

Worker's Comp Costs Call for Chiropractic

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In light of the Supreme Court's deliberation of the strengths and drawbacks of the Obama health care plan designed to rescue an ailing American health care system, one fact remains indisputable: Health care costs as administered by conventional medicine are continuing to spiral out of control with few signs of abating. (And here we thought that the smart money was in real estate, a fact rued by all those whose financial situation has been hammered by falling real estate values over the past several years.) First, consider just the most recent of a cornucopia of studies addressing the worker's compensation systems. Out of the California [worker's comp system](#) come the facts that:¹

- The share of drugs devoted to narcotics used to treat workplace injuries jumped 63 percent from 2001-2008, while payments for the narcotic painkiller share of all prescriptions *doubled* to 30 percent in just the two-year period from 2008-2010.
- A 2008 study of claims shows that the use of such narcotics in medical care drives the cost of a workplace injury *nine times higher*.

At the same time, Accident Fund Holdings, in its review of claims, found that the cost of a typical workplace injury (medical payments plus lost-wage payments) was \$13,000:¹

- When a short-term painkiller like Percocet was prescribed, the cost *tripled to \$39,000*.
- If a strong, long-term acting opioid like OxyContin was prescribed, the cost *rose ninefold to \$117,000*.

Besides avoiding the prospect of being doped out on opioids and thus being less than fully functional to society, it doesn't take a particle physicist to imagine what would happen if preventive measures and/or alternative treatments, such as chiropractic, were implemented instead. Let's begin with an onsite industrial chiropractic demonstration project reported by Cooper a few years ago:

At a large meat-processing plant in Manitoba, a program was implemented that included the early detection, treatment and occupational management of musculoskeletal injuries two days per week. In addition, the program included advice on ergonomic issues, job rotation, modified duties and return to work, stretching programs, and back school.

Comparing data previous to the implementation from April 2003 – March 2005 to that obtained after the program was initiated (April 2005 – December 2006), the following was observed:²

- Total days of lost time decreased from 235.6 days/month to 134.6 days/month.
- From the worker's compensation board data, the average cost per claim declined from \$1,174 in 2003 and \$797 in 2004 to \$481 in 2005 and \$677 in 2006. As a result, rate premiums declined from 5.35 percent in 2004 and 5.25 percent in 2005 to 4.17 percent in 2006 and 3.13 percent in 2007.
- The number of surgeries decreased, resulting in the savings of over \$900,000 in the first 21 months of this program.

As we go down the list of comparisons of chiropractic versus medical costs in worker's compensation distributions across the nation, we find similar data supporting the utility of chiropractic care:

Florida: Of 10,652 back-related injuries occurring while on the job, those who received chiropractic care compared to medical incurred 1) a 51.3 percent shorter total disability duration; 2) lower treatment costs by 58.8 percent (\$558 versus \$1,100 per case); and 3) lower hospitalization rates (20.3 percent vs. 52.2 percent).³

More recent data indicated that total costs per claim for chiropractic care were \$7,505 for chiropractors and \$16,558 for nonchiropractors; the average number of days to maximum medical improvement was 160.6 for chiropractic care and 219.2 days for non-chiropractic care; and the average number of days to return to work was 76.6 for chiropractic care and 130.4 for non-chiropractic care.⁴

North Carolina: The N.C. Industrial Commission reported that the average cost among 96,627 claims was \$663 for chiropractic care, compared to \$3,519 for medical care.⁵

Texas: Chiropractors treated about 30 percent of all workers with [lower back injuries](#), but accounted for just 9.1 percent of the total costs and 17.5 percent of the medical costs. The average claim per cost was \$15,884, which decreased to \$12,202 when workers with lower back injuries received at least 75 percent of their care from a chiropractor. It fell to \$7,632 when such workers received at least 90 percent of their care from a chiropractor.⁶

Utah: In an older study, total treatment costs for back-related injuries were \$775.30 for chiropractic care, but \$1,665.43 for medical care.⁷

New Jersey: Average medical payments per visit over a 12-month period for chiropractors were 36 percent (about a third) of those paid to other health care practitioners engaged in physical medicine. The average cost per claim over a 12-month period for patients with [disabilities](#) exceeding seven days for chiropractors was 23 percent (about a quarter) of the value paid out to medical physicians (For physical therapists and osteopaths, by comparison, it was 47 percent [about half] of the value paid out to medical physicians.). This means that the average cost per claim over a 12-month period for patients with disabilities exceeding seven days for chiropractors was 50 percent (half) the value paid out to physical therapists or osteopaths.⁸

This is merely a sampling of worker's compensation studies, probably merely the tip of the iceberg as in indication as to what cost savings could be achieved with chiropractic care. Particularly worrisome is the cost of pharmaceuticals, having been recently identified as the *chief driver* (188 percent increase, from \$7.3 billion to \$19.8 billion) of the 65 percent spike in spine care costs in the U.S. from 1997-2005.⁹

Under these circumstances, one wonders whether unlimited access to pharmaceuticals in the treatment of back pain without exploring more conservative alternatives will ever solve the cost crisis in American health care. Or in other words, to paraphrase a popular quotation from Doug Larson, rather than award pharmaceuticals the figurative keys to the city, it might be preferable to consider changing the locks.

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