

For Your Insight:

Research and Practice From the Field

December 18, 2019

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This biweekly update highlights relevant research for RETAIN states and summarizes key takeaways that may benefit program implementation. Each summary includes a link to the article, resource, or formal abstract.

Clinical Depression Is a Strong Predictor of Poor Lumbar Fusion Outcomes Among Workers' Compensation Subjects

Anderson and colleagues (2015) examined the effects of psychosocial factors, such as depression, on spinal fusion outcomes among workers compensation (WC) patients who underwent spinal fusion between 1993 and 2013. The main outcome of this study was whether WC patients returned to work within 2 years of spinal fusion and remained working for at least 6 months within their first year back. The authors found that fewer WC patients who had pre-existing depression met the return-to-work (RTW) criteria compared with those who did not have pre-existing depression. In addition, WC patients with pre-existing depression had higher rates of legal representation, higher medical costs, and were more likely to use opioids for longer periods. Overall, the study found that "RTW rates after fusion were low, which was especially true for those with pre-existing depression." Anderson and colleagues (2015) state their findings highlight "[. . .] the potential impact of better screening for depression before lumbar fusion" and "[. . .] a more limited role for fusion among WC subjects with chronic low back pain where RTW is the treatment goal."

Abstract available: [Anderson, J. T., Haas, A. R., Percy, R., Woods, S. T., Ahn, U. M., & Ahn, N. U. \(2015\). Clinical depression is a strong predictor of poor lumbar fusion outcomes among workers' compensation subjects. *Spine*, 40\(10\), 748–756.](#)

Tags: Return to work, depression, worker compensation

Prognostic Variables for Patient Return-to-Work Interval Following Carpal Tunnel Release in a Workers' Compensation Population

Kho and colleagues (2017) examined whether depression, anxiety, and chronic pain conditions are factors that negatively affect timely RTW in WC patients after carpal tunnel surgery. The research team reviewed medical records of WC patients who underwent carpal tunnel surgery over a 5-year period. The study defined depression and anxiety as active use of antidepressant/anti-anxiety medications from written or oral history. Chronic pain disorders were defined as those in which patients with a history of chronic pain are actively taking medication for treatment. Of the 108 WC patients included in the study, 89% returned to work full time. The average time for RTW was 12.5 weeks. The study found that factors like depression with or without anxiety, fibromyalgia, opioid use before surgery, and modified work status before surgery negatively affected RTW. Kho and colleagues (2017) state that knowledge of these risk factors may help health care providers identify WC patients most at risk for a prolonged recovery so that they can introduce "appropriate accommodations and interventions."

Abstract available: [Kho, J. Y., Gaspar, M. P., Kane, P. M., Jacoby, S. M., & Shin, E. K. \(2016\). Prognostic variables for patient return-to-work interval following carpal tunnel release in a workers' compensation population. *Hand, 12*\(3\), 246–251.](#)

Tags: Return to work, depression, anxiety, chronic pain, worker compensation

Steps States Can Take to Help Workers Keep Their Jobs After Injury, Illness, or Disability

This report from Mathematica highlights the challenges that states experience in providing job-retention services to workers after injury, illness, or disability, and identifies early intervention practices that states can use to help these workers retain their jobs. State challenges discussed include the following: (1) state agencies not traditionally focusing on job loss due to injury, illness, or disability; (2) lack of leadership and awareness in state agencies around job loss after disability; and (3) funding regarding competing state agency priorities. The early intervention practices suggested for states cover two main categories: (1) finding programs—for example, state or local benefit programs—in which states can identify and engage workers at risk of job loss due to disability, and (2) options for expanding early-intervention services in states, which include both claim-based and referral-based interventions. To help states increase access to job retention services among workers, this report recommends specific action steps based on state system, intervention type, and state relevancy. For example, for states with WC systems with exclusive public funds, action steps include pilot testing a Centers of Occupational Health and Education-like program to work with healthcare providers, employers, and injured workers to increase RTW outcomes. For other states, their short-term disability insurance programs may benefit from pilot-testing proactive case coordination. Further details and more state action steps are offered in the report.

Report available: [Ben-Shalom, Y. \(2016\). *Steps states can take to help workers keep their jobs after injury, illness, or disability*. Washington, DC: Mathematica Policy Research.](#)

Tags: job retention, challenges, early interventions

Stay-At-Work/Return-To-Work Toolkit

This toolkit was designed by the Council of State Governments to help states ensure that workers remain in the workforce after injury. It identifies challenges and implementation strategies to help facilitate stay-at-work (SAW) and RTW outcomes and is composed of several sections, including (1) SAW/RTW strategies: the what and why, (2) SAW and RTW policy framework, and (3) state SAW/RTW best practices and implementation strategies. Informed by research related to SAW/RTW issues, these sections cover topics including the benefits of RTW programs to employers and employees, such as increased productivity and maintaining job skills; disability benefits programs that support RTW such as temporary disability insurance programs; employer subsidies, incentives, and grants including tax credits and loans for job accommodation related expenses; and examples of state implementation practices, which feature guides from several states. This toolkit also includes a glossary of commonly used RTW terms followed by list of resources to help states overcome challenges and identify action steps for facilitating RTW.

Toolkit available: [Silverstein, B., & Shafer, M. \(2016\). *Stay-at-work/Return-to-work: Toolkit*. Lexington, KY: The Council of State Governments.](#)

Tags: Return to work, stay at work, early intervention strategies, state policy

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