

Designated Doctor Case-Based Webinar Module 2

Spine MMI IR EOI



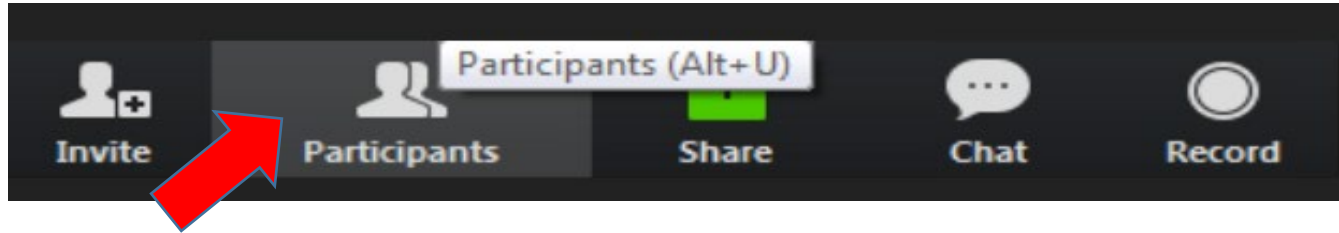
Disclaimer

The material presented in this workshop is made available by the Texas Department of Insurance - Division of Workers' Compensation (TDI-DWC) for educational purposes only. The material is not intended to represent the only method or procedure appropriate for the medical situations discussed. Rather, it is intended to present an approach, view, statement, or opinion of the faculty, which may be helpful to others who face similar situations.



Housekeeping

At the bottom of your screen, click to turn on the participant list:



Ensure your name (not phone # or initials) is shown on the Participant List for CME and attendance purposes. If not, do the following to rename:

Hover over your current sign in and two boxes appear

Click on the Rename box

Type in your first and last name



Asking questions

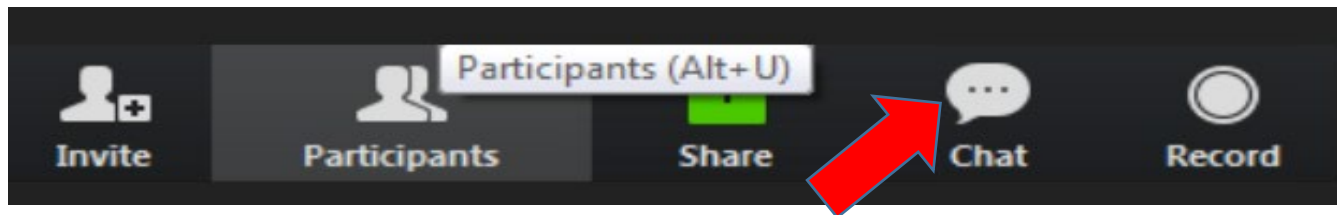
Please mute your phone/VOIP audio connection

All attendees will be muted during the presentation and submit questions via Chat

Attendees may be unmuted at the request of the monitor or instructor for clarification or further discussion

Asking questions

You will find the Chat feature to the right of the participants list.



As the instructor goes through the course they will ask for questions via chat at the end of a case, or after a concept has been explained.

You may type your questions into Chat. The Chat monitor may answer your question in Chat, or have the instructor answer the question verbally.

Spine Maximum Medical Improvement / Impairment Rating (MMI/IR)

Combined Values for Impairment Rating

Each organ system/body area should be expressed as a whole person impairment, then

- Whole person impairments should be **combined** using the Combined Values Chart (pp. 322 – 324)
- “Combining” assures that the impairment can’t exceed 100%. It reduces the remaining portion of the whole person that is available for the second impairment
- Example 40% c/w 40% (of the remaining 60%) = 64%

Combining 3 or More Impairment Values

“If three or more impairment values are to be combined, select any two and find their combined value as above. Then use that value and the third value to locate the combined value of all. This process can be repeated indefinitely, the final value in each instance being the combination of all the previous values. In each step of this process, the larger impairment value must be identified at the **side** of the chart.” (page 322)

Combining 3 or More Impairment Values

Best practice - combine the largest % with the second largest %, then combine with third largest %, etc

Conflict between DWC Statutes/Rules and AMA *Guides*

**DWC Statutes/Rules
take precedence**

Spine MMI/IR Case 1

- 62-year-old female veterinarian assistant began having low back pain after lifting 100-lb. dog at work
- Initial pain drawing showed left lumbosacral pain
- X-rays on date of injury showed a well healed compression fracture with less than 25% loss of anterior height of L1 vertebral body

