

**The Texas Workers' Compensation Report:** The average claim for a worker with a low-back injury was \$15,884. If a chiropractor provided at least 90 percent of the care, however, the average cost declined by more than 50 percent, to \$7,632.

**The Annals of Internal Medicine Study:** This study compared the effectiveness of manual therapy, physical therapy, and continued care by a general practitioner in patients with nonspecific neck pain. The success rate at seven weeks was twice as high for the manual therapy group (68.3 percent) as for the continued care group. Manual therapy scored better than physical therapy on all outcome measures. Additionally, patients receiving manual therapy had fewer absences from work than patients receiving physical therapy or continued care, and manual therapy resulted in statistically significant less analgesic use than continued care.

**The Manga Report:** According to this Canadian government commissioned study, "...injured workers ... diagnosed with low-back pain returned to work much sooner when treated by chiropractors than by physicians."

## Who to Contact for Questions or Information

Michigan Association of Chiropractors  
416 W. Ionia St.  
Lansing, MI 48933  
Phone: (800) 949-1401  
Fax: (517) 367-2228  
Website: [www.chiromi.com](http://www.chiromi.com)  
Email: [info@chiromi.com](mailto:info@chiromi.com)

Department of Licensing and Regulatory Affairs  
Workers' Compensation Agency  
P.O. Box 30016  
Lansing, MI 48909  
[www.michigan.gov/wca](http://www.michigan.gov/wca)  
Toll Free (888) 396-5041

Health Care Services Division  
Phone: (313) 456-3659  
Fax: (313) 456-3651  
Email: [WCA-HCS@michigan.gov](mailto:WCA-HCS@michigan.gov)

Provided by your chiropractor



### Michigan Association of Chiropractors

416 W. Ionia, Lansing, MI 48933  
(517) 367-2225 • (800) 949-1401 • FAX (517) 367-2228  
[www.chiromi.com](http://www.chiromi.com) • [info@chiromi.com](mailto:info@chiromi.com)

# Workers' Compensation in Michigan



Know  
Your  
Rights



Workers' disability compensation was established in 1912 by the Michigan Legislature as an employee benefit providing medical benefits and rehabilitation to employees who suffer injuries "arising out of and in the course of employment," or who experience an occupational disease or disability that limits his or her wage earning capacity.

Under Michigan's Worker's Disability Compensation Act of 1969, any employer that has three or more employees at any time, or that employs one or more workers for 35 or more hours a week for 13 or more weeks, is subject to Michigan workers' compensation law. Most employers in Michigan, both public and private, are covered by workers' compensation laws.

A personal injury, in order to be covered by the Act, is compensable if the work caused, contributed to, or aggravated a condition so as to create a condition that was medically indistinguishable from any condition that existed before the injury.

In other words, pre-existing conditions are now taken into consideration.

Michigan has a "no-fault" workers' compensation system; for work-related injuries, benefits are provided without regard to whose fault the injury is.

Generally, if an employee is injured traveling to and from work, there is no workers' compensation coverage. However, if the injury occurs on the employer's premises or during work-related travel, the employee is entitled to benefits. Benefits are paid by employers either directly or through insurance companies.



## Medical Benefits

### What Medical Benefits Can Be Received?

Under Michigan law, an employee who receives a personal injury arising out of and in the course of employment is entitled to "reasonable medical, surgical, and hospital services and medicines, or other attendance or treatment recognized by the laws of this state as legal, when they are needed." This includes chiropractic treatment, medical, surgical, and hospital services, dental services, orthopedic devices and appliances as prescribed by the treating physician, hearing apparatus, and nursing care. The responsibility to provide medical care continues indefinitely so long as the need for the care is related to the work-related injury.

### Selecting a Treating Physician: The "28 Day" Rule

During the first 28 days of treatment, the employer and/or insurer has the right to choose the treating physician. Certainly an employee should request to be sent to a provider of their choice during that first 28 days.

The insured employer is responsible to do the following:

- Promptly file the Employer's Basic Report of Injury (Form WC-100) with the agency for all wage loss cases
- Promptly notify its insurer of a medical case
- Promptly inform the chosen provider of the name and address of its insurer or the designated agent of the insurer to whom health care bills should be sent
- Promptly forward any medical bills and documentation received for medical services to the insurer

After 28 days, the employee has the right to see the provider of their choice. However, this requires giving written notice to the employer of the provider's name and the injured worker's intention to treat with the provider.

### Handling Medical Bills

Generally, the chiropractic physician (or other health-care provider) will send bills directly to the insurance company. If for some reason the worker pays the doctor directly, he or she is entitled to be reimbursed by the employer or insurance company.

### Chiropractic Saves Money and Gets Injured Workers Back on the Job Faster

In the U.S., the total annual cost for health care and lost productivity related to musculoskeletal issues is

estimated to be nearly \$850 billion. For low-back pain alone, the estimate is nearly \$100 billion! Research indicates that low-back pain is the most expensive source of workers' compensation costs in North America. Approximately 83 million work days are lost each year due to back pain, which is the leading cause of work-loss days and work limitations.

Chiropractic care has been shown repeatedly in government and private research studies conducted in the United States, Canada, and around the world to be more effective at helping injured workers return to work faster and with significantly lower costs.

### The North Carolina Workers' Compensation Study:

The average total cost (treatment, wage loss, etc.) of an injured worker's claim managed by a medical doctor was \$21,774 more than claims managed by a DC. Injured workers treated by chiropractors experienced lost work days for an average of 143 days less than workers seeing an MD. Hospital inpatient and outpatient care costs for medical patients were \$1,995 and \$2,161 more per worker, respectively, than for chiropractic patients. The study concluded: "It seems likely that substantial savings to the workers' compensation system would be possible if chiropractic services were increased in North Carolina."

**Utah Workers' Compensation Board Study:** Total treatment costs for back-related injuries averaged \$775.30 per case when treated by a DC, \$1,665.43 when injured worker received standard medical treatment.

**Florida Workers' Compensation Board Study:** This large State of Florida study examined 10,652 patients who sustained back-related injuries on the job. Their findings revealed that individuals who received chiropractic care compared with standard medical care for similar diagnoses experienced had (1) a 51.3 percent shorter temporary total disability duration, (2) lower treatment costs by 58.8 percent (\$558 vs. \$1,100 per case), and (3) 20.3 percent hospitalization rate in the chiropractic care group vs. 52.2 percent rate in the medical care group.

**The Procedures Study:** Chiropractic care leads to lower costs by reducing the rates of surgery, advanced imaging, inpatient care, and plain-film radiographs in patients with low-back and neck pain. The study concludes: "Among employer groups with chiropractic coverage compared with those without such coverage, there is a significant reduction in the use of high-cost and invasive procedures for the treatment of back pain."