CSCE

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AT A GLANCE

2003 CONFERENCE & AGM
CO-SPONSORED WITH CMCC

SATURDAY APRIL 5, 2003
AGM: 7:30 AM – 8:30 AM

CONFERENCE: 9AM – 5PM

TOPICS:
RESEARCH & EPIDEMIOLOGY

ASSESSMENT & MANAGEMENT

AUTO INSURANCE: LEGs/REGs

CANADIAN SOCIETY OF CHIROPRACTIC EVALUATORS

PRESIDENT'S REPORT

By: Dr. Rocco Guerriero

The Canadian Society of Chiropractic Evaluators has had a full slate of activities to keep us busy this year. Let me summarize some of the work activities our organization and myself have been involved in the past year.

On May 14, 2002, CSCE was invited to a multi-stakeholder conference on the Auto Insurance Standard Invoice (AISI). This was a full-day workshop that reviewed all the problematic issues involved in implementation of the standard invoice. We all quickly realized that the insurers were trying to use the AISI as a decision-making tool. This did not make sense to many of the participants and so I suggested that we harmonize the forms. We decided to revisit and change the OCF-3 (Disability Certificate), the OCF-18 (Treatment Plan) and the OCF-21 (Standard Invoice). We decided to form the "HOW Group". This stands for the Harmonization of Forms Working Group. I participated in meetings all summer on behalf of CSCE. I participated in the working group to change the Treatment Plan form to include outcome-based measures and barriers to recovery. We spent much of the summer months changing all of these forms. The standard invoice has been minimized to two pages, subject to having prior approval of the treatment. More clinical information is required on the Disability Certificate and especially the Treatment Plan form. The Treatment Plan form now includes questions with respect to functional activities, return to work, outcome measures, barriers to recovery, consistency with utilization guidelines. Now there is also the addition of recording objective findings to substantiate the impairments for PAF-related DAC disputes. There is also a requirement that health professionals must submit compelling evidence of unusual occupational, functional or medical circumstances that would require a patient to receive treatment, other than what is provided in a pre-approved framework of care.

The key point about these discussions between the insurance industry and the coalition of health care associations and allied organizations was that we conducted discussions in a collaborative and consensus-based manner. We worked together on a weekly basis. On October 2, 2002, the IBC had a presentation of these OCF forms to the insurance industry. CSCE was recognized as one of the major contributors to this process. The coalition and the insurance industry are now going to negotiate reasonable fees for these forms. These forms should be ready for implementation in conjunction with the new auto insurance legislation.

Since August 2002, I have been focusing all my energies on auto insurance reform. In September, we had intense discussions with the insurance industry to come up with a consensus-based agreement. I was one of the seven health care providers that contributed to the PAF consensus agreement that formulated the basis to Bill 198 legislative changes and the new draft SABS-related regulation changes.

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With Bill 198 reform, focus was on decreasing global medical and rehabilitation costs, decreasing assessment costs, increasing care for the seriously injured, and elimination and minimizing the "bad actors". For the treatment of soft tissue injuries, we agreed on a pre-approved framework (PAF) of care. One of the major legislative changes in Bill 198 is the ability of the Superintendent of Insurance to implement Pre-approved Frameworks (PAFs) through a bulletin. Presently, the Coalition and IBC have agreed on a pre-approved framework of care for treatment of a WAD I and WAD II-related injuries. These also include treatment of back pain and minor extremity injuries. Many of you have seen these PAFs and, if not, you will be introduced to them today. These PAFs limit the amount and type of treatment that can be performed within the first 8 to 10 weeks after the motor vehicle accident. Any disputes related to these PAFs will be sent to a Med/Rehab DAC.

Another major reform includes Section 24 assessments, which is reasonable payment of all types of assessments. The insurance industry claims spending over $220 million on assessment fees. They wanted to control Section 24, especially. Thus, the majority of assessments will now require prior approval from the insurer. There are some exceptions where some assessments can be done, but are still subject to approval by an insurer and/or a DAC.

