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IME's and Their Future Role in Chiropractic

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I am a practicing Chiropractor. I am also an Independent Medical Examiner for several insurance companies. I make both of these statements without any hesitation or embarrassment. In fact--I am proud to wear both titles. I am befuddled by what I see in some of our trade publications which call for fair IME's and then turn and castigate in generalities any DC who dares perform them. I have decided to speak up in the hope of evoking a deeper discussion on IME's and their future role within our profession.

I do not view myself as a traitor to chiropractic, in fact quite the contrary. I view the IME as a beneficial and necessary tool to our profession. In a sense it is the last tool that an insurance company has to reconcile a questionable claim. When properly performed it is similar to a 3rd party arbitrator trying to settle a labor dispute. I am of course speaking of the REAL IME's, performed by a practicing DC who is at liberty to render an honest and balanced judgment without unfair influence by either the insurance carrier or the "good-ole-boy network" of his fellow DC's. The "rubber-stamp" variety of IME, used to cut any and all claims is uncondonable and reprehensible. I also submit that we need to understand how 3rd party reviews work, and strive to improve the experience, rather than complain and vilify.

Let us turn a critical, introspective eye to our profession. Let us be frank and blunt about the root questions involved in the issue of 3rd party reviews of our profession.

There are several factors which underlie this topic. The first is the double edged sword that exists within our profession. That sword is liberty. We are all at liberty, --in spite of the obvious and ever tightening constraints of insurance and government regulations-- to decide how we will run our individual practices. How much will we charge for an adjustment? How often we will schedule our patients? How often and how many x-rays will we take? This liberty is the blessing of a free society, expected to be constrained by the checks and balances of our free market system. And to a large degree this works. But as the Turkish political reformer Kemal Ataturk once said; "Liberty is like a fire. It's beneficent if controlled; [but] abandoned to itself, it burns and destroys." A minority of our colleagues have allowed their thirst for financial success to overcome their perspective. They have become greedy and in my opinion are far more dangerous to our profession at this time than the AMA is. I do not mean to imply that every doctor who has an IME ordered on a patient is abusive. But I do mean to say that some of our own profession are creating an atmosphere of suspicion and mistrust because of exorbitant charges, and over utilization. This is greed. To rationalize it by pointing out that this is rampant in other health care fields --like what some hospitals charge for an aspirin-- is shallow. Greed is greed. Let 60 minutes run an exposé of what others are doing, but let's make sure it's not about us!

Greed exists on both sides of the fence. From some insurance carriers who are more than happy to take a clients premiums, but less generous when it comes to paying off claims. Also greed from some doctors (of all types) who see insurance as the "golden goose." These doctors are hardly interested in quicker results, or lower charges since the better job they do and the quicker they do it, the sooner that particular goose will have flown away.

Yet another factor is the patient. We have all had some patients who never seem to completely get well. Some are hypochondriacs, some are just a bonafide mess. In either case, as the weeks spread into months, and then years it is no wonder that on the other side of the bill is a frustrated claims adjustor trying to do his job.

Believe it or not, the typical claims adjustor is not your enemy. They really are not the grim- faced, scowling lout that we may have pictured. If they were, then every patient would be sent for an IME or records review. Most IME's are triggered by one of the following factors;

1. POOR COMMUNICATION. Most of the time the only thing an insurance company receives from you is your bill. If it's an auto or work comp case they may have gotten an initial report, and sometimes these are very cursory. If you don't communicate what your doing, why your doing it, and how long you expect to keep doing it--don't be surprised if they question your treatment. In auto, work comp, and PI cases a brief but honest up-date should accompany your bills, at least once a month or more often if the situation warrants.

2. UNUSUAL CIRCUMSTANCES. The case may have gone longer than expected. The patient may have had long gaps between treatments. Your diagnosis may not match other information the insurance company has from other sources. The degree of injury may appear less severe than your treatment warrants. Perhaps the patient went many months before seeking care for an old injury. All of these play a part, but especially the length of time, and your pattern of treatment. Most adjustors will trust tapering treatment patterns, especially when you are communicating the patient's progress regularly. But if you are treating the patient frequently, with no sign of tapering, be prepared to be questioned or cut-off.

3. UNUSUAL CHARGES, OR OVER UTILIZATION. This is a very testy topic. Who is to decide what charge is fair? How dare anyone try to put parameters on what I charge in my office? We've probably all seen the run of the gambit when it comes to charges. I've seen doctors who charge over \$700 for the initial date of service. I've seen others who charge less than \$100 for virtually the same level of service. The simple fact is, insurance carriers are not overly stupid. They have the same sense of logic that hopefully most of us have. If your charges are out of line you may trigger an IME. Exactly where that line is varies from state to state and carrier to carrier. But deep down, if you look honestly at your charges, you know if you've crossed it or not.

I point out these triggering factors, because we need to grow up as a profession. Can we really insist on playing in the big leagues if we refuse to play by the rules? We can and should do our best to make the rules fair. Have you forgotten the old days, when our patients were (and often still are) sent to MD's to decide if the chiropractic care is really needed? How often was treatment approved then? Would you rather have that continue? ...Well, if not-- then why are we squawking when our patient's are sent to a fellow chiropractor? Isn't that what we've been fighting for all these years--to be treated fairly. You may quickly point out that not all DC's perform fair IME's. Some are just the same "rubber-stamps" that we've seen used against us before.

The State of Michigan has pending legislation (HB5414-17) which will require some IME accountability which I loudly endorse; 1. Same license and specialty reviews. (No more MD's evaluating a DC's case). 2. At least 7 years in active practice. 3. Derive at least 65% of annual income from active patient care with at least 24 hours average per week. 4. Complete at least 10 hours of C.E. credit in the specialty or area of practice as the cases in review. 5. Have a clean record of practice themselves within a 7-year period preceding the IME.

Furthermore the bill would require the insurer to follow certain guidelines before ordering an IME including; 1. An exam may only be ordered if the treatment extends beyond established protocols. 2. Five business days notice must be given. 3. No more than six IME's on the same patient can be performed in a year without the patient and provider's consent. 4. If any of the guidelines are violated by the IME examiner the patient is not required to submit and the insurer must immediately provide the benefits.

In my opinion, in this discussion, as in most things, the truth lies somewhere in the middle. Both extremes--some insurance companies attempts to avoid paying claims; and some doctors who feel they should have carte blanche in what they do-- are wrong. Rather than vilify all IME's performed by DC's on DC's, let us work to promote honest and fair peer reviews. If we fail to respond fairly via our own peer review, then others will. They are setting standards for us, which we will have no input over and which we will have to live with. This is already happening when insurers set a yearly dollar limit for chiropractic care--and usually very low. This is in direct response to their frustration in dealing with the problems I have discussed. Let us clean up our own house, and set reasonable standards of care with treatment protocols that are clear enough to allow for our diversity, without leaving room for the greedier element in our profession to endanger us all.

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