DEVELOPMENT OF BASIC WORKERS' COMP GUIDELINES FOR CHIROPRACTIC CARE IN RESPONSE TO NEEDS OF THIRD PARTY PAYERS IN ALABAMA

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ABSTRACT

Objective: To describe a novel program in the area of workers' compensation-based chiropractic care in Alabama developed at the request of third-party administrators handling workers' compensation claims.

Discussion: The system of workers' compensation in Alabama is unique in that the employer and the insurance carrier or third party administrator can determine where the injured worker is seen, by what doctor and what type of doctor. A medical panel of doctors must be available to the injured but it does not, by law, have to include a doctor of chiropractic. Many injuries on the job are related to the spine and musculoskeletal system, which are commonly treated in the chiropractor's office. This article describes a program that led to doctors of chiropractic having an expanded role in the management of work-related injuries in Alabama, prior to which access to care had been significantly restricted.

Conclusion: A needs-based system of communication and self-discipline within a group of clinicians can overcome barriers to patient access through improved relationships with third-party administrators in the workers' compensation system. (J Chiropr Med 2004;3:104-107)

Key Words: Workers' Compensation; Back Injury; Low Back Pain; Chiropractic; Spine

INTRODUCTION

In the 1990's, the time at which this project was implemented, back pain was a significant cause of loss time from work in the United States, as it is today (1,2). Doctors of chiropractic (DCs) routinely see back pain patients in their practices and spinal manipulation has

demonstrated success in the treatment of neck and back injuries (3-6).

In the early 1990's, DCs in Alabama could not treat work-related injuries unless allowed to see the patient by the employer or insurance carrier. At times a third-party claims administrator would have the final decision. This was so, regardless of studies that were surfacing on the benefits of spinal manipulation, performed in most cases by doctors of chiropractic, as an effective treatment for acute back pain and back injury (3,5,6). For the most part, treatment of work-related back pain by the DC was limited in Alabama.

Chiropractors in the state, including the author, had attempted to treat injured workers employed by their municipal government, and other companies. The care was usually denied because the doctor was not a listed medical panel member. This prompted one DC to visit some local companies as well as his city administrator. Eventually, he was relayed to the third-party administrators for the League of Municipalities (LOM.) The LOM had a self-insured workers' compensation insurance program.

After meeting with the head of the LOM's fund it was clear that the administrators had concerns with all physicians treating their injured workers, including, but not limited to, DCs. With his assistance, guidelines for the treatment of LOM workers were established for DCs.

DISCUSSION

Concerns of the LOM's administrators were that doctors, including DCs, would often see a work-related injury patient in their office and never call anyone to verify that an injury had been reported or check to see if there was a procedure that was to be followed by the company.

Concerns of Stakeholders

Often the third party administrator (TPA) would find out about the injury when they received large bills for diagnostic imaging or treatment on the insured. This

was especially true when medical physicians were treating the patients, according to the LOM. In the case of the DC, most were not listed as panel members and therefore, were not trusted by the administrator although the company or municipality may have known of the doctor in generally favorable terms. It was therefore, not typical that the DC was a root cause of billing abuse.

Some chiropractic claims were reasonable, as were some medical claims. However, some were excessive. Since there was a distrust of the non-paneled doctor in general, and perhaps some bias toward doctors of chiropractic, a set of guidelines (Table 1) was developed based on the perceived needs of the employer and the TPA.

Developing a Process

The guidelines gave instructions to the DC, including what they could do and how they were to communicate with the company of the injured worker and TPA. They were to examine the employee and file a brief report of findings with the company and its insurer. In the report they were to cover a brief subjective and objective, assessment and proposed treatment format, in terms that the employer and TPA could understand. This was to be phoned in on the first day, when possible. Treatment was to be rendered only to a level of maximum improvement so that the employee could return to work without further care and have limited risk of re-injury. Prevention of loss-time with modified duty was encouraged. In fact, it was a goal of the doctors that helped form the guidelines to prevent any loss time if possible.

