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The Canadian Society of Chiropractic Evaluators (CSCE)

*strives to promote a high level of
quality, expertise and standardization
in the performance of independent
chiropractic evaluations and
in the production of the
resultant narrative report.*

CSCE President's Report - July 10, 2013

On behalf of your Board of Directors, I am pleased to provide this update of events with regard to CSCE and additional information enclosed within this newsletter.

Since the beginning of 2013 your CSCE directors have been engaged in strategizing to ensure that the expertise that is within our membership is highlighted and broadcast to third party payors and policy makers. To that end, we have completed the new CSCE Desktop Reference Manual which was sent to all CSCE members on a USB stick. This updated information was also sent to insurers and the legal community. New information includes links to best practice guidelines which are posted on the CSCE website. The feedback received so far with regard to this USB and information has all been positive.

Earlier this year the Financial Services Commission hosted a roundtable discussion on proposed changes to Catastrophic Impairment subsequent to the Expert Panel report on the same issue. CSCE was one of the stakeholder groups invited to send representation and we participated in the discussions. Other stakeholder groups included the legal community, insurers, other health care professionals and government representatives. The discussions were lively with varying points of view made clear. We await word on whether the recommendations from the Expert Panel will be implemented by the Government of Ontario.

In March 2013 the Ontario Workplace Safety and Insurance Board (WSIB) announced changes to the Regional Evaluation Centre model. Essentially, these changes involved the additional of family physicians to perform musculoskeletal assessments, and the role of allied professionals was as a "return to work liaison". A number of chiropractors continue to participate in these assessments in this new role. When the proposal was released by WSIB, CSCE wrote a letter to Elizabeth Witmer, WSIB Chair expressing significant concerns with the new model. A response was received with indication that WSIB would be following up with CSCE to discuss future directions. This process remains ongoing.

On May 1, 2013 I assisted the OCA in presenting to the Ontario Standing Committee on General Government regarding auto insurance. The principles for a fairer auto insurance assessment and treatment system that CSCE has advocated for were expressed in this presentation. I am hopeful that any regulatory changes in the future will address these issues of fairness.

Your Board members continue to meet with Government and opposition members on these important matters.

The financial health of CSCE remains strong, due in large part to sources of revenue from continuing education programs, and membership dues. Under the lead of Dr. Guerriero CSCE continues to partner with CMCC to offer certification in the AMA 4th edition guides on Permanent Impairment rating. This high quality program has also been taken by other health care professionals including General Practitioners, Orthopaedic Surgeons, and others. Please refer to the CSCE or CMCC websites for further information about the next upcoming program. We are also investigating the possibility of offering the course in other parts of Canada to a broader audience of chiropractic experts and other health care professionals. CSCE members in all provinces are encouraged to communicate with your Board to explore for ways to increase the professional profile of chiropractic experts in your area.

I want to thank the Board and the general membership for their continued support of CSCE as we continue to work in these challenging times for expert assessors. I am hopeful that future changes to regulatory systems will result in lessening these challenges for clinicians and patients; as far as accessing a more timely dispute resolution system and needed treatment and other benefits.

Thank you.

Sincerely,

D. Dos Santos, B.Sc., D.C., FCCPDR(C), FCCO(C)
CSCE President



MIG Decision

With the regulatory changes in the SABS imposed September 2010 there was a limitation to benefits for a significant number of claimants, which included a \$3,500 cap on payments for injuries that fall under the MIG. That cap was one of several auto insurance reforms, which also included a reduction in medical, rehabilitation and attendant care benefits in the standard auto policy for non-catastrophic injuries.

Recently the Financial Services Commission of Ontario (FSCO) released the very first decision with respect to injuries that fall within the Minor Injury Guidelines (MIG) which has provided clarification regarding what injuries subject an insured person to a maximum of \$3,500.00 in medical and rehabilitation benefits.

In *Lenworth Scarlett and Belair Insurance Company Inc.*, Arbitrator John Wilson concluded that while Mr. Scarlett suffered soft-tissue (whiplash) injuries in his motor vehicle accident, he was also diagnosed with Temporal Mandibular Joint Syndrome, as well as psychological issues. Despite the provision of documentation that supported injuries beyond those subject to the MIG, Belair maintained its position that the claimant was subject to the MIG limits for accident benefits despite further evidence of complicating features of his claim that took it outside of the MIG framework.

