CHAPTER 10: MEDICAL ASSISTANCE RECOMMENDATIONS

Prepared for

THE WCB POLICY AND REGULATION DEVELOPMENT BUREAU

By

THE BRITISH COLUMBIA CHIROPRACTIC ASSOCIATION

September, 2003

EXECUTIVE SUMMARY

1. In 2002, occupational Back Strain costs were in excess of $124MM[1]

2. Back strains are the single largest cause of occupational time lost (673,900 days or 22.4% of the total days lost in 2002)

3. There have been limited changes in the claims/days lost pattern for back strain injuries over the last 17 years.

4. There is no suggestion that there will be any marked change in the pattern of injuries or costs without a significant redirection of the method of treatment and approaches to dealing with occupational back strains.

5. The BCCA "guarantees" the following:

   5.1 an estimated 40% of the costs of occupational back strains can be saved (approximately $49MM); provided

   5.2 all non-surgical back strain cases be referred to a Doctor of Chiropractic

6. In order to implement the above, policy changes are recommended.

7. Earlier return to work and accompanying lower WCB administrative costs will result in reduced employer assessments.

[1] Statistics taken from WCB Annual Statistical Report and received from the Statistical Services Department of the WCB.

DETAILED INFORMATION

1. Background

1.1 In 2002 back strain injuries accounted for 25.0% of all WCB claims.

1.2 Back strain injuries are the single highest cause of occupational lost time.

1.3 In 2002, the total claims cost for all forms of injuries, exclusive of fatalities, was $894,512,114.

1.4 In 2002, back strain injuries claims costs were $123,722,108 or 13.8% of all claims costs, exclusive of fatalities.

1.5 In 2002, back strain injuries resulted in 673,900 days lost or 22.4% of days lost for all claims.

1.6 There have been minimal changes in the claims/days lost pattern for back strain injuries over the last 17 years.

1.7 Despite the presentation of evidence of the superior effectiveness of Chiropractic treatment and the potential for substantial reduction in WCB costs, the Board has not acted on this information through either policy changes or by way of controlled studies.

2. Assumptions

2.1 The appropriate and effective treatment of back strain injuries represents an outstanding opportunity for significant and possibly even dramatic reductions in time loss and WCB insurance costs.

2.2 From an employer's perspective, back strain injuries represent a most difficult injury to manage. Frequently there are suspicions regarding the authenticity of the claim, often it is uncertain when the injured employee will return to work, and there is often difficulty in accommodating the injured employee in some form of alternate work, particularly for smaller to medium-size employers.

2.3 The vast majority of back strain injuries do not require surgical procedures.

2.4 Presently, the majority of occupational back strain injuries cases are addressed through rest or drug therapy or physiotherapy.

3. Research on Back Strain Treatment

3.1 An extensive amount of research has been conducted on occupational back

injuries. Generally, in WCB settings, the results are that persons receiving chiropractic treatment return to work in less than one-half the time and at less than one-half the cost of other forms of treatment. Some additional results of research into chiropractic care are summarized below.

3.1.1 Florida Workers' Compensation Study (1988)

When "...a claimant with a back related injury, when treated by a chiropractor versus a medical doctor, is less likely to become temporarily disabled or if disabled remains disabled for a shorter period of time; and claimants treated by medical doctors were hospitalized at a much higher rate than claimants treated by chiropractors."

3.1.2 Utah Workers' Compensation Study (1991)

The study indicated that costs were significantly higher for medical claims than for chiropractic claims; in addition, the number of work days lost was nearly ten times higher for those who received medical care instead of chiropractic care.

3.1.3 Oregon Workers' Compensation Study (1991)

The study concluded that the median time loss per case for comparable injuries was 9.0 for patients receiving chiropractic treatment and 11.5 for those receiving medical treatment.

3.2 Other research also indicates that Chiropractic care is a highly effective means of treating a variety of spinal conditions.

3.2.1 Washington HMO Study (1989)

Patients were three times as likely to report satisfaction with care from chiropractors as they were with care from other physicians.

3.2.2 U.S. Department of Health and Social Services, *Acute Low Back Problems in Adults (1994)*

Relief of discomfort can be accomplished most safely with non-prescription medication and/or spinal manipulation.

