

IVZ – A Second Opinion Program for Back Pain-Related Surgical Interventions

Kletzko H, Ueberall MA, Nolte T, Mueller-Schwefe GHH – Integrated Managed Care GmbH, Oberursel, Germany

ABSTRACT (UPDATED)

BACKGROUND/RATIONALE:

Background/Rationale: During the past decades a dramatic increase in spine surgery in patients suffering from chronic (low) back pain could be observed. In parallel, the number of failed back syndromes in patients who have undergone one or more spine operations increased significantly – especially in those in whom surgery seem to be neither indicated nor likely to achieve the desired results. Pain specialist and self-help organizations demand a long time ago appropriate second opinion approaches to a) empower patients to achieve a clear understanding necessary to make difficult choices and b) to challenge the deluge of surgical indications in back pain.

METHODS:

IVZ, a second opinion program established January 2nd 2010 by the Integrated Managed Care (IMC) Company in corporation with the German Pain Association and the Techniker Krankenkasse – one of the largest national compulsory health insurances in Germany – offers chronic (low) back pain (bp) patients confronted with a surgical spine intervention a full complement of reasonable nonsurgical treatment alternatives. Within 48 hrs. patients concerned receive an appointment with one of 30 interdisciplinary teams of well experienced specialists – all experts in pain diagnosis and treatment – for a review of the medical records, a detailed physical and physiotherapeutic examination as well as a sophisticated psychological evaluation. Based on this, the specialist teams do either confirm the proposed surgical intervention, or recommend an alternative multimodal treatment concept, specifically tailored to meet their very unique healthcare needs of the affected individual.

RESULTS:

Since its launch in January 2010, several thousands of patients informed themselves about this second opinion program. Until August 20th, 2010, 220 patients participated (mean±SD age: 57.6±14.2 yrs., 43.8% female), but only in 24 of them (10.9%), the surgical intervention has been confirmed by the interdisciplinary panel of pain specialists.

CONCLUSION:

Next to correct diagnoses, appropriate treatment recommendations and informed patient consent build the fundament of any successful medical intervention. Patients should not be under pressure, neither from their physician, nor anyone else in authority over them and should inform themselves – especially in case of elective surgical interventions to treat back pain – about the range of appropriate non-surgical alternatives.

CORRESPONDENCE ADDRESS:

Harry Kletzko, CEO
IMC – Integrated Managed Care GmbH
Adenauerallee 18
61440 Oberursel
Germany

FIGURE 1

Interim results of the second opinion program IVZ concerning the indication of a surgical intervention in 220 patients suffering from (L)BP. After independent re-evaluation of all cases by a interdisciplinary group of pain specialists (incl. psychological and physiological work-up), the indication was confirmed in 10.9% only, whereas it has been skipped in more than 89%.

