



NECK PAIN

New Neck Pain Studies Support Chiropractic First

Editorial Staff | DIGITAL EXCLUSIVE

Led by principal investigator David Elton, DC, Optum has produced several groundbreaking studies that help to demonstrate the value of chiropractic care for low back and neck pain ahead of less guideline concordant care that includes unnecessary use of imaging, pharmaceutical and other interventions.¹⁻³

The latest: two new studies that examine neck pain (NP) utilization costs associated with the timing of non-pharmaceutical services for neck pain and utilization costs associated with chiropractic visits.

The first is a retrospective observational analysis of 124,780 individuals with 137,274 episodes of nonsurgical neck pain who contacted 70,252 medical primary care providers.

Sadly, even though neck pain clinical practice guidelines emphasize non-pharmaceutical and non-interventional first-line approaches first, only “22.1% of episodes included at least one of five non-pharmaceutical services at any time during an episode” and only 7.4% received non-pharmaceutical care in the first seven days. “Active care (13.7% of episodes), manual therapy (10.8%), and chiropractic manipulative therapy (9.4%) were the most common non-pharmaceutical services.”⁴

The second is a retrospective cohort study of individuals with NP designed to “examine the dose response association between the number of visits of CMT (chiropractic manipulative therapy), AC (active care), MT (manual therapy), or acupuncture, the exposure to pharmaceutical, imaging, and interventional services, and total episode cost.” The investigators looked at 91,805 individuals who initially contacted a chiropractor (DC), physical therapist (PT) or acupuncturist (LAc) for their non-surgical NP. The total expenditure for all care with \$39,150,944.⁵

According to the findings, “47.8% of DC-CMT episodes, 31.8% of PT-AC, and 35% of PT-MT had 1

to 3 visits. For LAc-acupuncture, 4 to 6 visits were most common, at 27.5% of episodes.” Interestingly, the study found that the patients who didn’t receive CMT or who had greater than three visits were more likely to be exposed to second- and third-line services which typically include NSAIDs, opioids and spinal injections.

Looking at the results, the authors found that:

- “The DC-CMT combination was associated with the lowest overall median total episode cost (\$185, Q1 80, Q3 455), a finding that remained consistent within each visit count category.
- “The median number of different HCPs (health care providers) seen during an episode increased with an increasing number of visits for the PT-AC and PT-MT combinations and was unchanged for the DC-CMT and LAc-acupuncture combinations.”

Taken together, these two studies highlight the importance of beginning nonsurgical NP care with a doctor of chiropractic before beginning medical care to not only provide more cost-effective care, but also avoid low-value care that can ultimately increase costs and include side effects. These findings by Optum will likely be recognized by other health care payers, who will be incentivized to find ways to direct their insureds to more appropriate NP care.

Editor’s Note: As with previous studies by Elton, et al., these studies were pre-print as of press time and had yet to be peer reviewed. They report new medical research that has yet to be evaluated and should not be used yet to guide clinical practice.

References

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