A major part of this insurance-related change includes DAC reform. We have developed a Fast-track DAC to deal with PAF-related disputes and approval of assessments. The turn-around time now for these assessments is 7 days. This required us to streamline the whole assessment process in order to meet the timelines of these time-sensitive disputes. These fast-track DACs will be done in a paper-based fashion, which adds a new dimension to independent chiropractic evaluations. The documentation to be reviewed is very specific and the report is streamlined to a form-based format. Direct assessments will still continue with the stage-focused Med/Rehab DAC and all other types of DACs. Most of the SABS-related changes deal with medical and rehabilitation benefits sections of the SABS. Section 42 (Insurer Examination assessments) will be limited to deal with only disputes relative to disability, attendant care and other benefits and not be allowed for evaluating the entitlement of medical and rehabilitation benefits. There will be minor exceptions.

CSCE provided a written submission to the government in October 2002. Dr. Dos Santos was instrumental in formulating that submission. Just recently in March 2003, Drs. Dos Santos and Rajwani made an oral presentation to the Auto Insurance Review Committee with their recommendations. They also provided a written submission. The draft SABS should be finalized within the next week or two. It appears that implementation of Bill 198 may take place on or about July 1, 2003. This contains significant changes on how you will practice as a health practitioner and in the performance of independent chiropractic evaluations and DAC assessments. This will require significant education and communication to achieve proper implementation.

As usual, our Continuing Education Committee has focused its energies on the development of this year's conference. We are pleased to announce our most successful conference to date. We have combined an itinerary that involves scientific research, clinical practice and updates on the new auto insurance legislation. This conference is very timely due to all the legislative changes. We have 150 to 200 delegates registered for today; by far this is our most successful conference and we would like to thank CMCC for co-sponsoring this event and making it special for our organization. We have worked together with Dr. Jerry Grod who is the Director of Continuing Education at CMCC. We agreed to continue discussions with CMCC after this conference to assess our certification program. Dr. Grod would like to see our certification program offered in a more streamlined manner. We will continue these discussions in the spring of this year. I would like to thank Dr. John Pikula for chairing this important committee. CSCE needed to hire a new staff member. Laura Mba has been our communications director this year and she has taken a significant load off Janet Seymour. We had moved our communication to an electronic-based format as you have noticed this year. Laura has been instrumental in this regard. We would also like to thank Dr. Lawson for continuing to chair this committee. We would like to thank Dr. Richard Corbett for redesigning our Web site.

CSCE has had a few new members this year. We also have new member applicants. Our committee has not been too active this year. However, we continue to attract potential members, as it is important for the growth of this organization.

Recently, CSCE has been invited to a meeting at the WFC conference in Orlando this year to discuss formulation of a Federation of Chiropractic Forensic Examiners. Dr. Craig Morris and Dr. Warren Jahn are spearheading this initiative. I have spoken to both of them and they are excited to have our Canadian organization join this federation. We have also had requests from Australia for our *Standards and Guidelines Manual*.

I am really excited about coming to the conclusion of my second term as President of CSCE. What I am most excited about is to see our President-elect (Dr. Dos Santos) take over the reins of this organization. Dr. Dos Santos has been instrumental in the vital functions of CSCE and will be an excellent representative for us. Our Executive and whole organization is strong. I would like to continue to see growth of our organization, as we need to build for the future. We have built a strong framework, which forms the base of our organization of independent chiropractic evaluators. My vision for the future is that we will be a key stakeholder, which will assist in policy changes in many different jurisdictions. Thank you for all of your contributions.

Respectfully submitted,

Rocco C. Guerriero, B.Sc., D.C., FCCSS(c), FCCRS(c)
President

A Quick/Simple Qualitative Method To Study Cervical Spine Motion in the Sagittal Plane Without Performing Overlays: Observing and Evaluating Changes In The Height of The Interlaminar Space Occurring On Cervical Flexion/Extension Radiographic Studies

Originally Published: Journal of the American College of Chiropractic Orthopedists, 2001; 23(2): 27-29.

Rick Corbett D.C., D.A.B.C.O.,

Overlay studies[1,2] have been used in the past to evaluate intersegmental motion taking place on flexion/extension radiographic studies of the cervical spine.

I am writing to comment on an alternative, qualitative method of evaluating intersegmental motion taking place on flexion/extension radiographic studies of the cervical spine, utilizing observed changes in the height of the interlaminar space.

