

**Length of Disability
Prognosis in Acute
Occupational Low Back
Pain**

Development and Testing of
a Practical Approach

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Study Design. Retrospective
cohort study.

Objectives. Practical evaluation
of a rapid prognostic
screening method to predict
length of disability after acute
occupational low back pain
(OLBP).

Summary of Background

Data. Few studies have evaluated
the prognostic value of
administrative data and selected
clinical variables in
typical practice settings.

Methods. Nurse case manager
(NCM) input for 16 variables
and 7 administrative
data variables were collected
for 494 OLBP cases with at
least 30 days of disability.
Length of disability (LOD) was
ascertained by individual indemnity
payment analysis.

Cases were censored after
accumulating 365 days of
temporary total disability or if
they received a lump sum
settlement. Prognostic variables
were evaluated by Cox
proportional hazards modeling.

Results. In a multivariate
model, prolonged LOD was
associated with older age,
shorter job tenure, female

gender, presence of language
barriers, comorbidity, prior
work absence, delayed referral,
attorney involvement nonsupportive
of return to work
(RTW), and low RTW motivation.
Although only 12% of
overall variance in LOD was
explained by the model, high-risk
and low-risk terciles were
readily distinguished.

Conclusions. In a typical setting,
data collection and risk prediction
by nurses or case managers
are feasible and provide specific
information that can be used to
identify who should receive intervention,
as well as some guidance
on factors that should be
addressed.

Key Points

1. Disability risk prediction in
occupational low back pain,
using nurse case manager input
and available administrative
data, is feasible in typical settings.
2. Prolonged length of disability
was associated with older age,
shorter job tenure, female gender,
presence of language barriers,
comorbidity, prior work absence,
delayed referral, attorney
involvement nonsupportive of
return to work, and low return to
work motivation.
3. Although only 12% of overall
variance in length of disability
was explained by the model,
high-risk and low-risk terciles
were readily distinguished.

*(Note: Article was co-authored by
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