

# Workers' compensation ratings don't accurately predict disabilities

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A study of settlement decisions in workers' compensation claims for low back pain has found almost no relationship between the rating of the disability's severity when the claim was settlement and reported pain and disability 21 months later.

Findings were counterintuitive: Claimants with higher disability ratings, which suggest higher severity and less ability to work, fared better than those with lower ratings.

The study shows that "administrative decisions made at the end of the workers' compensation claim process about the ability of someone to work after back injury has very little predictive validity," said Dr. Norton Hadler, a professor of medicine and microbiology/immunology in the University of North Carolina at Chapel Hill's School of Medicine.

Hadler is a co-author of the paper, which was published in the December issue of the *Journal of Pain*, with colleagues from St. Louis University and the University of Florida. It was based on administrative records in Missouri of workers' compensation claims for low back pain.

Workers' compensation is an important part of America's health-care system, accounting for 3 percent of an employer's gross income, Hadler said.

"Clearly, the rating schemes for workers' compensation are inconsistent, and that fact is stirring enormous pots across the country," Hadler said.

"If the outcomes from Missouri generalize, then there is a need to reform how disability is determined."

Another paradoxical finding showed that white claimants fared no better than blacks, even though previous reviews found that blacks were much less likely than whites to be diagnosed with a herniated disk or to have back surgery, had less money spent on their care and received lower disability ratings and smaller settlements.

"It's one of the more perverse observations in our study," said Hadler. "African-Americans were much less likely to be operated on, but the care that the whites got, even though it looks like more care, because it's surgery and it's more expensive, didn't do anything for them."

For their study, the researchers interviewed 580 black and 892 white workers' compensation claimants an average of 21 months after claim settlement to assess how well they were functioning and to determine the contribution of impairment, race and socioeconomic status to their disability ratings.

Hadler said that workers' compensation claims for low back pain represent only 20 to 30 percent of all claims filed but consume a majority of the workers' compensation budget.

The article concludes that "the pattern of results suggests that race/ethnicity and other sociodemographic factors influence medical decision making and ... the outcomes of medical care." Furthermore, the flaws in the system "are not distributed evenly" but "are visited disproportionately" on minorities and persons of lower socioeconomic status.

Source: University of North Carolina at Chapel Hill

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