Muscle relaxants, including benzodiazepines, have been found no more effective than NSAIDs in treating patients with acute low back problems, and potential side effects of these drugs include drowsiness in up to 30 percent of patients. The panel recommended that opioids be avoided if

possible because of significant risks of debilitation, drowsiness, decreased reaction time, clouded judgment, and potential misuse. If chosen, they should be used only for a short time. The panel also recommended against the use of oral steroids, colchicine, or antidepressant medications for acute low back problems.

The panel found manipulation to be a recommendable method of symptom control. Manipulation seems helpful for patients with acute low back problem without radiculopathy when used within the first month of symptoms.

The panel found no evidence of benefits from the application of physical agents and modalities such ice, heat, massage, traction, ultrasound, cutaneous laser treatment, electrical nerve treatment, transcutaneous electrical nerve stimulation (TENS), and biofeedback techniques ... Evidence does not support the use of trigger point, ligamentous and facet joint injections, needle acupuncture, or dry needling as treatments for acute low back problems.

The panel found that prolonged bed rest (for more than four days) may lead to debilitation and is not appropriate in the treatment of acute low back pain.

3.2.3 Patient Disability Comparison (1992)

This study found that "...the number of days of disability for patients seen by family physicians was significantly higher (39.7 days) than for patients managed by chiropractors (10.8 days).

3.2.4 Stano Cost Comparison Study (1993)

In a study of 395,641 patients with neuromusculoskeletal conditions showed that patients who received chiropractic care incurred significantly lower health care costs than did patients treated solely by medical or osteopathic physicians.

3.2.5 Wight Study on Recurring Headaches (1978)

For patients with recurring headache, including migraines, 74.6% were either cured or experienced reduced headache symptoms after receiving chiropractic treatment.

3.2.6 Australian Comparative Study (1992)

The study showed that when chiropractic management was chosen, fewer claimants required compensation and fewer compensation days were taken whereas when medical management was chosen, the average payment per claim was greater and a greater number of patients regressed to chronic status and the average payment per claim was greater.

3.2.7 Virginia Comparative Study

This was a study of mandated chiropractic treatment in order to qualify for health insurance coverage. The results indicated that chiropractic provides therapeutic benefits at economical costs. The report also recommended that chiropractic be a widely available form of health care.

3.2.8 America Health Policy Report (1992)

The report stated that "...chiropractic users tend to have substantially lower total health care costs" and "... chiropractic care reduces the use of both physician and hospital care."

3.2.9 University of Saskatchewan Study (1985)

In a study of 283 patients "...who had not responded to previous conservative or operative treatment" and who were classified as totally disabled showed that "81% ... became symptom free or achieved a state of mild intermittent pain with no work restrictions" after daily spinal manipulations were administered.

3.2.10 College of Physicians and Surgeons of British Columbia, *Submission to the Health Professions Council* (1996)

There seems to be little doubt that through the application of spinal manipulation over the course of their history chiropractors have empirically identified methods of relieving, and thereby restoring the health, of many people who have presented to them with back pain of musculoskeletal origin.

3.2.11 Manga, Angus, Papadopoulos, and Swan, Prepared for the Ontario Ministry of Health, *Chiropractic Management of Low-Back Pain*

"On the evidence, particularly the most scientifically valid clinical studies. spinal manipulation applied by chiropractors is shown to be more effective than alternative treatments for LBP. Many medical therapies are of

questionable validity or are clearly inadequate.

"There is an overwhelming body of evidence indicating that chiropractic management of low-back pain is more cost-effective than medical management. We reviewed numerous studies that range from very persuasive to convincing in support of this conclusion. The lack of any convincing argument or evidence to the contrary must be noted and is significant to us in forming our conclusions and recommendations. The evidence includes studies showing lower chiropractic costs for the same diagnosis and episodic need for care.

"The literature also shows clearly that many medical therapies are of questionable validity or judged to be inadequate. Some medical treatments are also deemed to be unsafe and generate iatrogenic complications for patients."

3.3 BCCA Submission to the Royal Commission on Workers' Compensation in British Columbia (1997)

"Recommendations for ensuring the appropriate services are provided under the WCB Act include:

1. The development and dissemination of information prepared in conjunction with the BCCA which will accurately inform:

   (a) all claimants about appropriate care choices; and
   (b) policy and decision making committees and related officials.

2. A review of all aspects of the WCB functions with the BCCA with the objective of utilizing doctors of chiropractic where the nature of injury involves the spine. This will include but not be limited to adjudicator training programs, Unit Medical Advisors, WCB rehabilitation services, research, and employer and employee safety and prevention programs.