Spine MMI/IR Case 1

- Developed pain in left leg in patchy distribution approximating L5-S1 on left which persisted
- Lumbar MRI at six weeks demonstrated 2 mm right paracentral protrusion at
 - L5-S1
 - no edema in any vertebral body

Spine MMI/IR Case 1

At MMI

- Right lumbar list
- Deviation to the right with lumbar flexion
- Limitation of right side bend with increased left lumbosacral pain
- Able to walk on heels and toes and squat without evidence of weakness
- Achilles DTRs absent bilaterally
- 1+ patellar DTRs bilaterally

Spine MMI/IR Case 1

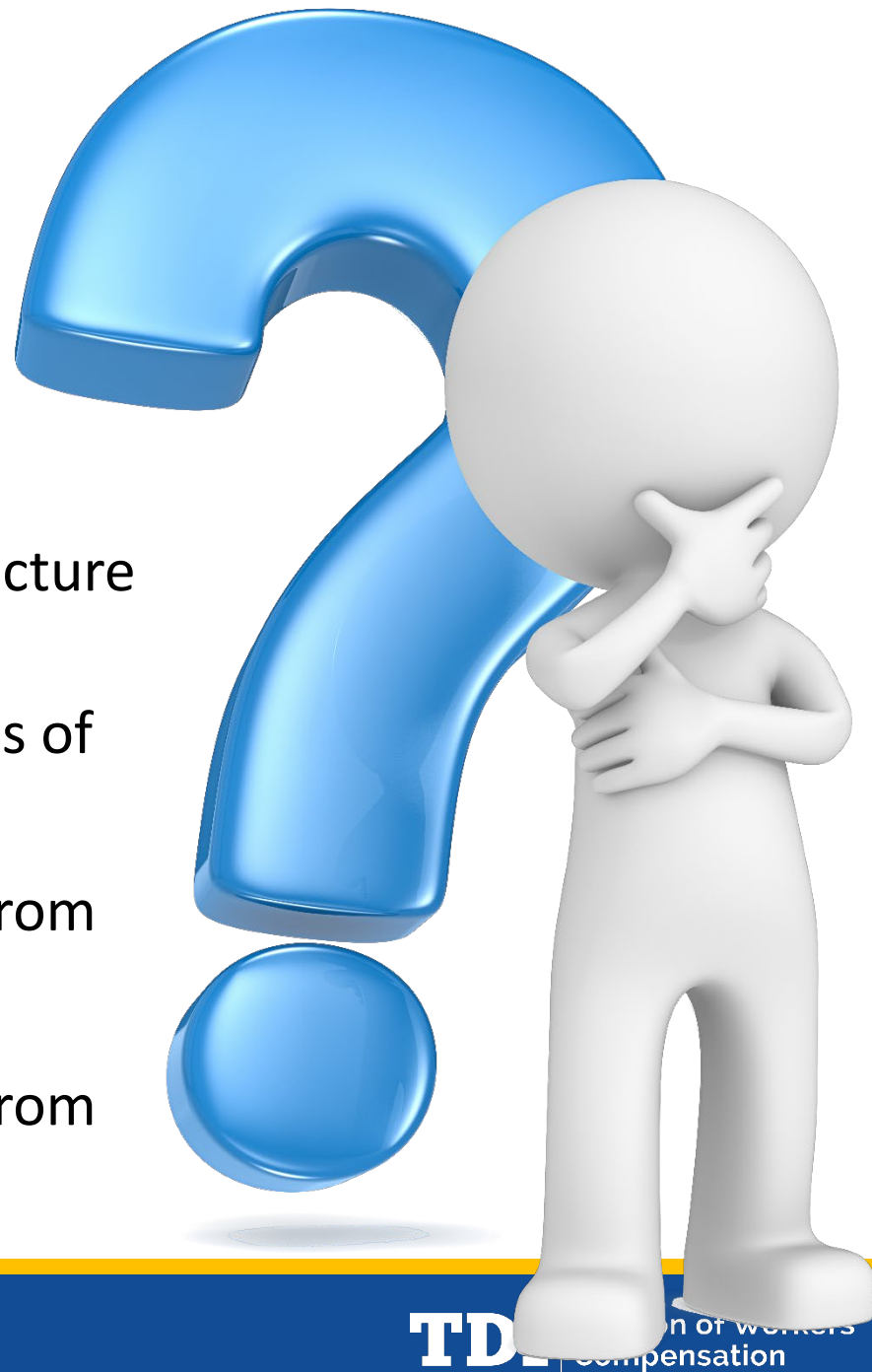
At MMI (cont'd)

