How Neuroplasticity (NP) can win your case, part 6 of a series on NP:

-You need to understand that bad neuroplastic changes in your patients provides the scientific basis that refutes and disproves many of the reports and testimonies of biased treating and defense IME doctors. NP with central sensitization is hypersensitivity of the pain pathways and there is dysregulation of the biopsychosocial homeostasis in these patients.

-If the pt has bad NP, the treating physician and the defense IME Dr might say: “1. The injury/pain has resolved, and the only reason they still have problems is due to psychological problems, which are pre-existing or unrelated to the claim or exaggerated.. (and they might have a psychiatric IME that substantiates/agrees with their diagnosis, or 2. the diagnosis is chronic pain disorder with associated psychological factors and general medical condition. He is an unreliable historian. In my opinion, his perception of his pain is far out of proportion to the actual situation, medically known as symptom magnification. His review of systems shows a large number of complaints. His past history is full of psychological stressors. The psychologist has noted the following diagnoses of ..., or 3. There are non-physiologic findings or Waddell’s signs or the pain complaints are not consistent with the original injury or the complaints are magnified, or 4. other attacks on the patient’s credibility, or 5. incorrect diagnoses, 6. and more.

-If you understand how/when/why neuroplastic changes occur and can change perception/pain/mental and behavioral symptoms/ physical signs by changing the nerves and brain in both form and function, you can refute many of the common denials of defense IME Drs. This includes their common defenses as pain disorder, Waddell’s signs, ROM differences, psychological associated or caused symptoms, symptom magnification, differing diagnoses, pre-existing disease, aging, osteoarthritis, poor claimant credibility/being an unreliable historian, poor provider credibility, lack of understanding of causality, increasing signs and symptoms that are seemingly unrelated to the current claim, and more. The significant clinical implications of this neuroscience and pain research is that patients with central sensitization should no longer be viewed as suffering from some “nebulous” form of psychogenic pain that is assumed to be “ all in the patient’s head”.

-Why do many treating physicians, defense IME Drs, psychologists, psychiatrists, etc. deny claims and use the same, frequent time worn defenses listed above? They are used to doing this after years of referrals from the insurance companies. They are paid handsomely for their medico-legal services. They get large numbers of referrals for treatment of patients from the insurance companies, and if they began authorizing lots of treatments, especially expensive ones like chronic pain programs, and began giving impairment ratings to most patients, they would lose their referrals for both treatment and medico-legal cases.

-Provider misdiagnoses is frequently caused by the lack of recognition of bad NP and central sensitization. I recently discussed this concept of NP causing prolonged symptoms and/or the above ideas, etc, with a defense IME Dr and a defense IME psychiatrist. They said that NP is not real, not proven, and is just someone's theory. I responded to them that they were incorrect, and that NP is new modern neuroscience! and they needed to read the AMA 5th, and 6th editions on pain, plus read the current literature on NP, including CO Medical Treatment Guidelines (see below). They continued to disagree.

- **From the online edition: State of Colorado, Department of Labor and Employment, DIVISION OF WORKERS' COMPENSATION**

RULE 17, EXHIBIT 9, Chronic Pain Disorder
Medical Treatment Guidelines Effective: February 14, 2012
page 5, section C, Introduction to chronic pain, it notes:

> Pain is subjective and cannot be measured or indicated objectively. Pain evokes negative emotional reactions such as fear, anxiety, anger, and depression. People usually regard pain as an indicator of physical harm, despite the fact that pain can exist without tissue damage and tissue damage can exist without pain. Many people report pain in the absence of tissue damage or any likely pathophysiologic cause. There is no way to distinguish their experience from that due to actual tissue damage. If they regard their experience as pain and they report it the same way as pain caused by tissue damage, it should be accepted as pain.
>
> Recent advances in the neurosciences reveal additional mechanisms involved in chronic pain. In the past, pain was seen as a sensation arising from the stimulation of pain receptors by damaged tissue, initiating a sequence of nerve signals ending in the brain and there recognized as pain. A consequence of this model was that ongoing pain following resolution of tissue damage was seen as less physiological and more psychological than acute pain with identifiable tissue injury. Current research indicates that chronic pain involves additional mechanisms that cause: 1) neural remodeling at the level of the spinal cord and higher levels of the central nervous system; 2) changes in membrane responsiveness and connectivity leading to activation of larger pain pathways; and 3) recruitment of distinct neurotransmitters.
>
> Changes in gene function and expression may occur, with lasting functional consequences. These physiologic functional changes cause chronic pain to be experienced in body regions beyond the original injury and to be exacerbated by little or no stimulation. The chronic pain experience clearly represents both psychologic and complex physiologic mechanisms, many of which are just beginning to be understood. There will be various articles of support from the literature in the next 2 newsletters.

So… knowing this and using this info (I would copy and paste it into reports), can support your patents and refute the negative, close the case, no more treatment, at MMI, no IR reports from the treating or IME Drs.

There will be 2 more newsletters to finish this series on NP and how it will help your clients get proper treatment and ratings.