"Implementation of the above will improve the delivery of health care and prevention of injuries. At best, implementation will see B.C. be a leader in worker safety and injury recovery."

4. Current Policies of the Board (Chapter 10)

Please find below a summary of the profession's recommendations (`shown in` **`bold`**) for changes in current Board policies. A number of the recommended changes reflect agreements between the Board and the profession as part of the negotiated settlement between the parties. In other cases the recommendations address what the profession believes to be impediment to provide effective health care to the injured worker.

Recommended changes should be made in consultation with the profession.

Policy Reference	Current Policy	Comments and Recommendations
74.00 Physicians and Qualified Practitioners	Under S21, the Board reserves the right to determine if any particular form of treatment, or provider of treatment, is one that should be recognized for the care of the claimant	The BCCA reserves comment until the Policy Bureau circulates the consultation paper concerning Chapter 10 policies.
74.10 General Position of Physicians and Qualified Practitioners	Physicians, qualified practitioners, or other persons authorized to render health care shall confine their treatment to injuries to the parts of the body they are authorized to treat under the statute which they are permitted to practice	This policy could be considered unnecessary as scopes of practice are determined by the specific Act for the profession or the *Health Professions Act (HPA)*.
74.21 Duration of Treatment		This has been superceded by the negotiated Memorandum between the WCB and the profession. **Recommendation:** **74.21 should be omitted.**
74.22 Scope of Chiropractic Treatment	"…is directed at the spinal column in respect to complaints in the extremities…"	**Recommendation:** **This should be included under 74.10 where the policy refers the Board to the scope of practice as defined under the *Health Professions Act.***
74.50 Selection of Physician or Qualified Practitioner	Quotes verbatim from S21(7) of the *Act* regarding the right of the injured worker to chose whom he/she wishes to go to for treatment (with qualifications).	Refer to 74.50 (below) and 78.10.

Policy Reference	Current Policy	Comments and Recommendations
74.50 Selection of Physician or Qualified Practitioner	"In certain situations, the Board may be likely to object if the claimant is "shopping around"… the Board will not object …on the ground that it does not think that the claimant is making the wisest choice, or because…the selection differs from the judgment that the Board would itself have made."	**Recommendation:** **This should be a practice directive that specifically emphasizes providing the "most cost effective treatment" in order to return the injured worker back to work as quickly as is safely possible".**
74.60 Concurrent Treatment		This has been superceded by the negotiated Memorandum between the WCB and the profession. **Recommendation:** **Omit 74.60.**
78.10 Direction, Supervision and Control of Treatment`	"Much of the work [of the Board] takes the form not of "direction" or "control" but rather suggestions and advice to the attending physician. …But the control of treatment by the Board is not intended to exclude patient choices. …If there is a substantial difference in costs of equally effective treatments or appliances, the Board will authorize the less costly."	The BCCA reserves comment until the Policy Bureau circulates the consultation paper concerning Chapter 10 policies.
78.13 Worker Refuses to Submit to Medical Treatment	"A claimant will not be forced to accept treatment the claimant does not wish to receive nor treatment from a doctor against whom he or she has an objection. …However, … the board may reduce or suspend compensation when the worker … (b) refuses to submit to …treatment which the board considers, based on expert medical or surgical advice, is reasonably essential to promote his or her recovery."	**Recommendation:** **An injured worker has a duty to seek early treatment, and to cooperate fully with both the health care provider and all efforts aimed at an early return to work.**