- Symmetric LE girth
- Complaints of decreased sensation left shin and lateral foot
- LE strength 5/5
- Left SLR 54° with increased LBP, increased with ankle dorsiflexion
- Right SLR 70° limited by hamstring tightness

Spine MMI/IR Case 1

On date of MMI, what is appropriate lumbosacral DRE category and why?

- A. DRE II: Due to compression fracture at L1
- B. DRE II: Due to non-uniform loss of range of motion
- C. DRE III: Due to radiculopathy from loss of sensation
- D. DRE III: Due to radiculopathy from loss of relevant reflex



Spine DRE II – Minor Impairment

- **Structural Inclusions**

- Compression fracture < 25%
- Non-displaced posterior element fractures (displaced transverse/ spinous process fractures)

- **Clinical Findings**

- Significant muscle guarding
- Non-uniform loss of ROM (dysmetria)
- Non-verifiable radicular complaints
- No signs of significant radiculopathy
- No objective signs of loss of motion segment integrity - lateral stress x-ray
- 5% WP



Spine MMI/IR Case 1

- 5% from DRE II non-uniform loss of motion
- Explain what this means to you and how it is appropriate to use in this case
- L1 compression fracture pre-exists injury (imaging inconsistent with acute L1 compression fx)
- There are no significant signs of radiculopathy
 - Loss of relevant reflex(es)
 - Unilateral atrophy ≥ 2 cm



Questions About Spine MMI/IR Case 1?





Spine MMI/IR Case 2

- 25-year-old painter fell off a ladder sustaining fracture of inferior right L5 facet
- Non-contrast lumbar CT and lumbar MRI showed acute right L5 facet fracture, no displacement of fracture into spinal canal
- Initial exam demonstrated
 - Decreased sensation in right L5 distribution
 - Weakness right hip abductors, tibialis anterior, EHL
 - Absent right medial hamstring DTR



Spine MMI/IR Case 2

At MMI

- EMG/NCS at 6 weeks post injury interpreted to show “acute right L5 radiculopathy”
- LE DTRs symmetrically decreased
- Right SLR 60° with increased LBP and posterior thigh pain increased with ankle dorsiflexion
- Left SLR 70° limited by hamstring tightness
- Decreased sensation in L5 dermatome

Spine MMI/IR Case 2

On date of MMI, what is
the whole person IR?



Spine MMI/IR Case 2

On the date of MMI,
what is the whole
person IR?

- A. DRE I = 0%
- B. DRE II = 5%
- C. DRE III = 10%
- D. DRE IV = 20%



Spine MMI/IR Case 2

DRE II ...posterior element fracture *without* dislocation (not developmental spondylolysis); the fracture is healed, and there is no loss of structural integrity



Spine MMI/IR Case 2

Not DRE III for radiculopathy

- no significant signs of radiculopathy, such as loss of relevant reflex(es), or measured unilateral atrophy of greater than (or equal to) 2 cm above or below the knee on date of MMI

Not DRE III for posterior element fracture

- no displacement disrupting the spinal canal, healed without loss of structural integrity.