Flexion:

The process would begin with the film reader viewing the height of the interlaminar space of a selected motion segment pair on the neutral lateral view (Figure 1 – Neutral). The film reader would then compare this height with the height of the interlaminar space of this motion segment pair on the flexion lateral view (Figure 2 – Flexion). A note would be made as to whether the height of this interlaminar space increased, remained unchanged, or the space reduced. The film reader would repeat this procedure at the other motion segment pairs, which have been included in the study. I suggest the following interpretation: an unequivocal increase in the height of the interlaminar space from the neutral lateral view to the flexion lateral view indicates flexion has occurred at this motion segment pair during the flexion imaged; a limited increase in height of the interlaminar space indicates limited motion has occurred at this motion segment pair; no change in height of the interlaminar space indicates no motion has occurred at this motion segment pair; and a reduction in height of the interlaminar space suggests paradoxical motion at this motion segment pair.

Extension:

The process is continued with the film reader returning to the neutral lateral view, and again viewing the height of the interlaminar space at a selected motion segment pair (Figure 1 – Neutral). The film reader would then compare this height with the height of the interlaminar space of this motion segment pair on the extension lateral view (Figure 3 – Extension). A note would be made as to whether the height of this interlaminar space reduced, remained unchanged, or the space increased. The film reader would repeat this procedure at the other motion segment pairs, which have been included in the study. I suggest the following interpretation: an unequivocal reduction in the height of the interlaminar space from the neutral lateral view to the extension lateral view indicates extension has occurred at this motion segment pair during the extension imaged; a limited reduction in height of the interlaminar space indicates limited motion has occurred at this motion segment pair; no change in height of the interlaminar space indicates no motion has occurred at this motion segment pair; and an increase in height of the interlaminar space suggests paradoxical motion has occurred at this motion segment pair.

R. P. Corbett, DC, DACBR
Winkler, Manitoba

References

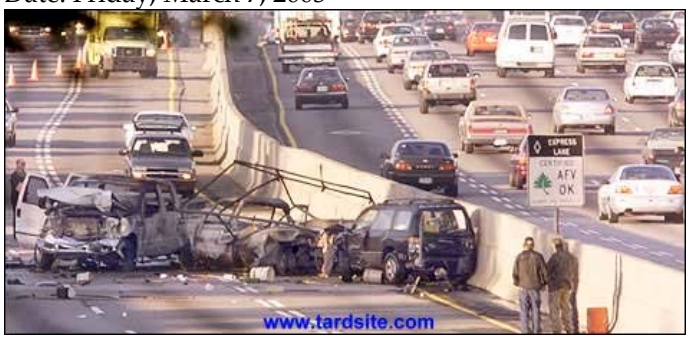
1. McGregor M, Mior S, Shannon H, Hagino C, Schut B. The clinical usefulness of flexion-extension radiographs in the cervical spine. In Mootz RD, Vernon HT, eds. Topics in Clinical Chiropractic Series – Best Practices in Clinical Chiropractic. Gaithersburg, Maryland: Aspen Publishers Inc; 1999;174-83

2. Henderson DJ, Dormon TM. Functional roentgenometric evaluation of the cervical spine in the sagittal plane. Journal of Manipulative and Physiological Therapeutics; 1985;8(4):219-27

Rubbernecking Distracts More Than Phones

Did you know Cell Phones Rank Sixth on List of Causes of Accidents?

From: WebMD Medical News/Jennifer Warner
Date: Friday, March 7, 2003



Chatting on a cell phone while driving may have gotten a bad rap in recent years as a common cause of car crashes, but a new study shows cell phones can't hold a candle to good, old-fashioned rubbernecking when it comes to causing a highway pile up.

In one of the largest studies to date on crashes involving distracted drivers, researchers found looking at other accidents, traffic, or roadside incidents caused the largest number of accidents, while cell phone use ranked only sixth. The study was based on data collected by Virginia state troopers on more than 2,700 crashes involving distracted drivers between June and November 2002.

Researchers found that of all the crashes reported, 98% involved a single distracted driver. "We've known for years that drivers contribute more to causing crashes than the vehicle or the roadway," says Robert Breitenbach, director of the Transportation Safety Training Center at Virginia Commonwealth University, in a news release. "In many instances the driver error involves not paying attention to the driving task. We can now identify those distractions with some confidence."

