PLAIN LANGUAGE SUMMARY

Maximum Therapeutic Benefit

Utilization Management Policy # 84

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What is maximum therapeutic benefit and what is known about it so far?

Musculoskeletal pain, especially spinal pain is a common problem. Traditional nonsurgical treatments that are helpful for some patients with musculoskeletal pain include physical therapy, manipulation (chiropractic), exercise and drugs (pain killers, anti-inflammatory drugs, and muscle relaxants). It is important to determine if a particular treatment is helping a person improve *(decreased pain and increase abilities to perform daily activities)*. Most treatments reach a point where no further improvement can be expected. **This is called the point of maximum therapeutic benefit (MTB)**. MTB can be reached when complaints either fully resolve, or when pain and/or disability persist – even with ongoing treatment.

It is not difficult or burdensome to measure improvement resulting from treatment. There are enough resources available for a healthcare provider to know when and how to measure improvement. With this information, the reasonable likelihood of additional improvement can be determined.

Most healthcare benefit certificates do not include treatment that is not resulting in a reasonable expectation of further improvement from that particular treatment.

How was Maximum Therapeutic Benefit evaluated?

A work group of clinicians was assigned to review the available research. The internet was searched for policies and articles that provided information about 1) when during the course of care is it reasonable to measure for improvement; 2) methods to measure improvement in pain and/or disability; 3) the probability of further improvement with a continuation of treatment; and 4) the likelihood that stopping treatment will result in a worsening of either pain or disability.

After gathering and analyzing this information, a policy was presented to a series of committees that included independent health care practitioners.

What did the work group find?

- Most individuals can expect to notice measurable improvement in pain and/or disability early during the course of care – within 2 to 6 weeks after beginning treatment.
- If improvement has not occurred with 6 weeks of treatment, it is highly unlikely that continuing treatment will be helpful.
- When initial improvement did occur, many studies showed no additional lasting improvement beyond 6 to 12 weeks of treatment.
- Most flare-ups resolve quickly – within a few days to 3 weeks.

What were the limitations of the information?

While there is increasing amount of information about nonspinal conditions e.g., shoulder, knee, ankle, etc., the majority of research is related to spinal conditions (low back and neck pain, sciatica, etc.). The timelines for improvement may not be applicable to some types of post-surgical care.

What are the conclusions?

An individual has reached MTB when after at least 4 to 6 weeks of treatment one of the following is present:

- complaints have resolved or stabilized

- there has been improvement; however, there is no reason to expect further improvement with the same care

- there has not been improvement in pain and/or disability (based on standardized assessments)

- there is insufficient information in the healthcare record to determine that improvement has occurred.

What are the options once MTB has been reached?

Once MTB has been reached it is the responsibility of the healthcare provider to:

a) Revise the plan of care based upon current research evidence

b) Discharge a patient from active/therapeutic care

c) Recommend an alternate type of treatment by a different healthcare provider