Spine MMI/IR Case 2

Not DRE IV – no loss of motion segment or structural integrity

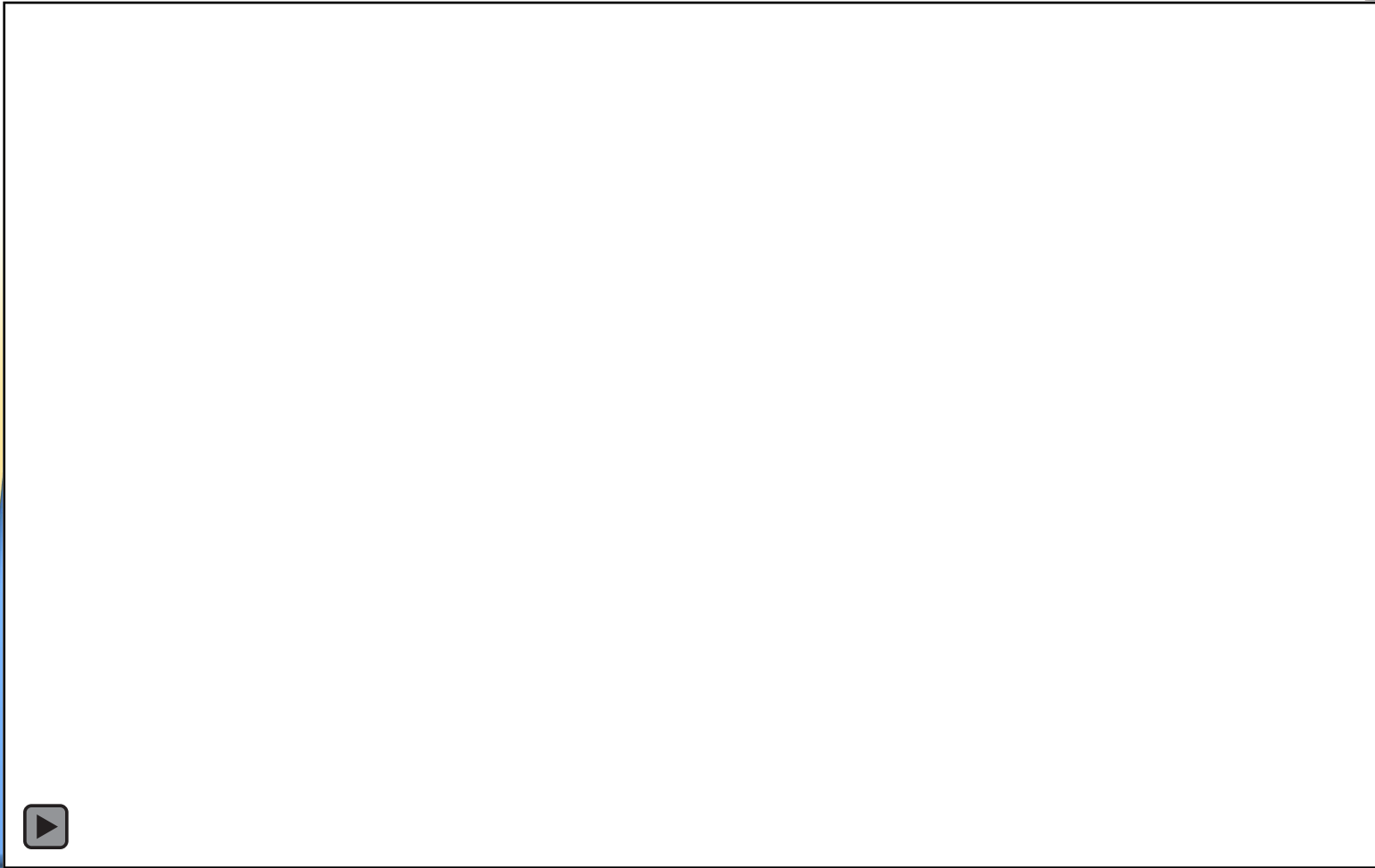
Compare to adjacent level

see figures 62 and 63, page 98

see text pages 98 and 99

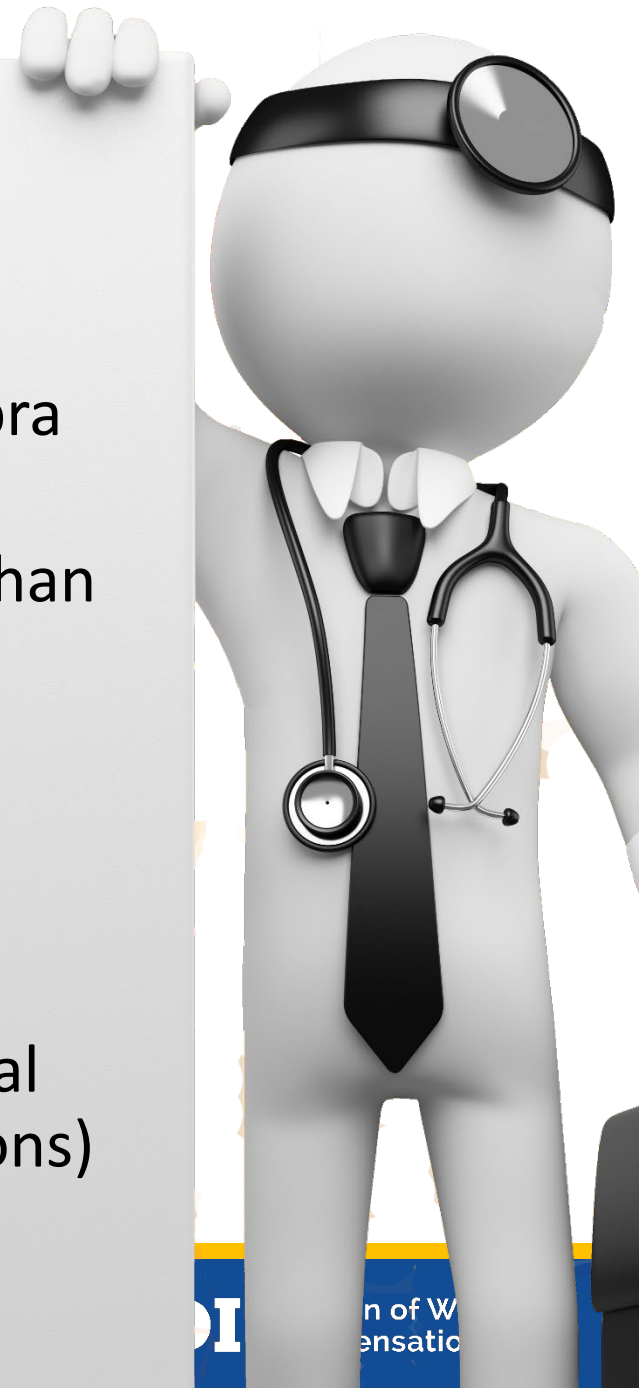


Impairment Rating – Spine Loss of Motion Segment Integrity



Spine DRE IV - Lumbar

- **Loss of Motion Segment Integrity**
 - Lumbar
 - $\geq 5\text{mm}$ translation of one vertebra on another
 - $>15^\circ$ of excess motion at L5/S1 than L4/L5
 - $>11^\circ$ angular motion at adjacent levels
- **Structural Inclusions**
 - Compression fracture $>50\%$
 - Multi-level spine segment structural compromise (fractures & dislocations)
- **Lumbosacral = 20% WP**



Spine DRE IV – Cervicothoracic and Thoracolumbar

- **Loss of Motion Segment Integrity**
 - Thoracic
 - $\geq 5\text{mm}$ translation of one vertebra on another
 - $>11^\circ$ angular motion at adjacent levels
 - Cervical
 - $>3.5\text{ mm}$ translation of one vertebra on another
 - $>11^\circ$ angular motion at adjacent levels
- **Structural Inclusions**
 - Compression fracture $>50\%$
 - Multi-level spine segment structural compromise (fractures & dislocations)
- **Bilateral or Multi-level Radiculopathy**
- **Cervicothoracic = 25% WP**
