

# Computerized Radiographic Mensuration Analysis (C.R.M.A) Medical Necessity Form

I have provided this form as part of my patient's records so that anyone can easily see the "medical necessity" of my utilization of CRMA for my patient. It contains a check box format so that I can immediately check information that is based in individual patient based information and is designed to be of help to anyone who is reading this patient's documentation.

Patient Name: \_\_\_\_\_ Today's Date: \_\_\_\_\_

These are the guidelines that I utilize in my office and are the ones that I am basing my documentation on:

- \_\_\_\_\_ ICA Best Practices for General Diagnostic and Modality Utilization in Chiropractic Practice as Published in the National Guideline Clearinghouse at [www.ngc.gov](http://www.ngc.gov).
- \_\_\_\_\_ Council on Chiropractic Practice Clinical Practice Guidelines for General Diagnostic and Modality Utilization in a Chiropractic Practice as published in the National Guideline Clearinghouse at: [www.ngc.gov](http://www.ngc.gov) .
- \_\_\_\_\_ ICA of California Whiplash Guidelines for Whiplash Patients, as published in the National Guideline Clearinghouse at [www.ngc.gov](http://www.ngc.gov).
- \_\_\_\_\_ AMA Impairment Guides will be utilized for Impairment Rating Purposes—as they are the Acknowledged Authoritative Guidelines for Impairment Findings and Ratings, thereby helping me to To establish the severity of the patient's condition and any impairments; by consensus rather than Personal Opinion.
- \_\_\_\_\_ Other Guidelines to be listed: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

The ICA Best Practices state that I am to do a; Spinal Subluxation Analysis, a Soft Tissue Injury Analysis, rule out fracture and other pathology, clinically assess for spinal instability, look at the degenerative disc disease and count the number of vertebrae. This is listed below for anyone to read. Determining the degree of soft tissue injury assists any provider, myself included, in developing a proper treatment plan. This is why I take x-rays in the first place as indicated in the ICA Best Practice Document for what I am to be doing as a Chiropractor When Utilizing X-rays on Patients; Practicing Chiropractors' Committee on Radiology Protocols (PCCRP) For Biomechanical Assessment Of Spinal Subluxation In Chiropractic Clinical Practice Accepted for Inclusion in the *National Guideline Clearinghouse July 2009*. On page 37 of this document it states the following:

Introduction to General Radiography  
Radiography is a proven procedure for visualizing human anatomy and in particular spinal structures. The goal of radiography in chiropractic is to:

1. Make an assessment of spinal **subluxation**;

2. Make a determination of spinal health including the presence of any soft tissue injury, presence of any fractures, and the presence of any bony pathologies;
3. Make an assessment of any spinal instabilities;
4. Make an assessment any disc and other degenerative changes;
5. Make an accurate count of vertebra and levels for an individual patient.

Historically, Palmer termed the use of radiography in chiropractic to assess the spine as 'Spinography'. The term Spinography provides for a Chiropractic focus and is defined as: *Spinography is the chiropractic art of analyzing x-rays for the following purposes:*

1. *Finding potential subluxations.*
2. *Understanding the anatomy to give the most appropriate adjustment.*
3. *Developing the most appropriate plan of care for the patient.*

The most accurate and reliable way to determine the severity of an injury to the spine and to determine 1,2 and 3 above is with an intersegmental motion exam performed with CRMA on my patients stress x-rays, which I have clinical indications necessitating the images themselves. Since this is the most accurate way to determine intersegmental motion patterns associated with spinal ligament damage (sprain), I use it.

I need something that is accurate, reliable and unbiased and this is exactly why I send my patients x-rays out to Spinal Kinetics to have this service performed. I do not have the tools to accurately perform this service in my own clinic, and again since the findings can be very significant---I want an unbiased approach by have board certified radiologists that specialize in this technology make the call.

The CCP Guideline above lists CRMA Utilization to be "clinically indicated" of to have "Medical Necessity" under the following conditions which is listed on page 122 of the 2008 edition:

**"Computerized X-ray analysis may be used by chiropractors to objectively analyze the biomechanical and misalignment improprieties related to vertebral subluxation. Clinical necessity is justified for assessing the degree of *insult* and the effect upon the patient's health and future well-being by way of impairment rating."**

For clarification of terms; *insult* is a medical term for injury or trauma. In this chiropractic standard of practice document---CRMA is allowed to assist in determining the degree of injury or trauma and then allows us to determine the effect that this trauma or injury may have on the patient by way of impairment finding and rating---as indicated in the AMA Guides to the Evaluation of Permanent Impairment.

**Patient Case Specific Rational for Referral----All Patients referred for CRMA are referred as I have need for a trauma assessment to the area of the spine ordered:**

In this case:

\_\_\_\_\_ My patient has a recent active trauma that I want evaluated, the results of which will assist me With determining the severity of their condition so that I can develop/modify or confirm the Patients care plan is appropriate. This is patient is in the 72 hour acute inflammatory phase Of their injury, however after review of their x-rays I do not feel that pain or inflammation will Retard the CRMA Results.

\_\_\_\_\_ My patient is in the 72 hour acute inflammatory period of their injury or it appears the pain and Inflammation are actively retarding the intersegmental motion, so I am going to treat this Patient for a period of time and then re-shoot the stress views to have them sent out for CRMA and a spinal soft tissue injury assessment via intersegmental motion study

\_\_\_\_\_ My patient is outside of the 72 hour pain and inflammation period of the injury, however After review of my patients stress x-rays it seems that there is inflammation and spasm That is retarding visible intersegmental motion so I am going to initiate treatment for a Period and then retake the flexion extension views and have them sent out for CRMA

\_\_\_\_\_ My patient has not has a recent trauma but has a history of trauma to the spine and I am Sending their x-rays out for a accurate intersegmental study so that I can get a good idea Of the Severity of previous trauma as well as an accurate determination of the patients Potential level and severity of spinal instability---which significantly assists my ability to Treat the long term consequences of with a effective treatment plan.

#### Mid-Care of the Patient

\_\_\_\_\_ My patient is not responding to my care in a manner that seems to fit my typical patient Response to our care and program, so I am sending them out for CRMA in order to get a Better idea of the severity of the ligament damage associated with the trauma itself, which Will allow me to better determine my current and future treatment plan for this patient.

\_\_\_\_\_ My patient had a MRI that was negative for a disc herniation, the disc being one of ten Spinal ligaments associated with a spinal motion unit. This patient clinical scenario is Consistent with a spinal ligament injury and so I am going to send this patient our for a Further ligament assessment called CRMA to determine the severity of the condition---this Information will be further utilized to develop the most appropriate treatment plan.

\_\_\_\_\_ This patient has had active care for their injuries via another doctor or facility. This patient Has not had a CRMA analysis performed to determine the location and severity of any Spinal Ligament Injury so I am going to send them out now for this test---the results will Be utilized to determine the most appropriate care plan.

#### End of Care Patient Referral

\_\_\_\_\_ My patient is transferred from another provider and is at the end of their care and they are still With residual problems from the original trauma. They never had a spinal ligament Assessment CRMA Performed. Spinal ligament damage is the most consistent cause Of this patients residual complaints so I am going to order and assessment now so that at This point I can determine with greater accuracy the level of injury and their future Care needs that they may have.