Nursing home, convalescent, residential, and all home health care services and treatments;
3. Chemical dependency or weight loss programs; and
4. Outpatient medical rehabilitation.

Treatments and services that will not require preauthorization until additional rules are adopted:

1. Drugs not included in the Division's formulary;
2. Treatments and services that exceed or are not addressed by the Commissioner's adopted treatment guidelines or protocols and are not contained in a treatment plan preauthorized by the carrier; and
3. Required treatment plans.

NOTE: Any treatment or service that does not require preauthorization is subject to retrospective review for medical necessity by the insurance carrier unless: (1) the carrier voluntarily certifies that treatment or service or (2) the treatment or service is for an emergency, as defined in 28 TAC § 133.2(3).

DWC Submits Biennial Report to 80th Legislature

Under the Texas Labor Code (§§ 402.066 and 402.074), Commissioner of Insurance Mike Geeslin and Commissioner of Workers' Compensation Albert Betts submitted the workers' compensation portion of the Texas Department of



Insurance's (TDI's) biennial report to the Legislature on December 1, 2006. The report provides an update on the Texas workers' compensation market and brief descriptions of three legislative recommendations to improve the Division's ability to effectively and efficiently regulate the workers' compensation system.

The report recommends that workers' compensation fraud penalties be aligned with fraud penalties associated with other types of insurance. The report also recommends that licensing requirements for third-party administrators in the workers' compensation system be consistent with requirements in other lines of insurance. Finally, the report recommends changes to the Texas Labor Code related to the submission of claims by health care providers.

The *Biennial Report of TDI to the 80th Texas Legislature, Division of Workers' Compensation* is posted on the agency website at: www.tdi.state.tx.us/wc/news/2006/documents/wc2006.pdf.

More Workers' Compensation Networks Certified

The number of certified Workers' Compensation Health Care Networks in Texas climbed to 20 in December. The newest networks certified by TDI to treat injured employees include: Aetna Workers' Comp Access (AWCA); National ChoiceCare/NCC ChoiceNet Network; and South West Medical Provider Network. For more information and a listing of areas served by the networks, go to: www.tdi.state.tx.us/wc/wcnet/wcnetworks.html.

Return-to-Work Pilot Program Reimburses First Applicant

An oil drilling company was reimbursed \$2,500 for hiring a temporary employee, allowing another employee to return to work sooner after an injury, under a program started by the Division earlier this year. The Return-to-Work Pilot Program for Small Employers was established by the Legislature in 2005 as part of House Bill 7; rules to regulate the program were adopted by the Division in February.

The pilot program was marketed to employers through statewide business groups and chambers of commerce. A maximum of \$2,500 can be reimbursed to a single employer during one state fiscal year.

The oil drilling company receiving the first reimbursement for the program hired a temporary employee to perform heavy lifting that had been done by an injured employee. The hiring enabled the injured employee to be released by a doctor to return to work to perform other suitable work.

The Return-to-Work Pilot Program for Small Employers is funded from administrative penalties received by the Division and is capped at \$100,000 annually.

More information about the program, including an application form for employers, is available on the agency website at: www.tdi.state.tx.us/wc/mr/rtw/index.html.

Workers' Compensation Research Agenda Proposed

The Texas Labor Code (§405.0026) requires the Commissioner of Insurance to adopt an annual research agenda for the Workers' Compensation Research and Evaluation Group (REG) at TDI. The Labor Code also requires TDI to publish a proposed research agenda in the Texas Register for public review and comment. After reviewing responses from the general public, stakeholders, and legislative offices, TDI developed a proposed FY 2007 Research Agenda that is posted on

the agency website at: www.tdi.state.tx.us/commish/wc_agenda_resea.html.

Commissioner Attends Issues and Research Conference

Commissioner of Workers' Compensation Albert Betts participated in a panel discussion about reforms in the Texas workers' compensation system during the Annual Issues & Research Conference of the Workers Compensation Research Institute on November 8, 2006 in Boston.