- **Thoracolumbar = 20% WP**





Questions About Spine MMI/IR Case 2?



Spine MMI/IR Case 3

- 45-year-old carpenter began having right low back and right lower extremity pain after lifting lumber at work
- Lumbar MRI showed 8 mm right posterolateral L4/5 HNP compressing the right L5 nerve root
- Lumbar ESI x 3 and PT with improvement
- EMG interpreted by neurologist to be positive for right L5 radiculopathy
- Does not want to pursue surgery, ESI or further treatment



Spine MMI/IR Case 3

At MMI

- History left knee ACL reconstruction
- Complains of intermittent low back and right buttock, posterior thigh and lateral calf pain
- Worsened with cough/sneeze, sitting, lifting and other activities involving trunk flexion
- Achilles DTRs 2+ bilaterally
- Patellar DTRs 1+ left, 2+ right
- Unable to elicit hamstring reflexes on either side

Spine MMI/IR Case 3

- Lumbar ROM

Lumbar Flexion 35°	Extension 25°
RLF 20°	LLF 10°

- Right SLR 55° which produces right low back, buttock, posterior thigh and calf pain
- Further worsened with ankle dorsiflexion and hip internal rotation/adduction
- Left SLR 70° limited by hamstring tightness
- 4/5 strength of right EHL and hip abductors
- Symmetric LE girth



Spine MMI/IR Case 3

On date of MMI, what is the whole person IR?