In absence of any other parameters set by the employer or TPA, both were to be re-contacted at four weeks of care or \$1,000 in charges, whichever came first. In cases where a patient had not responded and needed further medical evaluation, the doctor of chiropractic would refer to the physician or treatment center of the employer or TPA's choice. The doctor was also obligated to file a brief report of their activities with the state association workers' compensation committee through which this program was being marketed. This was to allow them to know of any new contacts within the TPA system so they could keep track of all of the doctors who were now seeing workers' compensation patients and know what companies were using the list. Doctors who wanted to participate in the workers' compensation program had to be members of the state association and had to agree to abide by the guidelines and sign a statement to that effect at the bottom of the guidelines

TABLE 1
WORKERS' COMPENSATION GUIDELINES

1. EXAMINE BY ORTHOPEDIC TESTING, X-RAY ANALYSIS, ETC., IN AN ATTEMPT TO DETERMINE IF OUR PROCEDURES CAN REASONABLY BE EXPECTED TO HELP.
2. FILE REPORT OF FINDINGS, PROPOSED TREATMENT AND PROGNOSIS TO THE EMPLOYER, AND/OR INSURANCE CARRIER AS SOON AS POSSIBLE FOLLOWING INITIAL EXAMINATION.
3. TREAT AND FILE INSURANCE ONLY FOR INJURIES SUFFERED ON THE JOB AND NOT FOR ANY OTHER COMPLAINTS OR PROBLEMS THE PATIENT MAY HAVE.
4. LIMIT THE TREATMENT PERIOD TO AS SHORT A TIME AS POSSIBLE AND DISMISS THE PATIENT WHEN HE/SHE BECOMES ASYMPTOMATIC, REACHES MAXIMUM MEDICAL IMPROVEMENT AND/OR PRE-INJURY STATUS.
5. RE-EXAMINE IF THE PATIENT DOES NOT RESPOND TO TREATMENT OR TO VERIFY THAT THE PATIENT HAS RESPONDED ENOUGH TO BE DISMISSED.
6. LIMIT THE NUMBER OF DAYS OFF (IF ANY) TO ONLY THOSE REQUIRED AND RELEASE THE PATIENT TO RETURN TO WORK ON THE DAY THEY ARE ABLE, NOT SOME FUTURE DATE.
7. CONTACT THE EMPLOYER AND/OR INSURANCE CARRIER TO DISCUSS THE PATIENT'S PROGRESS AND AVAILABLE ALTERNATIVES IF, AT ANY TIME, THE TREATMENT OR TOTAL CHARGES WILL EXCEED THE TIME OR AMOUNTS MUTUALLY AGREED UPON PREVIOUSLY. IN THE ABSENCE OF ANY PRIOR AGREEMENT, THESE RE-CONTACT POINTS SHALL BE 6 WEEKS AND \$1,000 RESPECTIVELY.
8. REFER OUT, TO A PHYSICIAN OF THE EMPLOYER AND/OR INSURANCE CARRIER'S CHOICE WHEN IT IS INDICATED THAT THE PATIENT IS A CASE THAT WILL NOT RESPOND TO OUR METHODS.
9. COMPLETE AND MAIL (TO THE STATE ASSOCIATION WORK COMP COMMITTEE) A STATISTICAL DATA FORM FOR EACH WORKERS' COMPENSATION PATIENT EXAMINED OR TREATED, AS WELL AS ALL EMPLOYERS CALLED ON TO EXPLAIN THE PROGRAM.

provided to them. When a list of initial doctors was generated, it was hand-delivered to the four largest TPAs of workers' compensation claims and a follow-up appointment was made with them to provide an in-service program on chiropractic, its benefits for back injuries and the literature supporting the use of the DC in this type of injury treatment.

Within a few months, the program marketing efforts generated interest and other TPAs and insurance companies requested the list. Fifteen companies initially used the list, but within a year there were over 100 insurance companies and TPAs that had the list of DCs who had signed agreements to abide by the guidelines.

In-house presentations were given by the author and other members of the group at the four largest TPAs in Alabama. In 1992, the directors of the largest TPA who served the LOM generated an article in *The Journal of the Alabama League of Municipalities* proposing that all municipalities use the list of DCs as a first line of defense against rising cost of work-related back injuries (8). This was copied and used as a marketing tool for the listed doctors by the Alabama State Chiropractic Association.

