

November 25, 2019

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Dear Dr. Amundson and Dr. Elton,

On behalf of the American Academy of Physical Medicine & Rehabilitation (AAPM&R) we are reaching out in response to the call our organization attended in September about your new low back pain program. We appreciated the opportunity for AAPM&R to hear about this program from you first-hand. Our representatives on the call, Drs. Scott Horn and John Lesher, have subsequently shared information about the call with our committee leadership. We appreciate your consideration of the following suggestions as you continue rolling out the new program.

AAPM&R is the national medical specialty organization representing physicians who are specialists in physical medicine and rehabilitation (PM&R). PM&R physicians, also known as physiatrists, treat a wide variety of medical conditions affecting the brain, spinal cord, nerves, bones, joints, ligaments, muscles, and tendons. They evaluate and treat injuries, illnesses, and disability and are experts in designing comprehensive, patient-centered treatment plans. Physiatrists are trained in the non-operative management of spine conditions and are critical leaders in the treatment of low back pain. Given that the overwhelming majority of patients with low back pain and similar spine conditions are treated non-surgically, physiatrists should be integral to any low back pain program that focuses on conservative care.

Ideally, medical communities or health systems should be well established so that the relationship between the physician and the physical therapists (PTs) and chiropractors (DCs) is cooperative and collaborative and patients are well served. If patients access therapy and chiropractic services directly, there should be an agreement that an appropriate physician referral will be made if it is needed. However, this practice is not always implemented in reality. As you are aware, there is wide variability in spine care within the United States and many studies raise significant concerns regarding appropriate utilization and lack of guideline-based care.

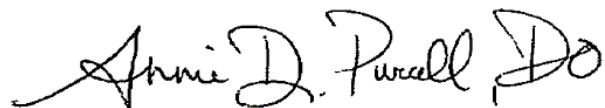


Physical therapy and related modalities, like other medically prescribed treatments (e.g. prescription drugs or a prescribed exercise regimen), are prescribed therapies and sometimes are one component of a comprehensive treatment plan. Physical therapists and chiropractors are not extensively trained in making medical diagnoses and a misdiagnosis or critical medical decisions made without physician collaboration can result in patient harm through incorrect or delayed treatment.

As it was described, the new UHC low back pain program does not offer or suggest to PTs and DCs how to pursue further evaluation or care for patients that do not progress rapidly with initial treatment or for those who require more complex care or medical evaluation. AAPM&R strongly encourages UHC to consider a referral pathway to physiatrists for patients who fail early physical therapy or chiropractic interventions. Physiatrists can then provide a more comprehensive evaluation and treatment for patients or further direct their care in a manner focused on value and the interests of the patient. AAPM&R would welcome the opportunity to partner with UHC on developing relevant principles and resources to complement your low back pain program.

Thank you again for engaging with AAPM&R on this issue. We welcome further opportunities to discuss next steps. Please feel free to contact Carolyn Millett, AAPM&R Senior Manager of Reimbursement and Regulatory Affairs by email at [cmillett@aapmr.org](mailto:cmillett@aapmr.org) or by phone at 847-737-6024.

Sincerely



Annie Purcell, DO  
Chair, Reimbursement and Policy Review Committee



Christopher Standaert, MD  
Chair, Innovative Payment and Practice Models Committee