- A. DRE I: 0%
- B. DRE II: 5%
- C. DRE III: 10%
- D. DRE IV: 20%



Spine MMI/IR Case 3

DRE II

- Non-verifiable radicular complaints
- Non-uniform loss of motion

***Not* DRE III**

- ***Not*** 2 cm or greater atrophy or loss of relevant DTR

What about L5? (C8? T1?)

- ROM Model??
- Rarely used and requires significant explanation why DRE is not applicable or why more data is needed to place in IE correct DRE
- Also used as differentiator if used



Spine DRE III Radiculopathy & Others

Structural Inclusions

- Compression Fracture > 25% and < 50%
- Displaced posterior element fractures (not spinous or trans-verse process) that disrupt spinal canal

Clinical Findings

- Loss of relevant reflex(es)
- 2 cm or greater atrophy with circumferential measurements of relevant extremity

Cervicothoracic & Thoracolumbar = 15% WP

Lumbosacral = 10% WP



Spine DRE III Radiculopathy & Others

Radiculopathy may be an accepted/compensable condition with corresponding clinical findings, but may *not* be ratable as DRE III

Must have “significant signs” of radiculopathy

- Loss of reflex(es) – includes decreased and absent relevant reflex(es)
- 2 cm or greater atrophy with circumferential measurements of relevant extremity



Nerve Root	Weakness (Atrophy)	Deep Tendon Reflex
C5	Deltoid, Biceps (upper arm)	Biceps
C6	Biceps (upper arm), wrist extensors (forearm)	Brachioradialis
C7	Triceps(upper arm), wrist flexors (forearm), finger extensors (forearm)	Triceps
C8	Hand intrinsic (difficult to measure)	
T1	Hand intrinsic (difficult to measure)	
L4	Quadriceps (thigh)	Patellar or “knee jerk”
L5	Gluteus medius (difficult to measure), tibialis anterior (lower leg) and extensor hallucis longus (difficult to measure)	Medial hamstring (difficult to obtain)
S1	Gastrocnemius, soleus (lower leg/calf)	Achilles or “ankle jerk”

Spine DRE III Radiculopathy & Others

- Appeal Panel Decisions (APDs) 040924, 091039, 111710 - Loss of relevant reflex(es) includes ***decreased*** and ***absent*** reflexes
- APD 030091-s Radiculopathy requires >2 cm of atrophy and/or loss of relevant reflex(es)
- APD 072220-s clarified that DRE III radiculopathy was for atrophy of 2 cm or more



