

**Chapter: Benefits**

**Legislative authority: section 111**

*Prevention statement*

*Preventing injuries is one of the most important responsibilities in the workplace. The Workers' Safety and Compensation Act (the 'Act') establishes the responsibilities of all workplace parties to work together to ensure the physical and psychological health and safety of workers. When injuries do occur, workers and employers must continue to work together to facilitate an injured worker's early and safe return to health and work.*

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## Purpose

This policy establishes parameters for the authorization and safe use of chiropractic treatment in the management of a work-related injury.

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## Definitions

**board** means the Workers' Safety and Compensation Board

**case management team** means a team that assists the worker with their recovery, early and safe return to work plan and, if needed, vocational rehabilitation. The team always includes the worker and the board. Employers have a duty to co-operate in their worker's early and safe return to work and will be encouraged to use participation on the Case Management Team to facilitate that duty. The team can also include up to two representatives of the worker (chosen by the worker), case manager and the health care providers. Other members may be added depending on their specific roles and responsibilities

**chiropractic** means a self-regulated, primary health care profession, whose members assess, diagnose and treat disorders related to the spine, joints and associated soft tissues, primarily by adjustment with or without the aid of companion therapies

**chiropractor** means a person who is entitled to practice chiropractic treatment in Yukon under the *Yukon Chiropractors Act* or is approved by the board

**daily living activities** means a person's actions that contribute to self-maintenance (such as performing personal hygiene, dressing, walking and working)

**function** means a mode of activity or action that permits the body to do its job (for example, a fully functioning hand allows the person to grasp, hold, lift, manipulate and set down objects)

**health care provider** means

- a. a medical practitioner; or
- b. a health care provider recognized by the board.

**medical practitioner** means

- a. a person who is entitled to practice medicine in Yukon pursuant to the *Medical Profession Act*; or
- b. a person entitled to practice medicine under the laws of another province.

**primary health care** means the entry point to the health care system, whether through a medical practitioner or health care provider who is able to diagnose and treat a patient without a referral from a medical practitioner (for example, a physiotherapist or chiropractor)

**service agreement** means an agreement between the board and a chiropractor carrying on individually, in partnership or as a limited corporation

**worker** means a person who performs work or services for an employer under a contract of service or apprenticeship, written, or oral, express or implied and as further defined in section 77 of the Act

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## Policy statement

### 1. General

The board may provide a worker with health care assistance, including services, devices or equipment that are necessary to grant relief from a work-related injury. All questions as to the necessity, character and sufficiency of any health care assistance are determined solely by the board.

Where chiropractic treatment is indicated to support the worker, the treatment must be provided safely and appropriately to foster a timely return to work and to prevent unintended subsequent conditions.

The board supports the provision of necessary and appropriate chiropractic treatment services to:

- a. promote effective recovery from a work-related injury;
- b. regain function in order to remain at work or enable early and safe return to work for workers; and

- c. reduce the severity of symptoms and maintain function (where the work-related injury continues to have a significant impact on daily living activities after the worker reaches maximum medical improvement).

The board may cover the cost of chiropractic treatment under this policy, where treatment is provided by a chiropractor licensed to practice and in good standing with and who is registered in Yukon under the *Chiropractors Act* (or a Provincial/Territorial regulatory body) and is a signatory or subject to a chiropractic services agreement for (Service Agreement) with the board or is an employee/contractor of a signatory to the Service Agreement.

## 2. Authorizing payment for chiropractic treatment – key provisions

### 2.1 General

The board may authorize payment for chiropractic treatment after a work-related injury where chiropractic treatment:

- a. is appropriate to address the worker's health care needs arising out of their work-related injury;
- b. supports the goals of timely recovery and return of function;
- c. is expected to maintain or improve the worker's function, thus preventing further disability;
- d. focuses on musculoskeletal function;
- e. helps the worker stay at work while recovering from an injury (if possible), or fosters a timely, safe and successful return to work;
- f. is provided by a licensed chiropractor who is subject to the terms of a Service Agreement with the board; and
- g. is obtained either by a worker's self-referral or referral by another medical practitioner.

The board recognizes chiropractors as primary health care providers; therefore, workers may seek chiropractic treatment without referral from another medical practitioner (see policy 3.8 Overview: Provision of Health Care Assistance).

In order to support the timely provision of treatment, the board may authorize payment for an initial chiropractic assessment (which may or may not include the first treatment) prior to acceptance of the claim.

### 3. Mitigation

Workers must take personal responsibility for their recovery and co-operate with treatment plans, health care providers and the board (see policies 4.2 through 4.5 Duty to Co-operate). They must also mitigate any loss caused by their injury.

Mitigation of loss includes the worker staying at work where safe to do so and where functional abilities allow (see policy 2.5 Mitigation of Loss).

Where chiropractic treatment is included in a worker's recovery, typical examples of the worker's mitigation of injury include:

- a. a prompt initial visit to a chiropractor for assessment of the effects the work-related injury has on mobility and function;
- b. attending all scheduled appointments or immediately informing the board when unable to attend;
- c. following the chiropractor's recommendations, including any prescribed exercises (such as stretching), between appointments;
- d. putting forth best effort in carrying out any treatment recommendations made by the chiropractor; and
- e. communicating progress or concerns with the board and the medical practitioner overseeing their recovery.