Deputy Commissioners Attend IAIABC Conference

Stan Strickland, Deputy Commissioner for Legal and Compliance, and Brent Hatch, Deputy Commissioner for Field Services, attended the International Association of Industrial Accident Boards & Commissions (IAIABC) Conference in Little Rock, Ark., in September. Topics for the conference included changing workforce demographics, new safety and disability management initiatives, standards for Proof of Coverage laws, and disaster preparedness.

Rulebook Supplements Posted on Website

Rulebook Supplements 2006-03, 2006-04 and 2006-05 containing rules adopted by the Commissioner of Workers' Compensation are available online from the TDI website at: www.tdi.state.tx.us/wc/rules/tableofcontents/supplements.html.

Supplement 2006-03 contains a new rule published in the *Texas Register* on July 7, 2006 regarding general provisions applicable to all benefits (28 TAC § 126).

Supplement 2006-04 contains new rules published in the *Texas Register* on August 4, 2006 regarding medical billing and processing (28 TAC § 133).

Supplement 2006-05 contains new, amended and repealed rules, which were

published in the *Texas Register* on August 11 and September 1, 2006 regarding general provisions applicable to all benefits (28 TAC § 126); impairment and supplemental income benefits (28 TAC § 130); dispute resolution - benefit review conference (28 TAC § 141); and monitoring and enforcement (28 TAC § 180).

Rulebook supplements can be downloaded and printed from the agency website or purchased in hard copy form by contacting the Division's Publications Section at 512-804-4240.



Carrier Telephone Numbers to Determine Network Status

Workers' compensation insurance carriers are required to provide TDI with a telephone number to allow the agency as well as the Office of Injured Employee Counsel and health care providers to determine the network status of an injured employee's claim for workers' compensation benefits. Carriers can provide a telephone number using the following contact information:

Texas Department of Insurance
Division of Workers' Compensation
Insurance Coverage
Mail Code MS-96
7551 Metro Center Drive, Suite 100
Austin, TX 78744-1609
fax: 512-804-4346
phone: 512-804-4355
e-mail: bpipost@tdi.state.tx.us

An updated list of carrier contact telephone numbers is posted on the agency website at: www.tdi.state.tx.us/wc/wcnet/documents/nwcarrierphones.pdf.

Article: Seven Myths About Back Pain

(**Note:** Dr. Kenneth Ford, acting Medical Advisor for the Division, provided the following article for the information for Texas workers' compensation system participants.)

UP TO 80 PERCENT OF ADULTS will experience back pain at some time during their lives.



Let's take a closer look at seven myths about back pain.

Myth 1: If you've slipped a disk (herniated or

ruptured), you must have surgery. Surgeons agree about exactly who should have surgery.

Truth: Causes of back pain can be complex and difficult to diagnose. For more than 70 percent of patients with chronic back pain, it's not possible to make a specific diagnosis pinpointing the cause of the pain. Surgery to relieve back pain should only be used as a last resort. Very specific tests should be done to confirm that a disk has been damaged and that the pain is directly related to this damage. Even if tests show a damaged disk, recovery often occurs without surgery. MRI studies have shown that the herniated part of the disk often shrinks on its own over time.

Approximately 90 percent of patients with herniated disks improve gradually over a period of six weeks. The remaining 10 percent seem to be good candidates for surgery. However, herniated disks don't cause most back pain! Only two percent of back pain patients are likely to benefit from surgery. Most specialists agree that non-surgical treatment should be tried first.

Myth 2: X-ray images, CT and MRI scans can always identify the cause of pain.

Truth: Abnormalities of the spine are as common in people without back pain as they are in people suffering from back pain. Getting a better quality image of a herniated disk, in the absence of a thorough physical examination, leaves you

with only a better picture, not necessarily a better diagnosis. Even the best imaging tests cannot identify muscle spasms or strained ligaments that might be the cause of a patient's pain. Many doctors only recommend CT and MRI scans for those patients already heading for surgery for other reasons.

Myth 3: If your back hurts, you should take it easy until the pain goes away.

Truth: Today's thinking is to continue the routine activities of daily living and work as normally as possible. Persons who remain active do better than those who try either bed rest or immediate exercise. Not all workers can immediately return to work. Those with physically demanding jobs may not be able to return to work as quickly as those with less demanding or sedentary jobs. It is often helpful to have workers with back pain return to some form of light work until they recover more fully.

