

OWCP and chiropractors



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Back injuries are among the most frequent injuries that we sustain as letter carriers, given all the lifting, bending, twisting, stooping and reaching that our jobs require. Common back injuries—sprains, sprains, herniated discs, stenosis, foraminal narrowing, arthritis—can result from traumatic incidents or can develop over time as occupational diseases. And they often are associated with peripheral pain and nerve issues in the extremities such as neuropathy

or radiculopathy.

It is common for letter carriers with back injuries to seek medical treatment from chiropractors. Before doing so, however, they should understand OWCP's special rules and regulations involving chiropractors and chiropractic.

5 USC § 8101(2) provides the Federal Employees' Compensation (FECA) program's operative definition of a "physician." Here is what it says regarding chiropractors:

The term "physician" includes chiropractors only to the extent that their reimbursable services are limited to treatment consisting of manual manipulation of the spine to correct a subluxation as demonstrated by X-ray to exist.

OWCP bases almost every decision it makes in adjudicating and administering claims on medical evidence, and that medical evidence must come from a physician. In chiropractic cases, OWCP will consider or give weight only to medical evidence related to diagnoses of spinal subluxation as demonstrated by an X-ray. According to *FECA Procedure Manual (PM) 2-0805.3.a(3)*:

A chiropractor's opinion constitutes medical evidence only if a diagnosis of subluxation of the spine is made and supported by x-rays.

Under the implementing regulations of the FECA, OWCP does allow chiropractors to interpret their own X-rays. At 20 CFR 10.311(c), it states:

(c) A chiropractor may interpret his or her x-rays to the same extent as any other physician. To be given any weight, the medical report must state that x-rays support the finding of spinal subluxation. OWCP will not necessarily require submittal of the x-ray, or a report of the x-ray, but the report must be available for submittal on request.

FECA PM 3-0100.3(b) provides OWCP's definition of "subluxation:"

OWCP defines subluxation as an incomplete dislocation, off-centering, misalignment, fixation or abnormal spacing of the vertebrae.

While OWCP both defines subluxation and accepts diagnoses of subluxation from chiropractors, claimants who have chiropractic cases accepted for subluxation may encounter difficulties with their claim, especially in cases where back injuries persist over time. This is because diagnoses of chiropractic subluxation can be a problematic concept among non-chiropractic medical providers. Mainstream physicians—M.D.s and D.O.s—might view diagnoses of subluxation as a form of pseudoscience.

OWCP in practice treats subluxation similarly to sprains and strains, as conditions that often resolve themselves over time. If the back issues persist, there is a good chance that the injured worker will be referred to a second opinion physician (SECOP). In almost every case, the SECOP will be a board-certified orthopedic surgeon. When this happens, OWCP will state in its questions to the SECOP that the case has been accepted for subluxation of the spine and will ask whether the injured worker still suffers residuals of the accepted subluxation. The answer to that question might be "no" if the SECOP does not accept subluxation as a legitimate diagnosis, putting the ongoing claim in jeopardy.

If this happens, the injured worker should find an M.D. or D.O. back specialist for updated diagnoses beyond the accepted subluxation, and request that the claim be expanded to include the new diagnoses.

It should be pointed out here that chiropractors, in both their exams and their interpretations of X-rays, often arrive at the same diagnoses as M.D.s and D.O.s: herniated discs, stenosis, arthritis, facet narrowing, etc. The problem is that OWCP won't accept such diagnoses from a chiropractor. In such cases, the injured worker should seek a referral to an M.D. or D.O. to affirm the diagnoses and to act as the attending physician. In general, it is in the interest of the injured worker to have an attending physician who OWCP can authorize to treat an array of back diagnoses, not just subluxation.

Finally, many letter carriers contend that chiropractic treatment alleviates their symptoms and helps them recover from their back injuries. If this is the case, they should have their attending physician refer them to a chiropractor for therapy even though there is no diagnosis of subluxation of the spine. The implementing regulations of the FECA recognize this and provide for chiropractic treatment in non-subluxation cases at 20 CFR § 10.311(d):

A chiropractor may also provide services in the nature of physical therapy under the direction of, and as prescribed by, a qualified physician.