Spine DRE III Radiculopathy

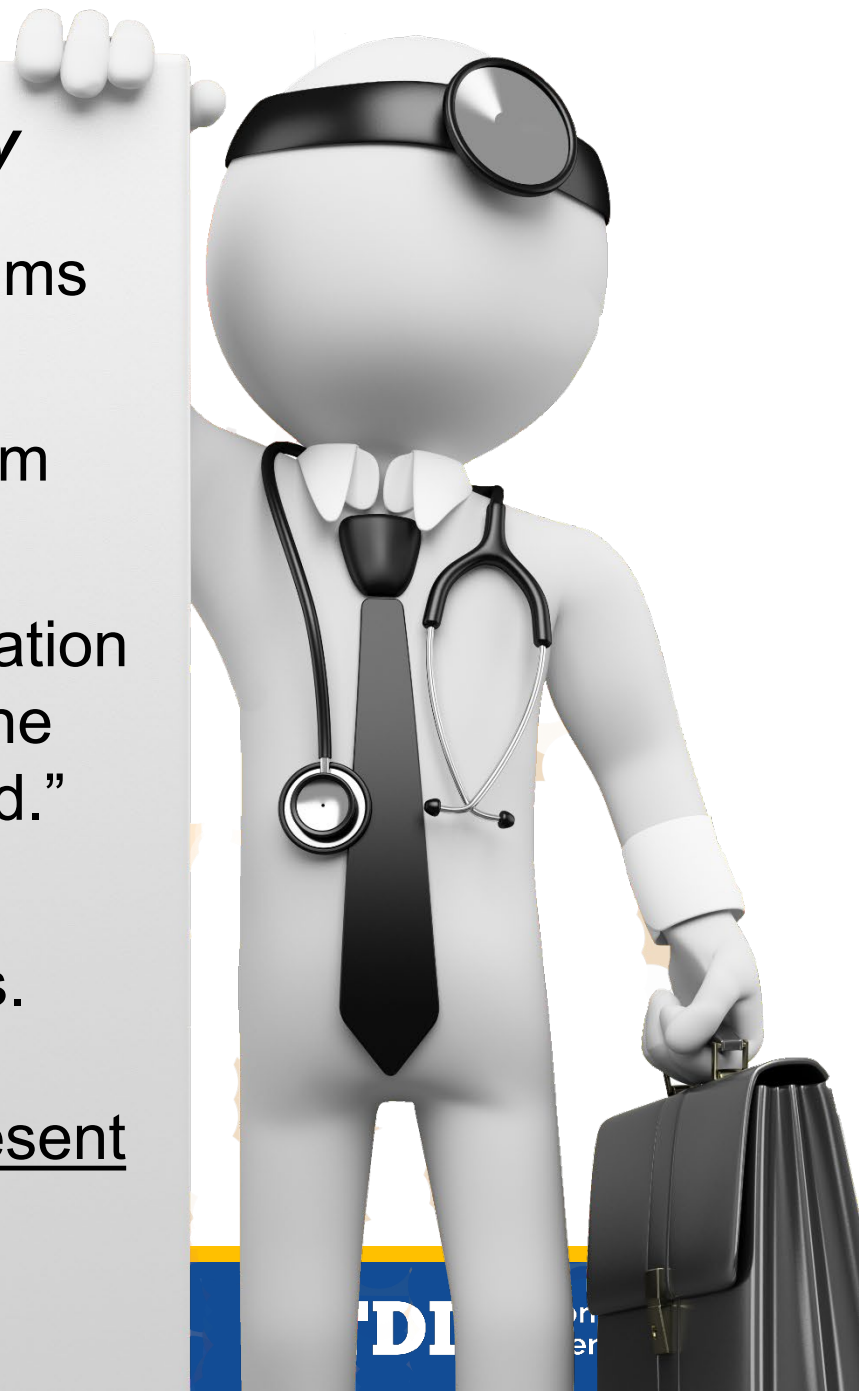
Electrodiagnostic studies?

APD 051456 EDX studies may be used to verify radiculopathy as stated on page 102, DRE III and in Table 71, page 109, but are insufficient alone to rate as DRE III



