

**Shawn Steel & Associates**  
*PI Email Alert*  
 March 1, 2011

INSURER CANNOT DEFECT MEDICAL CONTROL OR IMPROVE MEDICAL TREATMENT  
 CALIFORNIA INSURANCE CODE SECTION 1013300

Nothing in this section shall be construed to authorize or require the insurer to determine the propriety of pending litigation or to determine the propriety of the lawsuit, or search doctor's of physicians, from whom the insured incurs services or services medical, professional judgment, ...

**BAD FAITH BY INSURANCE COMPANIES**

CALIFORNIA INSURANCE CODE SECTION 10632. The following are hereby declared as unfair methods of competition and unfair and deceptive acts or practices in the business of insurance:

- (1) Not attempting in good faith to effectuate prompt, fair and equitable settlement of claims in which liability has become reasonably clear;
- (2) Attempting to settle a claim, or to have the insured or which a reasonable person would have believed he "was settled";
- (3) Failing to settle claims promptly, where liability has become apparent;
- (4) Directly advising a claimant not to obtain the services of an attorney.

For a full copy of this important Bad Faith Insurance Code contact [jshawn@shawnsteel.com](mailto:jshawn@shawnsteel.com)

Find us on Facebook  
 Twitter

**What About Your Malpractice and What About Us?**

This year our seminars are concentrating how a practice may avoid malpractice and a settlement conference adjustment. Look for them here!

1. **Strong Clothing.** Other adjusters will call your office to bring you suits about your patient's diagnosis and treatment plan. All sorts of private adjustments. Instead your staff come to discuss your patient's condition.
2. **Misleading.** Sometimes they lie. See the Bad Faith Law Letter column. Bad adjusters will advise your patient not to sue you, but do the doctor's lawyer. The idea of the patient here would be that the patient will get no deal from them. So do not let adjusters tell the patient to stop talking and tell the adj to speak to his attorney.
3. **Insuing malpractice.** Low rate patients is not really your most... that the patient is partially responsible.
4. **Scare tactics.** That the doctor is in "trouble" or the case is being litigated.
5. **Robbed your bank.** Allstate recently sent a letter to a patient advising her that Chiropractic was inappropriate care!
6. **Adverse publicity.** More and more they say "No, it's not a plaintiff job." Today's adj's get their instructions from Columbia. They usually expect their suits end there. [See posts]
7. **Medic Swings.** Claims are brought and sold. Patients just purchased 214 Company. The more and 214 Company. All's concerned by the file --- was the largest in the world today that. Progresses in one progress.

**March 27 - Teleconference**  
 Wednesday, March 23 @ 1:00 PM Sharp  
 Adding Active Cases - The Best Way With Special Guest Dr. David Gross  
 E-mail [jshawn@shawnsteel.com](mailto:jshawn@shawnsteel.com) for registration and past ones.

**CHICAGO 2011 - Wednesday 4/27/2011**  
 Check the date Saturday, April 30, 2011. Sign to come.

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**Shawn Steel Services**  
[www.shawnsteel.com](http://www.shawnsteel.com)

- **Investigating New Personal Injury Claims**
  - We review any serious case in California
  - We travel anywhere in California if we believe we can help the patient.
  - We offer three offices statewide to help our clients and their doctors.
  - We are the original and only pro chiropractic personal injury law firm in California

**Additional Shawn Steel Services**

1. Your office will receive a regular privately circulated PI Email Alert giving you the latest information that has a direct financial impact on your practice.
  - a. You can get a copy of your PI Email alerts on our website.
2. We hold a monthly teleconference for doctor's only. Covering important PI issues. The teleconference is interactive. You can ask your questions to experts.
  - a. You can listen to any of our PI teleconferences via POD Cast on our website.
3. How to collect your Med Pay
4. How to collect your lien from a slow or dishonest PI Attorney

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**The Jury**  
*Pro Claimant or Anti-Claimant*

- Crusty older jurors. Are they in more pain than your patient?
- How many jurors have had MVA's without seeking care?
- How many were or are DC patients?

