

CRMA:

THE NEW “MRI” WHEN IT COMES TO SPINAL SPRAIN?

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With CRMA (Computer-Assisted Radiographic Mensuration Analysis), providers and attorneys now have a way for the first time of “seeing,” measuring, and demonstrating – with unprecedented precision – one of the most common conditions to arise from traumatic events: “spinal sprain.” Costing only a fraction of an MRI, yet reminiscent of the MRI’s ability to catch otherwise undetected conditions, the most current treatment guidelines applicable to medical doctors (MDs), osteopaths (ODs), and chiropractors (DCs) are now beginning to require the precision of CRMA technology when it comes to diagnosing and treating spinal sprains. Older guidelines, while they may be “silent” on the issue of CRMA or precision, certainly support use of the technology – at least, insofar as they encourage providers to determine the severity and scope of the sprain condition. Given the rise in insurance reviews that challenge whether the patient has any condition at all, given the legal right of providers to prevent and overturn these reviews on their own, and given the relatively-low cost associated with CRMA, the question at this point needs to be asked – why would one not request CRMA when spinal sprain is indicated?

Introduction

Reminiscent of the MRI, **Computer-Assisted Radiographic Mensuration Analysis (CRMA)** provides a powerful, visual, and easily-accessible way for doctors and attorneys to “see,” measure, and demonstrate the domino effects resulting from one of the most common soft-tissue conditions to arise from an accident – **spinal sprain** – and to do so with unprecedented clarity, consistency, accuracy, comprehensiveness, and

compellingness. Arguably, what the MRI has done for the world of disc herniations, CRMA is now doing for the world of spinal sprains.

To date, what a spinal sprain actually is, what it causes, and the extent to which it exists (severity), have been somewhat obscured throughout the medical and legal communities. In lay terms, a spinal sprain is simply a “stretching” or tearing of the ligaments between vertebrae. This stretching results in a condition known as “ligament laxity” or “ligament instability.” A stretched ligament is a permanent condition, i.e., *“once stretched, always stretched.”* Even low-impact auto accidents can commonly result in the stretching of spinal ligaments. What’s more, even a mild stretching can cause individual vertebrae to become misaligned, “cocked,” or rotated to one extent or another, and this permanently so. This can lead to an overall “breakdown” in the curvature of the spine, either immediately or over time, as well as a host of intermittent or recurring symptoms, including chronic pain, which injured persons may have to endure for the rest of their lives. The “domino” effect on the human anatomy all begins at the very root of the problem – the stretching of the ligaments at one or more levels of the spine, otherwise known as “spinal sprain.”

CRMA provides a highly-accurate and visual way of seeing, measuring, and demonstrating this domino effect from its inception to its foreseeable conclusion. When one sees a line-up of domino blocks, all tipped over, with each block partially touching the block next to it, one gets an instantaneous and detailed snapshot of the chain reaction which occurred, with each collision clearly evident whether one “zooms in” on a particular segment, or steps back to look at the entire picture. What’s more – as many have experienced with domino blocks (sometimes to their very great consternation one might add!) – sometimes all it takes to start this chain reaction is a very small force or misstep. This is effectively what CRMA enables providers, attorneys, and adjudicators to do – to “see” the initial spinal sprains which started it all, to appreciate how little force at the outset which may have been required or involved, and to see the resulting chain reaction in the spine begin to unfold.

No wonder current medical treatment guidelines, applicable to medical doctors (MDs), osteopaths (ODs), and chiropractors (DCs) are now beginning to require the precision of

CRMA technology when it comes to diagnosing and treating spinal sprains. Such treatment guidelines are now beginning to expressly require providers to measure – down to a *tenth of a millimeter* – just how “cocked,” rotated, or misaligned the vertebrae have become.

More and more, the medical world has begun to venture into an arena long-occupied by chiropractors. It’s even beginning to adopt the phrase coined by chiropractors, “spinal subluxation.” Recognizing the accuracy and consistency of CRMA, as well as the larger public need for consistent classification of sprain severity, the medical world has steadfastly begun to adopt the procedure, to the point of even incorporating the precision afforded by CRMA into its very medical guidelines. Notably, what many chiropractors have struggled to do for decades with a pencil and ruler, the medical world and some DCs are now simply turning over to CRMA specialists – and to the precision and power of the desktop computer.

Given the rise in insurance reviews that challenge whether the patient has any condition at all, given the legal right of providers to prevent and overturn these reviews on their own, and given the relatively-low cost associated with CRMA, the question at this point needs to be asked – why would one **not** request CRMA when spinal sprain is indicated?

The MRI forever changed accident injury care and lawyering. What the MRI has done for the world of disc herniations, CRMA is now beginning to do for the world of spinal sprains. Injury care providers and attorneys are well-advised to consider what may be one of the most pivotal advancements in soft-tissue care and representation since the rise of the MRI.

The purpose of this outline is to briefly identify some of the medical and legal rationales for requesting or performing CRMA in spinal sprain cases. [Draft in Progress]