Arbitrator Wilson outlined the critical elements of the MIG as follows:

Persons who suffer minor injuries (as defined) should be treated appropriately, with early, quick and limited intervention to assist in recovery.

The decision or not to treat an insured either within the Minor Injury Guideline or not should be made on the basis of credible medical evidence and not on speculation.

Even those persons who otherwise might be within the MIG can be treated outside of the Guideline if there is credible medical evidence that a pre-existing condition will prevent the insured person from achieving maximal recovery from the minor injury.

Arbitrator Wilson further concluded that the onus is on the insurer, not the insured, with respect to determination of a person's injuries falling within the MIG.

In essence, because of the necessarily early stage of the claim when the MIG is applied, the determination must be an interim one, one that is open to review as more information becomes available. This case sets the precedent for future decisions and challenges insurer discretion. Coupled with the proposed regulatory changes (scheduled to go into effect June 1, 2013) which includes requiring insurers to provide claimants all reasons for denying a claim, the necessity for timely and appropriate peer reviewed direct assessment will likely increase.

S. Henderson, BSc, DC, FCCPOR(C)





Chiropractic Specialties Conference

CANADA'S 3rd ANNUAL CHIROPRACTIC SPECIALTIES CONFERENCE

Advancements in the Diagnosis and Management of Spine Disorders

Saturday, November 9, 2013

**Sheraton Parkway – Toronto North
600 Ontario 7, Richmond Hill, Ontario**

On Saturday, November 9, 2013 members of Canada's five Specialty Colleges and the chiropractic community will come together for the third annual conference, bringing chiropractic leaders from across Canada for an intense day of learning and exchange.

The conference will feature plenary sessions, a panel discussion and a grand rounds presentation focusing on the theme of Advancements in the Diagnosis and Management of Spine Disorders.

Hold this date in your calendars now and plan to attend this excellent learning opportunity. Come and re-connect with your chiropractic fellows around this very important topic area. The rates for the 2013 conference will remain the same as last year. The conference early bird registration fee is \$250.

**There are also limited exhibitor and
sponsorship opportunities available.**

If you have any questions, would like to register for the conference or become an exhibitor or sponsor, please contact us at: chirofed@associationsfirst.com

Look forward to seeing you all in November!



THE FEDERATION OF
CANADIAN CHIROPRACTIC
REGULATION ♦ ACCREDITATION

LA FÉDÉRATION
CHIROPRACTIQUE CANADIENNE
RÉGULATION ♦ ACCRÉDITATION



HST - GST on Assessment Services

The Harper Government's recent March 2013 Budget now imposes GST/HST on Reports and Services for Non-Health Care Purposes

Under the GST/HST, services that are provided solely for non-health care purposes, even if supplied by health care professionals, are not considered to be basic health care and are not intended to be eligible for the exemption.

To address court decisions that have expanded the scope of the exemption beyond the policy intent to limit the GST/HST exemption to basic health care services, the 2013 Budget proposes to clarify that GST/HST applies to reports, examinations and other services that are not performed for the purpose of the protection, maintenance or restoration of the health of a person or for palliative care. For example, taxable supplies would include reports, examinations and other services performed solely for the purpose of determining liability in a court proceeding or under an insurance policy. Supplies of property and services in respect of a taxable report, examination or other service would also be taxable. For example, charges for an x-ray or lab test in relation to a taxable examination would also be taxable.

A report, examination or other service will continue to be exempt if it is performed for use in the protection, maintenance or restoration of the health of a person or use in palliative care. As well, reports, examinations or other services paid for by a provincial or territorial health insurance plan will continue to be exempt. A caveat to this requirement is where an individual assessor conducts less than \$30,000 in assessment services per taxation year.

This measure will apply to services provided after Budget Day, March 22, 2013.

CSCCE would recommend that all assessors contact their accountants for further information.

CANADIAN
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