Rubbernecking was responsible for the largest number of accidents reported (16%) followed by driver fatigue (12%), looking at scenery or landmarks (10%), passenger or child distractions (9%), adjusting the radio, tape, or CD player (7%), and cell phone use (5%). Overall, various distractions inside the vehicle accounted for 62% of the distractions reported. Distractions that came from outside the vehicle accounted for 35% of all distractions, and 3% of the distractions were undetermined. Nearly two-thirds of the crashes in the study occurred in rural areas and were often caused by driver fatigue, insects entering or striking the vehicle, or animals and unrestrained pet distractions.
Automobile accidents caused by distracted drivers in urban areas tended to be the result of drivers looking at other crashes, traffic, or vehicles or cell phone use. Researcher James M. Ellis of Virginia Commonwealth University says the findings should apply to other regions of the U.S. because the areas studied contained a representative mix of rural and urban counties, a diverse ethnic population, and varying road conditions and types.

SOURCES: "Pilot Study of Distracted Drivers," prepared for the Transportation and Safety Training Center, Center for Public Policy at Virginia Commonwealth University, January 2003. News release, Virginia Commonwealth University.

CSCE WOULD LIKE TO WELCOME TWO NEW MEMBERS:

Dr. Carl Eustace from Newfoundland Labrador
and former associate member Dr. Sal Viscomi from Richmond Hill, Ontario

CSCE would also like to encourage new and established members to get involved in one of our various committees. We are always looking for new volunteers. Contact Laura at csce@nyrc.ca or by phone (416) 497-4477

Sellathamby and Allstate Appeal, File No. P02-00009

Reviewing arbitration decisions may help us in our decision-making process as independent examiners. The issue in this appeal is whether the SABS allows an insurer to stop paying income replacement benefits based on an Insurer Examination (IE) after receiving a Designated Assessment Centre report that supports the insured person's disability claim. This Disability DAC Assessment was conducted at Mississauga Physical Rehabilitation Centre in January and March 2000. From a musculoskeletal perspective, Dr. Stants did not render Mr. S disabled. However, the psychologist (Dr. Prendergast) concluded that Mr. S was disabled from returning to his pre-accident level of employment by accident-related anxiety, pain and social avoidance. Allstate requested more information from the psychologist, however, the Disability DAC is precluded from providing Addendums with respect to prognoses. Allstate requested an opinion from an independent psychiatrist, who did not feel that the person was disabled.

The arbitrator writes that the aim of the DAC system is to provide "an impartial assessment, where the parties are unable to agree on the insured person's entitlement to accident benefits". Neither party chooses which DAC will perform the assessment. The timing of a DAC assessment – like the choice of the assessor – is dictated by the SABS. Arbitrator Makepeace makes the following comments: "The DAC report is not just another opinion! Although either party can challenge it through the dispute resolution system, the DAC's conclusion governs the payment of benefits in the meantime. If it finds that the insured person meets the test for IRBs, or that the medical and rehabilitation expenses are reasonable and necessary, the insurer must pay." The arbitrator states that the submissions made by the insurer representative ignore the pivotal role given to DACs by the legislation. Despite suggestions by insurer counsel, DACs are not simply another insurer examination! Their function is to take the dispute out of the back-and-forth of competing partisan reports by providing an impartial assessment. That is the protection provided in the SABS – an independent assessment at a DAC, not a DAC assessment, and then a second opinion by someone of the insured person's own choosing, if the DAC's opinion is not helpful. An assessment arranged for the purpose of challenging the DAC through the dispute resolution process is better viewed as a litigation expense, recoverable through a negotiation or as arbitration or court costs.

Insurers must also respect the role of a DAC! If the DAC does not support its position, the insurer has a choice. It can accept the conclusion and pay benefits, or apply for mediation. It cannot require the insured person to attend an insurer examination for the purpose of challenging the DAC's opinion. An insurer examination only becomes appropriate if it is reasonably required to determine the insurer *[sic]* person's ongoing entitlement or in response to a new claim. In a completely straightforward case, the DAC may provide a clear dividing line between the claims process and the dispute resolution process.

This arbitration decision highlights the pivotal role that DACs play in the dispute resolution process in the Province of Ontario. Allstate was unsuccessful in its appeal and each party was required to bear its own expenses.