

A Chiropractor's Dilemma

Stephen W. Chase, DC

I would like to think that after 29 years of practice, I have grown accustomed, although not accepting, of fee reductions, high deductibles, limits on office visits, and restrictions on the type of care we can provide to all patients. However, today was the day I decided I had had enough. As Peter Finch stated in the movie "Network," "I'm mad as hell and I'm not going to take it any more!" Today was my breaking point. I've had enough of our patients being victimized by independent medical examinations performed by chiropractic physicians employed by insurance carriers.

Those of us who have treated automobile and workers' compensation cases realize by now that the initials IME (independent medical examination) really stand for NMC, or "No More Chiropractic" care. All of us have had at least one experience where a "truly independent physician" terminated care based on the fact that if the patient in question had four extremities, he/she was capable of returning to full-duty work status. Or, in the case of an automobile accident, if the patient qualified as having a blood pressure and pulse, then most assuredly, no further medical care was warranted or needed. My personal favorite is the IME physician in my area (and possibly yours) who has been writing the same "page and a quarter report" for the past four years stating that no further care was needed, changing only the patient's name, age, sex and date of accident.

It has always been my personal belief that there exists some kind of an unwritten rule that insurance carriers setup IME examinations on an average of 60 days post-accident to terminate care, regardless if the patient has had four or 24 office visits. But today, a new time limit seems to have been established. An elderly patient of mine who had been involved in an automobile accident and was under my care for approximately three and a half weeks, was denied the right for continued care by an IME physician because he lacked a copy of my initial medical report detailing our course of treatment, our recommendations for care, our daily office records, and an orthopedic report/ consultation recommending the need and benefit of further chiropractic treatment.

I accept the fact that insurance carriers need methods of fiscal control and medical guidelines to guard against cases of excessive and prolonged treatment that is being conducted by a few extremely morally challenged members of our profession. But when patient care and their right to treatment is affected by these IME physicians' one-sided, financially dictated opinions, that's when I say enough! I believe it would be an easy task for the insurance carriers to identify these "morally challenged" individuals, then employ IME's for the purpose for which they were intended: to monitor patients' status and their response to care.

I believe it was the late British Prime Minister, Sir Winston Churchill, who said that in order for evil to triumph, all that honest men have to do is to do nothing. As chiropractic physicians, all we have to do is to continue the fight for our patients' right for care. First, we must petition for a truly "independent" examination by a qualified member of our profession, or one who has access to all of the patient's medical records; if not, an opinion should not be rendered until an IME consultant has had an opportunity to consult with the patient's treating physician. I know that it is rare to obtain results this way, because insurance carriers are usually content in saying that they will support the IME physician's opinions. Second, we should contact the patient's attorney, if they have one, to see what their position is in regards to time and inclination to do battle with the insurance carrier for

their client's rights and well-being. Of course, that is a whole different topic to be discussed in a book that I hope to write during my retirement. Third, if possible, we should contact our local and state chiropractic boards, as well as the State Insurance Commission or other regulatory agencies, to see if there is any way to determine if there are any grounds for possible collusion (or just an extremely close working relationship) between the carrier and the IME physician. I, for one, would be extremely interested in finding out exactly how many examinations were arranged by the carrier and the physician in a 30-day time period, and what the results were. How about you?

Stephen W. Chase, DC
Miami, Florida

FEBRUARY 2004