

Indicator #20: Work-Related Low Back Disorder Hospitalizations

Background and Public Health Significance

Each year 15-20% of Americans report back pain, resulting in over 100 million workdays lost and more than 10 million physician visits. National Health Interview survey data estimates that two-thirds of all low back pain cases are attributable to occupational activities. The cost of back pain is also disproportionate, as it represents about 20% of workers' compensation claims but nearly 40% of the costs. In 2003, 3.2% of the total U.S. workforce experience a loss in productive time due to back pain. The total cost of this productive time lost to back pain is estimated to be in excess of \$19.8 billion dollar (Steward, 2003; Ricci, 2003).

Data source: Inpatient Hospital Discharge Data & BLS Current Population Survey Data

Rationale:

Hospitalizations for work-related back disorders have serious and costly effects including; high direct medical costs, significant functional impairment and disability, high absenteeism, reduced work performance, and lost productivity. Well-recognized prevention efforts can be implemented for high risk job activities and reduce the burden of work-related low back disorders.

	20.1 Work-Related Surgical Low Back Disorder Hospitalizations (ages 16+)		20.2 Work-Related Low Back Disorder Hospitalization (ages 16+)	
	Annual Number	Annual Crude Rate	Annual Number	Annual Crude Rate
2005	357	9.44*	2043	54.0*
2006	285	7.41*	1892	49.2*
2007	282	7.21*	1944	49.7*
2008	326	8.18*	1947	48.9*
2009	282	7.31*	1907	50.5*
2010	271	7.13*	1864	49.1*
2011	276	6.98*	1976	50.0*
2012	283	7.17*	1943	49.2*
2013	287	7.19*	1971	49.4*
2014	204	5.10*	1976	48.7*

* Rate per 100,000 employees

Limitations

Hospital discharge records are only available for non-federal, acute care hospitals. Many individuals with work-related injuries do not file for workers' compensation or fail to recognize work as the cause of their injury. Additionally, self-employed individuals such as farmers and independent contractors, federal employees, railroad or longshore and maritime workers are not covered by state workers' compensation systems. The expected payer on hospital discharge records may not be accurate and reflect the actual payer. Data between states may not be comparable due to differences in benefit adequacy in states' workers' compensation programs. Trends in the use of outpatient surgical centers may limit the interpretation of this indicator. Selection of diagnosis and procedure codes do differ by state therefore this indicator may not capture all codes.

