Dynamic Chiropractic

INSURANCE

Legitimate Strain / Sprain Treatment Plans

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WHAT YOU NEED TO KNOW

- Insurance carriers' premise and "long-term mantra" that *soft tissue injuries such as strains or sprains may involve no treatment because many of these kinds of injuries resolve without any intervention* is based on rhetoric that ignores human physiology and the evidence in the literature.
- However, this language is common nationally and used as a basis for denials and lawsuits for personal-injury and non-personal-injury carriers.

In a recent federal complaint (RICO case) against chiropractors in New Jersey, the carrier wrote on page 19: *65. Legitimate treatment plans for patients with soft tissue injuries such as strains or sprains may involve no treatment at all because many of these kinds of injuries resolve without any intervention or may require a variety of interventions, including over-the-counter medications to reduce inflammation and relieve pain, passive modalities, and active treatments.* (*Note:* This case was filed on 8-1-2022, and due to ongoing litigation, I will not reference the case.)

Although this is a New Jersey case, this language is common nationally and used as a basis for denials and lawsuits for personal-injury and non-personal-injury carriers. Intuitively, the carriers attempt to "piggyback" on TV commercials utilizing the medical model of pain as the underlying cause.

Although this makes great television commercials, leading to profit for pharmaceutical companies and medical providers of more than $460 billion,[1] and results in great theatre for the courts, the scientific evidence contradicts the above claim in the lawsuit.

Nonspecific LBP: Medicine Is Failing

While medicine is still searching for solutions for nonspecific back pain, it is failing, as reported by

Cashin, et al. (2021).[2] Foster, et al., (2018)[3] reported that "globally, gaps between evidence and practice exist, with limited use of recommended first-line treatments and inappropriately high use of imaging, rest, opioids, spinal injections, and surgery. Doing more of the same will not reduce back-related disability or its long-term consequences. The advances with the greatest potential are arguably those that align practice with the evidence, reduce the focus on spinal abnormalities, and ensure the promotion of activity and function."

The Evidence Leads to Chiropractic

Connective-tissue pathology (strain / sprain) leads to biomechanical pathology. Panjabi (2006)[4] described the negative sequella of pathobiomechanics in a stabilization-destabilization scenario involving corrupted neurological transducers.

As Evans reported on the meniscoid entrapment, the process includes distention and firing of the joint capsule. The joint capsule, as reported by Solomonow (2009),[5] is comprised of ligaments for both mechanical and sensory functions. Dougherty (2020)[6] reported Pacinian (crimp receptors) and Ruffini (stretch receptors) corpuscles, Golgi ligament organs, and free nerve endings (nociceptors) in the joint capsule. These provide proprioception and mechanoreception afferently, and are all considered somatosensory receptors.

As a result of the biomechanical instability, also reported by Solomonow (2009), there is a compensatory ligamento-muscular reflex that may be inhibitory or excitatory, as it may be fit to preserve joint stability; inhibiting muscles that destabilize the joint or increased antagonist coactivation to stabilize the joint.

Panjabi (2006) then reported, "The corrupted muscle response pattern leads to corrupted feedback to the control unit via tendon organs of muscles and injured mechanoreceptors [and nociceptors], further corrupting the muscle response pattern."[4]

The meniscoid entrapment, as described by Evans (2002),[7] and the type III and IV nociceptor reaction at the zygapophyseal joints, explain where there is bone on the nerve and aberrant neurological sequella. Cramer, et al. (2002),[8] reported that a chiropractic high-velocity, low-amplitude adjustment creates joint gapping and normalizes spinal biomechanics.

These are topics discussed in other papers, but underscore that biomechanics can be pathological and create negative neurological sequelae.

Based on the above evidence, there cannot be a pharmacological solution for mechanical pathology; nor can passive treatment resolve meniscoid entrapment. The meniscoid entrapment triggers the entire negative neurological cascade to perpetuate until the entrapment is fixed, which can be achieved through a HVLA chiropractic spinal adjustment, as evidenced by Cramer, et al. (2002).

The carriers' premise and "long-term mantra" that *soft tissue injuries such as strains or sprains may involve no treatment because many of these kinds of injuries resolve without any intervention* is based on rhetoric that ignores human physiology and the evidence in the literature.

Imaging for Strain / Sprain

Carriers often argue that X-rays are not clinically necessary and fraudulent when utilized with most

patients. However, in this case, they argue that the case is fraudulent because there was a lack of X-rays or MRIs to verify the injury. The answer lies in demonstrative verification of connective-tissue pathology (strain / sprain), done via plain-film X-ray with no negative health risk, as reported by Tubiana, et al. (2009).[9]

Provided the appropriate imaging necessity is outlined in your treatment plan, demonstrative imagery (X-ray) can safely supply you with the exact level of the biomechanical lesion. This will mitigate arguments or denials by the carriers for predetermined treatment plans, which is the secondary reason for utilizing this technology.

The primary reason to use X-ray digitizing is to create a very specific and more accurate treatment plan (when clinically applicable) to achieve better outcomes with chiropractic care.

References

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