Myth 4: Most back pain is caused by injuries or heavy lifting.

Truth: It's true that workers whose jobs involve lifting, lowering and carrying materials are much more likely to experience lower back pain than workers who don't do this kind of work. It's also true that the weight of the material is a risk factor for injury, as is how often the materials are handled and the worker's posture when doing the work. For example, working doubled over in a cramped space is harder on your back than working upright. However, it's also true that people who work at sedentary occupations are at a higher risk of disk injury than those who do moderate amounts of physical work. Up to 85 percent of persons with back pain can't recall a specific incident that brought on their pain. While heavy lifting or injuries are risk factors for back pain, they don't account for most episodes of pain. Consider some of these other factors:

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Seven Myths About Back Pain (cont.)

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■ Age — the highest frequency of reported symptoms for back pain occurs between the ages of 35 to 55.

■ Gender — if you're male, your risk of injury peaks at approximately 40 years of age; among women, the peak occurs between 50 and 60 years of age.

■ Lifestyle — smoking and being overweight are two other factors linked to lower back pain. A connection has also been made between stressful life events and back pain.

Myth 5: Back pain is usually disabling.

Truth: Most people with back pain get better, regardless of whether they receive treatment or the treatment method used. Most people who leave work return within six weeks, and only a small percentage never return to their jobs.

Myth 6: Everyone with back pain should have a spinal X-ray.

Truth: Routine X-rays of the spine are unnecessary and often of little value. The spine abnormalities detected with X-rays often have nothing to do with the symptoms experienced. Many people have abnormalities and are completely pain-free. The latest medical guidelines for evaluating back pain recommend that the use of X-rays be limited to patients such as those who have suffered major injuries in a fall or automobile accident.

Myth 7: Bed rest is the mainstay of therapy.

Truth: For the longest time, patients with back pain were told to lie down to get better. While many patients experienced less pain while lying down, it was not always the case that they got better. Studies have shown that four days of bed rest turns out to be no more effective than two days, or even no bed rest at all. Imagine what it felt like to get up after one to two weeks of strict bed rest — the recommended practice not that long ago.

Who can cure the pain?

If pain symptoms disappear while a patient is in the care of a particular type of health practitioner, the patient often believes that it was the type of care (chiropractic, surgery, PT, etc.) that eliminated their pain. Back pain normally re-

solves on its own. So what is a person to do? If back pain affects your ability to function, see a

health practitioner you trust to rule out the possibility of an underlying medical condition and help you treat the cause of your back pain. Take their advice and do the things necessary to take care of yourself to make that pain a distant memory.

Sources:

“Low-Back Pain”, by R.A. Deyo, Scientific American, August 1998.

“Occupational Low Back Disorder Causation and Control”, by W.A. Marras, Ergonomics, Vol. 43, No. 7; 2000.

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Most people with back pain get better, regardless of whether they receive treatment or the treatment method used.

Division of Workers' Compensation Contact Information

www.tdi.state.tx.us/wc/dwcccontacts.html

Customer Service	1-800-252-7031 or local office/(Austin) 512-305-7238 (Injured Worker Hotline; Claim Services; Hearings Customer Relations; Medical Review; Medical Dispute Status; Legal & Compliance)
Workplace Safety/OSHCON	1-800-687-7080 (Accident Prevention Services; WC/Safety Resource Center; Workplace Safety)
Safety Violations Hotline	1-800-452-9595
Fraud Hotline	512-463-6700 or 1-888-327-8818
EDI/TXCOMP HelpDesk	1-888-4-TXCOMP (1-888-489-2667)
Government Relations	512-804-4250
Human Resources	512-804-4450
Speakers' Bureau	512-804-4578
Open Records	512-804-4434
Public Information/Publications	512-804-4200/ 512-804-4240
Switchboard	512-804-4000
Stay at Work/Return to Work	512-804-5000
Office of Injured Employee Counsel	1-866-EZE-OIEC (1-866-393-6432)

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