What Are We?

- We are reducing the cost and improving the outcomes of your Workers' Compensation case loads by using our diagnostic on-line case management and resource allocation instruments

- The future of pain management delivered today

What Are the Issues?

- Rising workers compensation costs
  - 66% of the costs are lost wages
  - 34% of costs are medical
- Increasing medical costs
  - 20% of the insured use 80% of the resources
- 20% of claims are fraud
- Medical professionals under pressure to deliver better care in less time
- Up to 80% of claimants are misdiagnosed causing overtreatment
- Opioid use on the rise

Why are Patients Misdiagnosed?

- Doctors don't spend enough time with a patient taking a careful history

- Doctors rely on anatomical tests, such as MRI, CT, and X-ray to make diagnosis

- Anatomy is taking a picture - No picture of "pain"

- Pain is a physiological condition

- Physiology is measuring a response to a stimulus

- Is the oven hot? Would you use a photo or a thermometer to determine this?

- Doctors need to use physiological tests, such as provocative discogram, facet blocks, root blocks, nerve blocks, bone scan, neurometer studies for sensory nerves, Indium 111 scans, PET scan, etc.

Outcomes When Using Our Tests

- Proven Patient Results

- Reduces Wasted Cost

- Improves Diagnosis and Patient Care

- Reducing Lost Time

- Less Work For Adjuster

- More Efficient For Doctor

Pain Facts

- Sprains and strains last only 7 days
- 98% of the time X-rays will miss damaged ligaments and tendons
- 78% of the time MRIs will miss damaged discs
- 56% of the time CTs will miss bone damage

Asking questions about location of pain, and what makes it feel better or worse will give you a diagnosis which is more accurate than an MRI, X-ray or CT

Our Comprehensive Tests

1. **Pain Diagnostic Paradigm**

2. **Headache Diagnostic**

3. **Pain Validity**

- The Pain Diagnostic test and Pain Validity test generate a full narrative summary and diagnoses which can be copied and pasted in the chart to serve as a part of the medical history for the patient

- For patients mistakenly called sprain, strain or CRPS (RSD) these tests provide the right diagnosis of all Nerve Entrapments, Radiculopathies, Facet Syndromes, Damaged Discs, Post-concussion Syndrome and Thoracic Outlet Syndrome

Pain Diagnostic Paradigm

- The Diagnostic Paradigm takes a complete history of 72 questions and 2008 possible answers

- It takes on average 40 minutes for the patient to complete

- Test results are ready within **5 minutes** of completion

- Reduces doctor's evaluation time to **7 minutes**

- Provides a physician with a complete list of most likely complaints & comprehensive history of present illness/injury

- 96% of the time the test diagnosis will concur with Johns Hopkins Hospital findings

- The Treatment Algorithm will list the proper tests to use for each diagnosis, based on the Johns Hopkins Hospital's model

Headache Diagnostic

- There are over *60 different types* of headaches

- Unfortunately, many of the research articles fail to adhere to diagnostic criteria for classifying headaches

- A number of researchers have found that *35%-70%* of patients told by doctors that they have a migraine headache actually have muscle tension headaches, underscoring the need for more accurate diagnostic methodology

- The Headache Diagnostic Paradigm made diagnoses which duplicated the results that appeared in the medical records *94%* of the time

Pain Validity Test

- Only takes *5 minutes*

- Available in English or Spanish

- Accurately predicts *95%* of the time who will have medical test abnormality, and 85%-100% of the time who will not

- Used by physicians to determine who is drug seeking or who has a valid complaint of pain and needs more extensive medical work-up

- Used by insurance companies to detect possible fraud

- Admitted as evidence in over 30 cases in 9 states-stands up in court

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