Association of New Jersey Chiropractors

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A.N.J.C. POSITION PAPER ON NEW JERSEY CHIROPRACTIC RADIOGRAPH GUIDELINES

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A.N.J.C. POSITION PAPER ON NEW JERSEY CHIROPRACTIC RADIOGRAPHIC GUIDELINES

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ASSSOCIATION OF NEW JERSEY CHIROPRACTORS, INC.
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I. SUMMARY OF POSITION

The Association of New Jersey Chiropractors ("ANJC"), New Jersey's largest professional society of chiropractors consisting of over 1,300 licensed chiropractors in the State of New Jersey, supports the exclusive use of chiropractic-authored x-ray guidelines for patient care, rejecting medical guidelines that do not account for the unique standards and practices of chiropractic care in New Jersey.

II. BACKGROUND

Recent utilization management policy changes by Anthem insurance and other insurers, have applied restrictive medical x-ray guidelines and alleged authorities[1], including but not limited to guidelines issued by the American College of Radiology ("ACR") to chiropractic care across fourteen states, including New Jersey, that threatens clinical autonomy for New Jersey chiropractors. These medical guidelines as well as other guidelines that arbitrarily limit or restrict the taking of radiographs based upon factors not related to the clinical presentation and best interests of the patient but, rather, for example, global generalizations and timing limitations, should be rejected in the State of New Jersey.

[1]The reference to "Guidelines" throughout this paper includes but is not limited to research, literature, educational tools, surveys, meta-analyses and the like.

Radiographs (x-rays) have been used as part of clinical decision-making in Chiropractic since the early part of the 20th century. Many techniques use x-ray analysis for the position of the spine and vertebra for specific correction. Nationally, since 1972, the federal Medicare program has either required by statute or has recognized and accepted x-rays of the spine, as a primary method of identifying and documenting vertebral subluxation/misalignments. Since many decades of time-tested techniques in chiropractic use x-ray analysis to determine the biomechanical positions and motion of the spine, the profession considers the taking of x-rays a standard of care in the profession and never has there been a time frame restriction or red flag restrictions on clinically appropriate prescribing, ordering or performing x-rays.

There can also be a malpractice exposure concern should x-rays not be performed, as denied by a payor based merely upon an arbitrary time frame and not chiropractic clinical necessity to rule out contraindications to chiropractic manipulative therapy that could render an increased risk to the patient.

Chiropractors are authorized to employ spinal x-rays in all 50 states. There is no prohibition from taking or ordering clinically necessary radiographs and in New Jersey a Chiropractor can order a clinically necessary MRI, CT and other imaging as well. Those same 50 state statutes, and rules and regulations governing the profession of chiropractic, do not explicitly limit the use of diagnostic imaging exams to cases where "red flags" are present, which is the mantra of the allopathic radiographic guidelines. The ACR Committee on Appropriateness Criteria, its expert panels, as well as other organizations, have developed criteria for determining appropriate imaging examinations for diagnosis and treatment of specified *medical* condition(s). These criteria

are intended to guide radiologists, radiation oncologists and referring physicians in making decisions regarding radiologic imaging and treatment. Generally, the complexity and severity of a patient's clinical condition dictate the selection of appropriate imaging procedures or treatments. Only those examinations generally used for evaluation of the patient's condition are ranked. Other imaging studies necessary to evaluate other co-existent diseases or other medical consequences of this condition are not considered in this document.

Recently, insurers have begun applying the medical X-ray guidelines and authorities, in utilization management decision on chiropractic care. These medical guidelines are not appropriate or legally aligned with New Jersey's Chiropractic Scope of Practice Act, which prohibits anyone besides a New Jersey licensed chiropractor "to render a utilization management decision that limits, restricts or curtails a course of chiropractic care." Plain radiography of the spine ("PROTS") is considered essential in chiropractic diagnosis and care management, supported nationally since 1972 by Medicare and in all 50 states, without restrictions to only red flag or time frame-based scenarios.