5. Summary, Conclusions and Recommendations

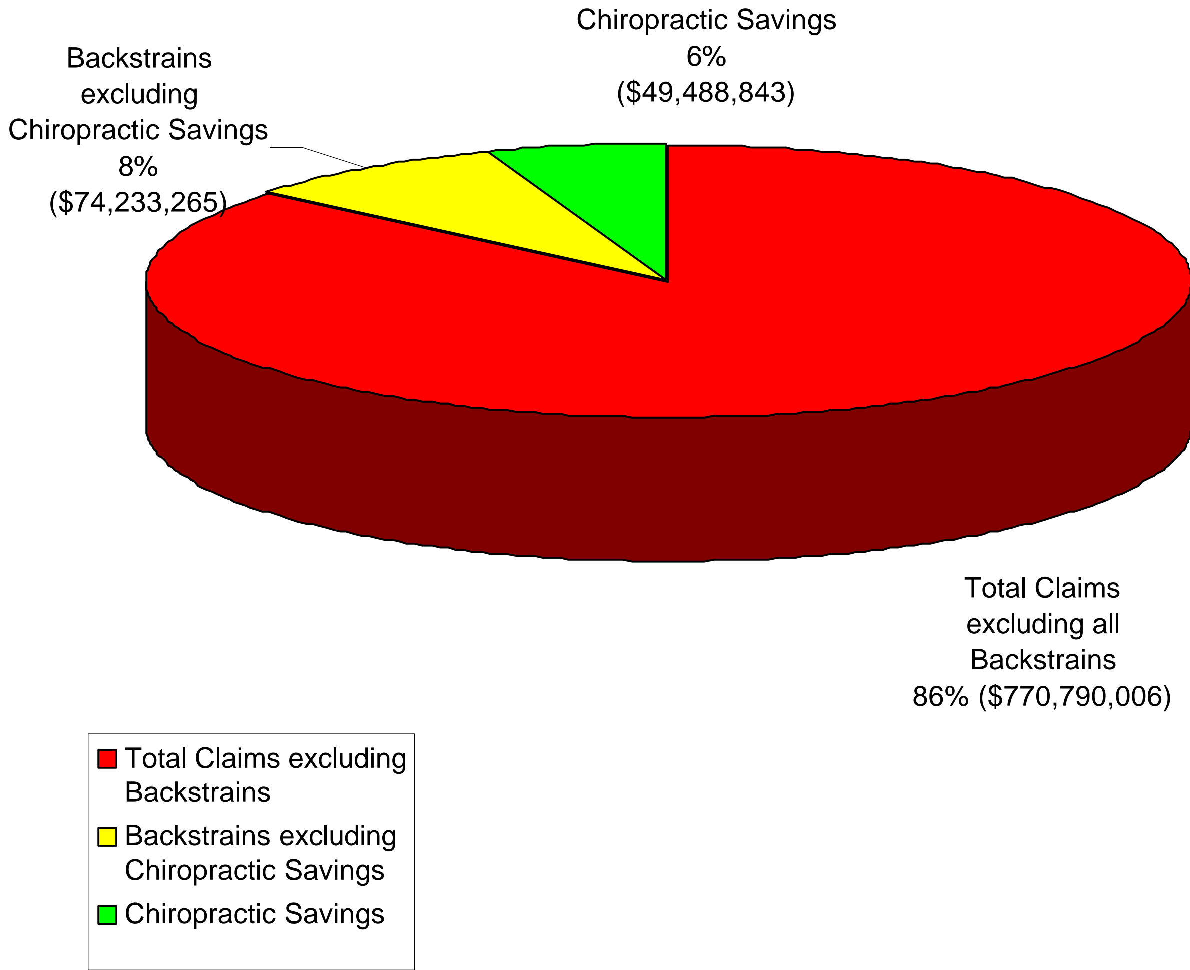
This profession agrees with the repeated statements by WCB officials concerning the two-fold objectives of the WCB of safely returning injured workers to productive employment status as quickly as possible and to reduce the cost of workplace injuries.

Within the context of backstrains, the Chiropractic profession “guarantees” achievement of these goals if the following recommendations are fully implemented. Attached is a graph showing the proportion of savings that could be generated from intensified chiropractic care of the WCB back strain injury patients. Based on 2002 figures, if fully and properly implemented, the savings would be in excess of $49,000,000 or approximately 6.0% of the total WCB claims cost. It is important to note that employers would benefit directly from lower WCB payroll assessments resulting from improved health outcomes and associated reductions in WCB administrative expenditures.

5.1 All non-surgical back strain injury cases should first be seen by a qualified doctor of chiropractic.

5.2 As a first step in verifying the potential for improvement, a controlled joint study could be conducted with a specific occupational group that has a high incident of non-surgical back incidents.

5.3 In order to implement the above two recommendations, specific recommendations were made for changes in Chapter 10 policies.


WCB CLAIMS COSTS - 2002
Chiropractic Savings
6%
($49,488,843)
Backstrains
excluding
Chiropractic Savings
8%
($74,233,265)
Total Claims
excluding all
Backstrains
86% ($770,790,006)
Total Claims excluding Backstrains
Backstrains excluding Chiropractic Savings
Chiropractic Savings