

California Chiropractic Association

Eliminate Arbitrary 24 Visit Cap for Physical Medicine in California's Workers' Compensation System

ISSUE

- Recent Labor Code changes removing doctors of chiropractic as the primary treating physician after 24 visits and new regulations by the Division of Workers' Compensation that have redefined a chiropractic "visit" to include non-treatment visits have eliminated the ability of doctors of chiropractic to manage the care and treatment of injured workers.
- It makes zero sense to stipulate a doctor of chiropractic is qualified to manage the care of an injured worker for an arbitrary period, after which they are suddenly unqualified to provide that same care.
- Injured workers' options for non-pharmacologic pain control have been severely limited by changes in the workers' compensation system.
- The detrimental impact to injured workers is two-fold: delayed treatment and disrupted continuity of care.

SOLUTION

- Introduce legislation that simply eliminates the 24-visit cap on physical medicine in the workers' compensation system.
- Given the addition of utilization review (UR) and Independent Medical Review (IMR) to the workers' compensation system, ALL treatment must be approved in advance before it is reimbursable. UR and IMR eliminate the need for arbitrary caps on treatment.
- Public Safety workers are not permitted to work under the influence of opioids. Chronic pain that can be managed through physical medicine is

denied once the cap is reached, leaving opioids as the only option for firefighters and law enforcement workers.

- Back injury and pain are the most common industrial injuries and one of the most successfully resolved through physical medicine modalities.
- Current studies indicate that one of the major cost drivers in the system is now the overutilization of opioid medication.
- An independent study by the California Workers' Compensation Institute (CWCI) found that California has seen a 300 percent increase in opioid prescriptions over the last decade.
- A recent study of Rhode Island's ongoing Integrated Chronic Pain Program which included physical medicine, revealed a reduced per member per year (PMPY) total average medical costs by 27%, decreased the average number of ER visits by 61%, lowered the number of average total prescriptions by 63% and reduced the average number of opioid scripts by 86%
- A recent study of Partnership HealthPlan of California revealed high-dose daily opioids dropped by 50% with the inclusion of chiropractic treatment. In addition, Partnership HealthPlan saved \$1 million a month in avoided opioid prescription costs more than covering the cost of all interventions including the new chiropractic benefit.
- Studies also show that chiropractic treatment is more cost effective than many other treatment options. The journal *Spine* (12.12.2012) published a study showing that workers' chance of spinal surgery after a low back injury was 42.7% if their first contact was with a surgeon and only 1.5% if they saw a doctor of chiropractic first.

- CWCI found that nearly half of the Schedule II opioid prescriptions in California workers' compensation are for minor back injury claims, a treatment regimen that the American College of Occupational and Environmental Medicine describes as typically not useful in the sub-acute and chronic phases. (CWCI, 2011)
- A recent study analyzed the Washington State Workers' Compensation system and found that seeing a chiropractor first following a work injury to the low back significantly reduced the likelihood of surgery: approximately 42.7% of workers who first saw a surgeon had surgery, in contrast to only 1.5% of those who saw a chiropractor. (Spine 2013)
- A study of one thousand workers' compensation cases with lumbar spinal fusions found that of 600 single-surgery patients, 71 percent never returned to work, and of the 400 patients with multiple-surgeries, 95 percent never returned to work.
- Two years after back surgery only 26% of injured Ohio state workers returned to work, whereas 67% who received conservative care instead of back surgery, returned to work.
- Patients who refused surgery and opted for alternative and less invasive procedures to treat their back pain reported experiencing healthier and more personally satisfying outcomes.

Contact: Cris Forsyth Cforsyth@calchiro.org