Within 2 years, most doctors of chiropractic could routinely treat a work-related injury if they were on the list of those abiding by the guidelines. Some became regular paneled members of the company's medical team. Some became the primary workers' compensation doctor for a company in their area when back related injury was the primary problem in that plant or company.

Areas for Improvement

The program was not perfect. At times, a doctor on the list would be told by an employer that he or she could not see the patient since the DC was not a paneled member. This might occur even though he or she had been approved by the TPA. Sometimes the committee could work this out and sometimes it could not. At times, a doctor would try to abuse his privileges. He or she would charge excessive amounts and the claim would be rejected. Usually those problems managed themselves as the TPA or employer was under no obligation to use a doctor simply because he was on the list. The list was not a guarantee of exclusive use of the doctors.

At times, the TPA would want to set lower limits on re-contact, perhaps \$600 rather than \$1,000. At times, they wanted to hear from the doctor in four treatments or two weeks, rather than four weeks. This was dependent on the claims personnel and their management style or experience with DCs. In most cases, if one abided by their wishes, care was extended to limits set in the guidelines and beyond, if progress was being made and loss time was being minimized.

Within a few years of the development of the guidelines, some people in the state association wanted to make the "list" into a preferred provider organization (PPO) and separate it from the Alabama State Chiropractic Association. There were concerns over anti-trust and setting of fees or treatment parameters. Some people saw it as a potential revenue source if each member had to pay a fee to belong to the group.

Marketing of the program was another idea of the group. Charging a fee to participate would allow for a marketing program. This was initiated. A marketing tool, which consisted of a ring-bound, 4-color document on the cost effectiveness of the chiropractic profession, was developed by the Alabama State Chiropractic Association (7). This was well received by TPAs and others within the workers' compensation system. However, the idea of the workers' compensation PPO did not succeed. Various problems with marketing the program, disagreements over philosophy and changing of the hi-

erarchy of the association left the program in a constant state of limbo. Eventually, the whole effort came to a standstill with several doctors of chiropractic continuing to use the guidelines in their practices.

Lessons Learned

Although the plan did not succeed in making a successful PPO, the concept was successful in allowing many DCs in Alabama to perform workers' compensation physicals, provide care to injured workers and serve as consultants in a capacity to reduce work-related back injury in many Alabama companies. To this day, many third-party administrators remember the program and allow doctors who contact them on the first day of injury to treat the injured. In that capacity, the program was a tremendous success.

This paper is not a systematic review of the literature on work-related back pain or chiropractic care for back pain. Primarily, it is a practical perspective on the program that was developed in Alabama in the 1990's. However, it is likely generalizable to many states and to chiropractic practices around the country. The simple guidelines based on the needs of employers and TPAs in Alabama led to the successful integration of the doctor of chiropractic into the workers' compensation system. The same system can be applied by the individual DC or practicing groups of DCs as well.

Today, two DCs and I serve as advisors to the Alabama Department of Industrial Relations on matters of chiropractic practice and reimbursement. A fee schedule is revisited every few years with the input of the advisory committee. As of this writing, doctors of chiropractic that are members of the Alabama State Chiropractic Association are preparing to attend the two largest conventions of workers' compensation claims adjusters in Alabama as vendors, in order to again strengthen the ties with this large group of TPA claims adjusters. The guidelines of the original group are still being successfully utilized. In all, this was a very successful program for a number of years and was successful because a group of doctors considered the needs of the employer and TPA rather than the needs of themselves. Patient-centered care with the involvement of those responsible for paying the claims often resulted in extended care being rendered, when there was a need, into the realm of supportive care to keep the worker on the job.

CONCLUSION

Needs-based, patient-centered care can be successfully implemented to expand the role of the DC in the man-

agement of work-related spinal and musculoskeletal injury. Guidelines such as the ones reported on in this paper may still be effective today in allowing the DC entry into an otherwise, closed workers' compensation system.

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