



CALIFORNIA CHIROPRACTIC ASSOCIATION

CAPS ON PHYSICAL MEDICINE, INCLUDING CHIROPRACTIC CARE, ARE NO LONGER NEEDED

California Chiropractic Association Position Paper, December 2014

HISTORICAL REVIEW

Prior to the adoption of SB 899 in 2004, a small number of outliers in all disciplines, including physical medicine, were abusing the workers' compensation system and driving up medical costs. In response, SB 899 imposed treatment caps of 24 visits for the life of a claim for physical therapy, chiropractic care and occupational therapy. (The number 24 was based on the number of visits commercial carriers limited care to per year.) SB 899 however also imposed mandatory utilization review, based on scientific guidelines, to determine medical necessity for all care, which resulted in a 45% drop in chiropractic utilization by 2009. (The Anatomy of Workers Compensation Medical Costs and Utilization in California, Monitoring Reforms, 7th Edition, Eccleston et al, WCRI 2009.)

In 2012 the California Legislature adopted, with virtually no review, SB 863, which among other things implemented Independent Medical Review (IMR) and Independent Bill Review (IBR), and arbitrarily determined that chiropractors could no longer serve as the Primary Treating Physician once the patient had reached 24 visits.

The DWC then interpreted a "visit" not as an encounter including treatment, but any time a patient was seen in a chiropractic office, even if that visit was for solely for purposes of evaluation and management of the patient, essentially eliminating chiropractors as "physicians" for purposes of managing injured workers' care after 24 visits for the first time since the 1940's.

We support the reasoned use of evidence-based or evidence-informed guidelines to determine the best approaches to care for injured workers, and stand by the research published in peer-reviewed, indexed medical journals. The following statements are supported by just such evidence.

Accordingly, we believe that **the arbitrary cap on physical medicine, including chiropractic care, which served its purpose a number of years ago is no longer defensible, is in fact unscientific, capricious and counterproductive.**

When the system eliminates all non-drug, non-surgical options for injured workers with chronic pain, their only recourse is to suffer with their pain, or turn to opioids or expensive and often unsuccessful invasive procedures such as epidural steroid injections or surgery. The result, among others, is a dramatic increase in costs and disability.

Either the physical medicine treatment requested meets the guideline standards of the Medical Treatment Utilization Schedule (MTUS) or it doesn't. Continuing to impose an anachronistic, unneeded, prejudicial, unscientific and capriciously arbitrary cap is not only harmful to injured workers, it is indefensible and is driving up costs.

SUMMARY OF RESEARCH ON CHIROPRACTIC CARE

- Chiropractic care is widely used, widely accepted and has demonstrated efficacy as evidenced in multiple reviews over the past three decades in a wide variety of peer reviewed and indexed journals.
- Chiropractic care has been shown to be as effective or more effective than other forms of commonly used medical approaches, particularly for low back pain.
- Multiple studies have demonstrated that chiropractic care is more cost effective for various conditions, particularly low back pain, and significantly reduces the likelihood of surgery and expensive imaging studies, such as MRI.
- Studies indicate, and large health insurers have adopted policies that recognize that earlier use of chiropractic care significantly reduces costs.
- Patient satisfaction scores typically rate chiropractic higher than other forms of health care.
- The California Workers' Compensation system requires all providers to submit requests for treatment to utilization review, and failure to obtain authorization means carriers do not need to pay for care provided.
- While in the past providers could appeal to the Workers Compensation Appeals Board (WCAB) for payment of care provided without prior authorization, such avenues of appeal have been eliminated based on current law, including elimination of WCAB jurisdiction over treatment/billing disputes based on mandatory Independent Medical Review (IMR) and Independent Billing Review (IBR).

We urge the legislature to correct the inappropriate, unnecessary and harmful restrictions placed on providers of physical medicine, and apply the same science and evidence-based, guidelines consistent standards to all care, including physical medicine. This will provide injured workers treatment options they can elect, and reduce the reliance on medications, including opioids as well as expensive and often unproven surgical interventions.

California Chiropractic Association
1451 River Park Drive, Suite 230
Sacramento, CA 95815
(916) 648-2727 (phone) (916) 648-2738 (fax)
www.calchiro.org