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## Advanced P.I. Checklist

1. Is it a "Good" case?     NO     Don't Know     YES
2. Impact Quality     MIST     OK     Heavy
3. Dx     No Injury     Some Injury     Heavy Injury
4. Px     NONE     Some     Residuals
5. Disabilities     Describe Duration     Permanency

Shawn Steel, MD

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### 4 Steps to Get Paid

## #1. Be Very Sure You've Got A Winner




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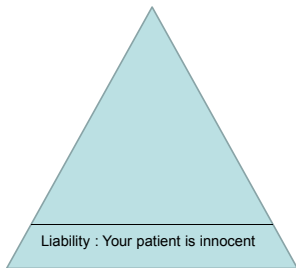
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### Step 1: Building A Trustworthy PI Case




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# LIABILITY

**A. DEFENDANT CITED?**

**B. PARTIALLY LIABLE?**

IS THIS A "GOOD" CASE?

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004-0450400

**TRAFFIC COLLISION REPORT**  
 Date: 2008-07-26  
 Location: SR-18  
 Vehicle 1: 2004 Ford Focus, Driver: Robert Kim  
 Vehicle 2: 2004 Ford Focus, Driver: Robert Kim

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Cited →

**TRAFFIC COLLISION CODING**  
 Cited: [X]  
 Vehicle 1: 2004 Ford Focus, Driver: Robert Kim  
 Vehicle 2: 2004 Ford Focus, Driver: Robert Kim

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## #2. Classic Impacts

1. Rear End Collision



2. Left Turn Collision



3. Red Light Collision



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### Step 2: How Severe Was The Accident?



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## HEAVY



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## Very Visual



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## **MIST CASE** (MINOR IMPACT SOFT TISSUE)



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#3. DIAGNOSIS - WHAT'S  
WRONG  
Low Value vs. High Value Drivers



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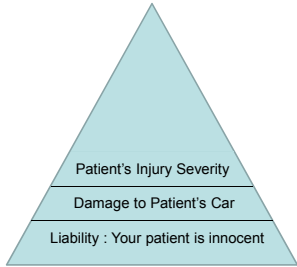
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**Step 3:**  
**How Badly Hurt Is Your Patient?**



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**The Problem Is Doctors Are Using Old Language To Describe Injuries And Treatment**



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**In The Injury To Child Or Elderly  
No More Than 12 Visits  
Or  
One Month Can Be Justified And Paid**



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Examples Of Small Or Trivial Injuries

- Headaches = 784.0 headache
- Neck Pain = 847.0 sprain / strain
- Back Pain = 847.2 sprain / strain

**BIG LOSERS!**  
DON'T PAY ME




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***“New” Neck Pain***

- 720.1 Spinal Enthesopathy
- 723.2 Cervicocranial syndrome
- 723.3 Cervicobrachial syndrome (diffuse)
- 723.4 Brachia neuritis or radiculitis NOS
- 723.5 Torticollis, unspecified
- 729.1 Myalgia, Myositis
- 729.2 Neuralgia, spinal root pain.

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**“New”  
Pain Headaches  
2010**



339.0#	Cluster	5 <sup>th</sup> digit: 339.0 0. NOS 1. Episodic 2. Chronic
784.0	Daily Chronic	
339.42	Daily new persistent (NPDH)	
339.2#	Post-traumatic	5 <sup>th</sup> digit: 339.2 0. NOS 1. Acute 2. Chronic
339.85	Primary stabbing	
339.43	Primary thunderclap	
339.00	Syndrome - cluster	
339.44	Syndrome - complicated NEC	
307.81	Tension NOS	
339.1#	Tension type	5 <sup>th</sup> digit: 339.1 0. Unspecified 1. Episodic 2. Chronic
784.0	Vascular	
350.2	Atypical Face Pain	
379.91	Pain in or Around Eyes	
526.9	Pain in Maxilla	
351.8	Face Neurogenic Pain	
478.1	Sinus or Nose Pain	
723.8	Occipital Neuralgia	
729.1	Muscle or Myofascial Pain	

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Complicating Factors

Value Drivers

737.30 Scoliosis  
737.10 Decreased or Reversed lordotic curve  
727.20 Increased lordotic curve  
721.0 Cervical Spondylosis without myelopathy  
722.4,5 Cervical Disc Degeneration  
722.91,2 or 3 Narrowing of Intervertebral disc

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“New” Pain Codes in 2010

338.0 Central Pain Syndrome  
Myelopathic pain  
syndrome;  
338.11 Acute Pain Due to Trauma  
338.19 Other Acute Pain  
338.21 Chronic Pain Due to Trauma

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**Complaints**

- **Severe Neck Pain**
- **Severe Low Back Pain**
- **Difficulty Walking**
- **Right Wrist Pain**
- **Left Leg Pain**
- **Severe Headaches**
- **Indigestion**
- **Difficulty Sleeping**

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