

A Chiropractic Dilemma

Just because there are those who choose not to read, study, and upgrade their skills, is no justification for causing those who do months of misery. During the first part of February 1994, I received a fax from a chiropractor asking for some literature to support his diagnosis so that the insurance company would pay his fee.

The chiropractor in question was faced with a significant dilemma: You see, the insurance company in question had sent this particular case out to be reviewed by their "expert on chiropractic." The expert informed the insurance company that there was no such condition and therefore the company should not pay the treating doctor of chiropractic. After discussing the case with the treating doctor, I sent him the supporting documentation. The diagnosis was double crush syndrome, but the patient was suffering from carpal tunnel syndrome. This was obviously what confused our expert as the treatment was given to the cervical spine as well as the carpal tunnel, (two sites of compression equals double crush).

Axoplasmic flow runs antegrade and retrograde in direction and therefore the pains and patients presenting signs and symptoms can be variable in location. The fact that pain can be referred proximal and/or distal should not be a new concept, however to our expert it must be a startling revelation.

In the literature, beginning with the now famous study of the late 1970s by Drs. McComas and Upton, there are numerous studies on the topic of double crush. Since this date, single, multiple and reverse crush syndromes have appeared in the literature. MPI seminars since the early 1980s have constantly reminded doctors and students of chiropractic of these syndromes, the ability to diagnose, differentially diagnose, and to treat the area and/or areas of primary compression/fixation/subluxation.

The doctor in question has provided the insurance company with significant literature so that in the future they will not have to resort to employing "experts on all aspects of chiropractic," and has volunteered to update the expert. Chiropractors throughout the world, when faced with this or similar situations, should endeavor to do what this young chiropractor did: educate the insurance company on the science of chiropractic, 1994 not 1895, and employ a logical rationale and treatment approach. The treating doctor, in this case, attends continuing education courses, teaches continuing education courses for state associations, and is a bonus to the profession. The "expert on chiropractic" is also a chiropractor. However, DCs who cause other DCs grief by their lack of understanding of chiropractic in the 1990s are nothing but weak pawns of the insurance industry that we, the profession, can do without.

Please do not get me wrong, I am not dumping on all chiropractors who work for insurance companies, as I personally know of a few that are very helpful in solving differences between DCs and the insurance companies. Rather, I am commenting on just those who sell OUR souls for THEIR personal monetary gains.

My congratulations to Dr. R.C. for his efforts in continuing education of the chiropractic profession

and the many insurance companies throughout Canada and the United States.

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Editor's Note:

Dr. Innes will conduct his next Spine 2 (S2) seminars April 23-24 in Raleigh, North Carolina and April 30-May 1 in Portland, Oregon. His next Spine 1 (S1) seminar will be May 14-15 in Kansas City, Missouri. You may register by calling 1-800-359-2289.

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