Failure to mitigate loss may result in reduction, suspension or termination of benefits (see policy Duty to Co-Operate, Part 4 of 4: Penalties for Non Co-Operation).

### 4. Eligibility

The board may authorize payment for chiropractic treatment necessary for treating a worker with a work-related injury where it is appropriate and in the following circumstances:

- a. as soon as reasonably practicable after the work-related injury;
- b. as soon as medically recommended after surgery for the work-related injury or subsequent related injury or condition (see policy 2.8 Subsequent Injuries, Disorders or Conditions);
- c. as soon as medically recommended after a recurrence of a work-related injury; or

- d. where a worker has recovered to the point of maximum medical improvement and:
  - i. where the work-related injury has a significant impact on daily living activities;
  - ii. where chiropractic treatment is determined to be appropriate in order to reduce the severity of symptoms or maintain function and mobility; and
  - iii. there is a medical recommendation for chiropractic treatment.

### 5. Appropriateness of chiropractic treatment

Approved chiropractic treatment must be appropriate to the work-related injury and to the worker. The board considers chiropractic treatment appropriate when it focuses on:

- a. early intervention;
- b. treatment and rehabilitation of the worker through restoring function and mobility;
- c. educating the worker about their responsibilities in the rehabilitation and return to work process;
- d. allowing the worker to safely stay at work while recovering or to return to work as early and safely as possible;
- e. developing a suitable self-directed exercise plan (including stretching) as part of the treatment plan;
- f. effective communication between the worker's health care providers, the worker and the board as determined in the Service Agreement; and
- g. maintaining function and mobility in certain situations where there is significant long-term impairment to engaging in activities of life.

In determining what constitutes appropriate chiropractic treatment, the board will take into consideration the recommendation and treatment plan of the chiropractor and the intended benefit of the treatment in relation to the work-related injury. If this determination cannot easily be made, the board may, in consultation with other appropriate medical practitioners (as determined by the board), such as the worker's physician, specialist or the board medical consultant, consider current evidence-based guidelines relating to chiropractic treatment and the functional limitations and abilities pertaining to the work-related injury.

## 6. Duration of treatment

In order to support the timely provision of treatment, the board will authorize payment for an initial chiropractic assessment (which may or may not include the first treatment) prior to acceptance of the claim. Subsequent chiropractic treatments may be authorized prior to acceptance of the claim, based on the treatment plan and in accordance with the Service Agreement.

Once the claim has been accepted, the board may approve chiropractic treatments as set out in the Service Agreement. Billing will be as set out in the Service Agreement.

Chiropractors must submit a written request, with rationale, to the board for a treatment extension beyond the initial set of approved treatments. The board may consult with, or refer the worker to, the worker's physician, specialist or the board medical consultant to determine whether further treatments would be appropriate and to co-ordinate a new treatment plan. Where there is documented improvement in function and there is a defined end date to an extension request (within one month of the extension request), a referral to a medical practitioner will not be necessary.

Duration guidelines and Section 5 of this policy will be used to monitor treatment plan durations and approve requested extensions.

## 7. Concluding chiropractic treatment

The board will end authorization for payment for chiropractic treatment in the following circumstances:

- a. when there is no objective evidence of improvement in functional abilities;
- b. where evidence-based guidelines (such as Medical Disability Advisor) indicate that chiropractic treatment is not useful for treatment;
- c. when the treatment focus has moved away from regaining function related to the work-related injury;
- d. where there is no reasonable expectation of further improvement with an extension of treatment; or
- e. the board determines that chiropractic treatment is not appropriate for the work-related injury.

The board may also end authorization for chiropractic treatment when the board determines that the worker is not mitigating their loss and has no legitimate reason for failing to mitigate loss as referenced in this policy and policy 2.5 Mitigation of Loss.

## 8. Provision of Devices

The board may provide a worker with devices or equipment necessary to grant relief from a work-related injury. The board has sole authority for deciding to authorize payment for items that may be required to assist recovery.

Ready-made devices (such as shoe inserts) may be reimbursed by the board when:

- a. the prescribing of these devices is within the scope of practice of the chiropractor;
- b. the device is recommended by the treating chiropractor or other medical practitioner;
- c. the device provides sufficient relief for a worker;
- d. the device has little risk of harm; and
- e. the item(s) are within a cost amount set by the board.

All custom-made devices require written authorization by the board prior to purchase.

Any device which may create risks to the particular worker's health (such as the use of a back brace, which studies show can affect blood pressure) will not be authorized by the board.

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## History

HC-04 Chiropractic Treatment, effective January 1, 2010, revoked July 1, 2022

HC-01 Complementary Treatments, effective July 1, 2008, revoked January 1, 2010

CL-55 Complementary Treatments, effective July 12, 2005, revoked July 1, 2008

CL-11 Chiropractic Treatments, effective January 1, 1993, revoked July 12, 2005

CL-17 Chiropractic Treatment, effective January 1, 1993, revoked July 12, 2005

CL-49 Acupuncture, effective May 1, 1995, revoked July 12, 2005