N.J.S.A.§45:9-14.5(d) (2010) specifically states: "It shall be unlawful for any person, not duly licensed in this State to practice chiropractic, to use terms, titles, words or letters which would designate or imply that he or she is qualified to practice chiropractic, or to hold himself or herself out as being able to practice chiropractic, or offer or attempt to practice chiropractic, *or to render a utilization management decision that limits, restricts or curtails a course of chiropractic care.*" (emphasis added). The New Jersey Board of Chiropractors ("NJBCE") has previously rejected the application of improper guidelines against chiropractors in the past. Specifically, in 1997, the NJBCE rejected the formal adoption or mandatory use of the Mercy Guidelines (also known as *The Guidelines for Chiropractic Quality Assurance and Practice Parameters*) as the official standard of care for licensed Doctor of Chiropractic practice within the State of New Jersey. The decision to reject the Mercy Guidelines is documented in official Board minutes for the October 16, 1997, meeting:

> "It is the position of the New Jersey State Board of Chiropractic Examiners that the Guidelines for Chiropractic Quality Assurance and Practice Parameters (Mercy Guidelines) are rejected for any use concerning the practice of chiropractic in the State of New Jersey. Licensees of this Board should refrain from utilizing or referencing this document for any professional purpose concerning the consumers of the State of New Jersey. . .
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> The Board . . . voted to inform Dr. Klingert that the Board's position regarding the Mercy Guidelines is as follows: The Board does not accept the Mercy Guidelines as a standard for determining the frequency and/or necessity of care. Further, the ultimate determination for the frequency and/or necessity of chiropractic care shall be predicated on clinical and objective data relevant to the case in question."

(See, Official Board of Chiropractic Examiners Public Minutes 10/16/1997). The rejection was primarily based on the determination that the Mercy Guidelines did not reflect the full scope of chiropractic practice in that the guidelines were overly restrictive and did not adequately represent the full, authorized scope of chiropractic practice as defined by N.J.S.A.§45:9-14.5(d) (2010). The Board refused to codify the guidelines in the New Jersey Administrative Code (N.J.A.C. Title 13, Chapter 44E) to establish a minimum standard of care which remains rooted in state statutes, regulations, and generally accepted professional standards, requiring individualized, evidence-informed clinical judgment.

Similar to the rejection of the Mercy Guidelines, applying medically derived standards in utilization management determinations of chiropractic care is a direct violation of N.J.S.A.§45:9-14.5(d) (2010) and cannot establish a standard of care or reimbursement policy for New Jersey chiropractors. The medical guidelines typically address severe and acute circumstances seen in medical practices, urgent care, and emergency room facilities and therefore are not applicable to chiropractic practice for the following reasons:

- The medical guidelines are based on research that suggests radiographs for acute, non-traumatic low back pain do not change outcomes within the first six weeks and that PROTS does not alter the treatment plan in primary care settings. These studies overwhelmingly (i.e. 98%) do not report biomechanical considerations. Therefore, the recommendation to limit PROTS to trauma and red flags may not be appropriate for all conservative spinal healthcare professionals.

- Spinal manipulation (SM)/Chiropractic adjustments are an effective evidence-based and cost-efficient treatment for many acute spinal pain disorders. In the vast majority of cases, Doctors of Chiropractic apply a specific and direct HVLA (high velocity low amplitude) manipulation technique to the spine through the Chiropractic adjustment process. Biomechanical assessment frequently requires proper visualization of the spinal structures for the safe and effective administration of the technique. PROTS argues for the importance of imaging to ensure HVLA/SM is conducted in a manner which maximizes efficacy and minimizes potential harm.

- Segmental spine buckling is a mechanism of acute injury in the lumbar spine. Radiographs are essential to diagnose this condition and guide proper treatment.

- The pattern of spinal column derangement seen on imaging contributes significantly to the appropriate diagnosis and therefore can influence the decision to apply potentially therapeutic forces to the spine.

- Radiographs are useful for finding spinal and pelvic anomalies, which are common and may potentially alter SM intervention strategies.

Medical guidelines (including but not limited to ACR protocols) are incompatible with chiropractic standards, regulations, and statutes and should not be used to restrict or review chiropractic imaging decisions. The authority to determine clinical necessity for

imaging resides with the licensed Doctor of Chiropractic, within the parameters of state law and regulations.

Policy Recommendations

The ANJC submits that the following policies must be implemented in New Jersey. Insurers and institutions must recognize only chiropractic-authored imaging guidelines for utilization review in New Jersey. Colleges and academic programs should discourage teaching medical imaging protocols as primary standards for chiropractic practice. Policymakers should reinforce and clarify statutory language ensuring the protection of clinical independence for licensed chiropractors in all imaging-related decisions.

This position paper reflects the strong opinion and regulatory fidelity of the ANJC to safeguard chiropractic standards and the clinical autonomy of New Jersey chiropractors. The use of medical-imposed guidelines in the chiropractic context is contrary to the letter and spirit of existing laws, regulations, and best practices, and must be rejected in favor of chiropractic-authored and evidence-based protocols.

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