

A DC Insider's Guide to the *Official Disability Guidelines*

The *Official Disability Guidelines (ODG)* "provide evidence-based disability duration guidelines and benchmarking data for every reportable condition." With the recent appointment of [Dr. Ronald Farabaugh](#), past chair of the Council on Chiropractic Guidelines and Practice Parameters and past president of the Ohio State Chiropractic Association, to the *ODG* Advisory Board, [Dr. Jay Greenstein](#), CCGPP vice chair, sat down with Dr. Farabaugh to learn more about the *ODG* and why they - and guidelines in general - are so important to the chiropractic profession.

What is the relationship between the CCGPP and ODG? Developed by the Work Loss Data Institute (WLDI), the *Official Disability Guidelines (ODG)* are widely used throughout the U.S., including by many worker's comp systems and other large payor groups. Due to their far-reaching effects on our practices, it is imperative that DCs become familiar with the guidelines.

The CCGPP initially partnered with WLDI to disseminate this information. Unless DCs, payors, and decision-makers/leaders are familiar with these documents, they are useless to all. WLDI has the contacts and resources to help distribute the findings of our researchers. By working with WLDI and founder/president Phil Denniston, CCGPP has been able to successfully submit CCGPP documents and they are now included in the current research sections of *ODG*. Thanks to this effort, millions of patients are now able to receive better quality care in both the acute and chronic phases of a condition.

What led to your appointment to the ODG Advisory Board? In Ohio, as in many other states, bad consultants and insurance carriers are consistently interfering with appropriate care by misusing *ODG*. Working with *ODG*, we've been able to address many of the issues and problems, but resistance to full adoption of complete CCGPP recommendations is apparent. Therefore, we suggested *ODG* add a DC to its advisory board to present a conservative perspective regarding the research and treatment recommendations.

In March 2012, Phil Denniston appointed me to the panel. He has been very receptive to CCGPP and willing to consider evidence-based recommendations ... but much work still needs to be done. [*Editor's note:* Readers will be excited to learn that according to the WLDI Web site, the current [ODG Editorial Advisory Board](#) features eight doctors of chiropractic including Dr. Farabaugh: Drs. Timothy Bialecki, Bill Defoyd, Dennis DiGiorgi, Gary Ierna, Mike O'Kelley, Jason Schliesser and Frank Schneider.]

I hope to continue to advance appropriate evidence-based conservative options for the patients we serve. Up until now, *ODG*, like most other medically dominated guidelines, have minimized the existence of legitimate literature. I hope to change that disturbing history.

How can doctors use CCGPP guidelines and ODG to fight insurance company abuse? Once one becomes familiar with CCGPP documents, fighting back becomes much easier. If DCs adopt the case management recommendations regarding dosaging and documentation, it will make it much harder for bad consultants to deny care.

Our goal is *not* to fight back, but to provide solid, evidence-based, consistent care that is less often challenged. We'd rather see your time spent providing quality care versus filing appeals every day. However, when the need arises, you can rest assured that CCGPP recommendations will greatly increase your chances of overturning inappropriate denials.

CCGPP has developed an *ODG* PowerPoint lecture that every DC should watch/review. Once familiar with the actual contents of *ODG*, you take control. Most bad consultants and insurance companies intent on denying care are simply hoping you never discover what *ODG* actually says about care.

For example, do you know *ODG* provides clear direction to physicians on how to extend care beyond the stated recommendations? Do you know *ODG* recommends consideration of complicating factors and comorbidities, and instruct the readers that *ODG* does *not* pertain to all cases, and that each case ought to be considered based upon its own unique factors?

Do you know *ODG* actually recommends [spinal manipulation](#) as the *first* option under the manual therapy section of chronic pain? And do you know *ODG* recommends fish oil and other natural therapies for the control of chronic pain? It's time for all DCs to take command and become familiar with this important document.

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