

Drs. Bartels and Walsh Appointed to IMC

Editorial Staff

The Industrial Medical Council is within the division of workers' compensation and is actively involved in the delivery of medical/chiropractic services and other benefits to injured workers.

The composition and duties of the Industrial Medical Council (IMC) are set forth by in Labor Code Section 139. The IMC is comprised of 14 members. Seven are appointed by the governor. Seven are appointed by the legislature.

Of the seven physicians appointed by the governor, four are medical doctors, two are osteopathic doctors, and one is a chiropractic doctor.

Of the the seven physicians appointed by the legislature, four are appointed by the speaker of the assembly and three are appointed by the Senate Committee on Rules.

Of the four physicians appointed by the speaker of the assembly, three are doctors of medicine and one is a doctor of psychology. Of the three doctors of medicine, one is an occupational medicine specialist.

Of the three physicians appointed by the Senate Committee on Rules, one is a doctor of chiropractic and one is a psychiatrist. The remaining physician is a doctor of medicine.

The term of the office of the members of the council is four years. However, the initial terms are staggered, with terms ranging from one to four years.

The duties of the Industrial Medical Council encompass a broad statutory authority to promulgate standards of treatment and evaluation of industrial injuries. This authority includes the establishment of procedures governing the determination of disputed medical issues.

The council appoints and disciplines qualified medical evaluators, acts as a liason between the administration and the health care community, suggest standards to improve care and vocational rehabilitation furnished to the injured workers, and to reduce the cost and frequency thereof, and recommend levels for physician's fees.

In coordination with the administrative director, the council monitors and measure changes in the cost and frequency of medical/chiropractic services.

Between now and the end of the year, the IMC is faced with the task of appointing thousands of chiropractic and medical physicians as qualified medical evaluators (QME), as well as suggesting revisions to the medical/chiropractic treatment and evaluation protocols. They must also take action on a host of regulations being proposed by the division of worker's compensation to implement the new law.

Dr. B. Jackie Bartels was the chiropractor appointed by the governor. Dr. Gayle Walsh was the chiropractor appointed by the Senate Committee on Rules. The following statements were gathered in an interview with both parties.

"DC": Do you foresee any problems in working with this medically dominated council?

Dr. Bartels:

I do not foresee any problems in working with this council, even though it is medically dominated. We have had our first meeting and it was a very good meeting, I felt we were all very compatible and basically have the same goals in mind. First and most important, we are a board of 14 members, we are not meeting as medical doctors or chiropractors.

Emphasis being in a minority role, the council will make decisions as a body and not as individuals. It doesn't matter if we are DCs, MDs, or PhDs; we work as a council.

Dr. Walsh:

I hope we are all there to make sure the system works efficiently. I see us all as primarily treating doctors. It's a good opportunity to make an argument for chiropractic.

"DC": What do you see as the immediate challenge facing the council?

Dr. Bartels:

Our first objective is to work together as a team, to do what we feel is the most valuable for us to keep in mind what our job is. And that job is to do our best to select the QMEs so that all who want evaluation will be assured that when they ask for a QME, they will have one that will be unbiased and trained to make a good evaluation and report so that the judges can make good recommendations which would be in the best interest of the employee, provider, insurance company, or employer.

It is such a pleasure to hear a few of the IMC members comment: "We are not here to make specific regulations or changes for medical doctors or for chiropractors; we have to consider what will and is compatible for each of us as a whole: particularly helping to make the IMC run and do the best we can to help all concerned."

Dr. Walsh:

As I see it, the next few months for the council will be organizational. Having a limited staff at present, the council will have to work hard to assist in some of the organizational activities. The first point of activity will center around the appointment process for QME. There are many questions regarding the criteria for appointment which have to be answered. Beyond that, the IMC will be called upon to evaluate issues of medical standards and procedures. There are many procedures being performed now that are not in the official medical fee schedule based on the relative value studies of 1974. Our function will be to look at these procedures and determine the reasonable amount to charge. We will be called upon to look at commonly used procedures to determine their appropriateness.

"DC": What are your views with regard to workers' compensation: standards of care, utilization, implementation, and other concerns?

Dr. Bartels:

My main concern with the chiropractic profession in dealing with workers' compensation is that we need some kind of standard of care in order to cut overutilization or other problems we may have. What I'd like to do is open the doors of communication between insurance companies and

chiropractors. In this way, the patient will benefit from both; that's my main goal.

I find that overutilization is the major problem in all professions and just not chiropractic. Approximately three percent are the bad guys that give everyone else a bad name.

We need to develop parameters regarding questions of clinical fact. For example, if the judge has a question that he passes on to the medical director, the medical director can turn to the Industrial Medical Council for guidance. As a doctor, the medical doctor can't be knowledgeable about everything. But there will now be a broad group of doctors who have been appointed who can be consulted.

We must try to eliminate any waste of medical resources and replication of medical services if it's out there. We must try to make sure that when an expensive test, like an MRI is ordered, it is one that's not needlessly repeated for academic curiosity.

We must also formulate guidelines on what is a reasonable amount of treatment for a medical condition. There are no guidelines now.

Dr. Walsh:

Some people view us as peer review. I tend to envision our activities as quality control. It is our challenge to come up with standards of treatment and evaluating injured workers. The division of workers' compensation tells us what needs to be in a report. We need to spell out just what procedures have to be followed when treating injured workers.

I don't believe the workers' compensation system we had was so completely wrong. We had a good system that needed some work. The most important thing is that we assess the injured worker fairly and quickly. There are, no doubt, some problems.

Costs are one of the primary concerns. I'm opposed to separate fee schedules for different providers. Assessments, evaluation, or treatment requires the same skills no matter who the provider is.

I'm very much in favor of the disability rather than impairment system. It protects the injured worker. I'm in agreement that we need more standardization in procedures to measure disability. I'd like to investigate some of the proposals but most importantly, we need to keep in mind that we are dealing with live human beings, with many variables that have to be considered.

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