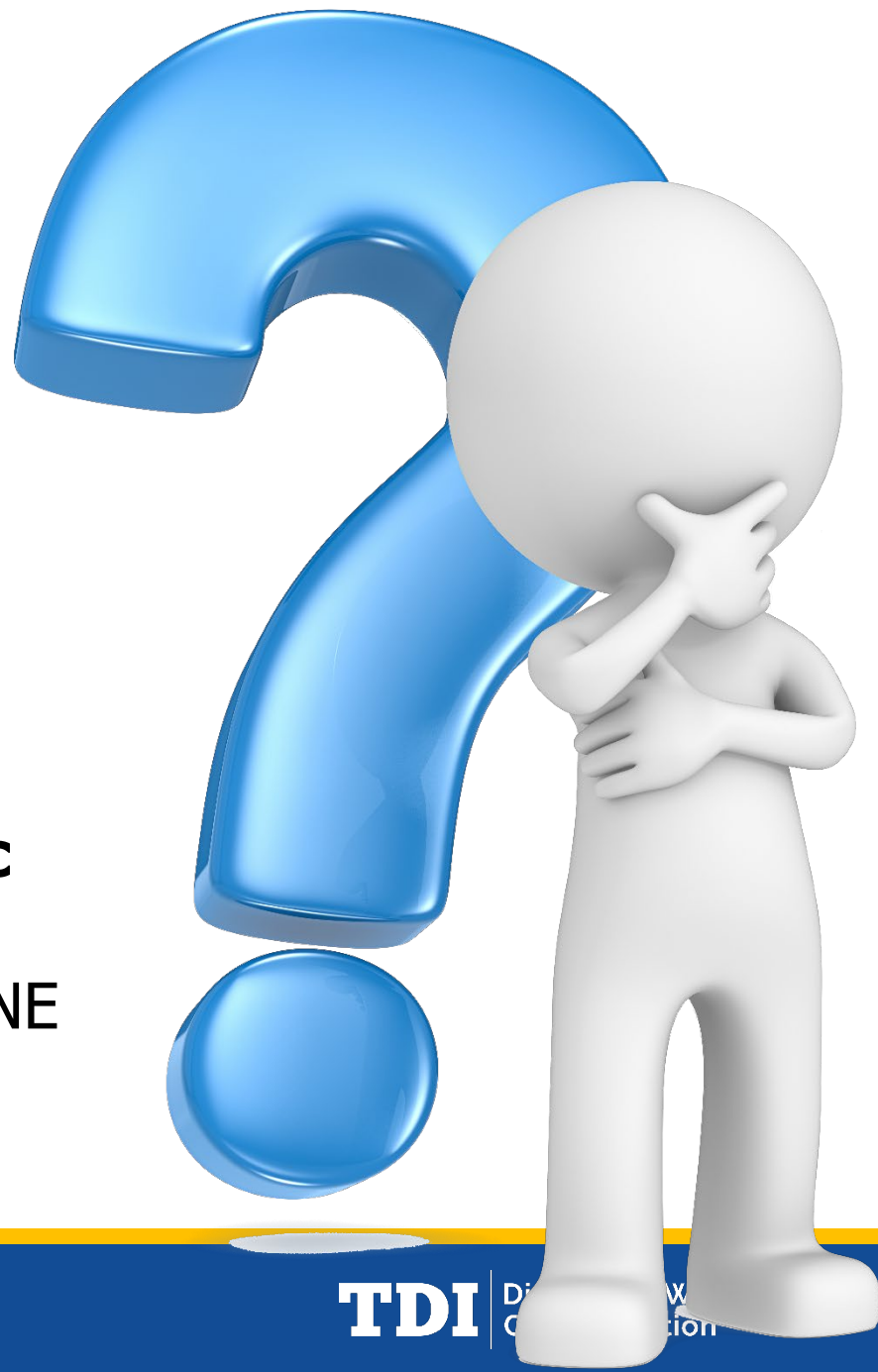
Spine DRE III Radiculopathy

- What about MRI, CT, Discograms and other X-ray findings?
- History and other physical exam findings?
- There should be clinical correlation
“...plausible and relate to the Impairment being evaluated.”
page 8, Guides
- Surgery? (page 100 Guides vs. DWC law and rules)
 - Rate impairment that is present at MMI



Questions About Spine MMI/IR Case 3?

Check out the article,
“**Nomenclature and
Classification of Lumbar Disc
Pathology**” at
http://hbtinstitute.com/files/SPINE_2001_Disk_Nomenclature.pdf



Questions About Spine MMI/IR?





Spine - MMI, IR, EOI Case

You receive a Presiding officer Directive address MMI/IR and EOI and provide multiple certifications

- **NOTICE – Effective 6/5/2023:** DDs are no longer required to provide multiple certifications when a DWC-032 requests MMI/IR and EOI in a single exam.
- Multiple certifications are only to be provided when ordered by the division

The directions in the following slides are for a hypothetical POD request. The issues of MMI, IR and EOI will usually be requested on a POD requesting multiple certifications, but that could vary.



Spine MMI/IR/EOI Case

- 45-year-old male warehouse worker with acute onset low back pain after lifting 150-lb. toolbox four months ago
- Medical records document low back pain on date of injury with left buttock, posterior thigh and calf radicular pain five days later
- Physical exam 2 weeks post injury
 - Left leg weakness
 - Slightly decreased ankle DTR
 - Left SLR positive for increased left leg symptoms



Spine MMI/IR/EOI Case

- Lumbar x-rays show L5/S1 spondylosis
- Lumbar MRI shows L5/S1 disc degeneration, ligamentum flavum and facet hypertrophy L5/S1; 6 mm left posterolateral disc herniation left L5-S1 with impingement exiting left S1 nerve root
- Signs and symptoms persist despite 10 visits of PT, NSAIDS, muscle relaxants and narcotic pain medication
- ESI and surgery denied because extent of injury beyond a lumbar sprain/strain disputed

Spine MMI/IR/EOI Case

DD Exam 4 Months Post Injury for

MMI, IR and EOI and multiple certifications:

- **Certification 1** - for carrier accepted injuries,
 - **Certification 2** - for carrier accepted plus all disputed, and
 - **Certification 3** – for the DD’s opinion of the compensable injury if different from the first two certifications.
-
- The POD notes the insurance carrier accepted injury as “lumbar sprain/strain”

Spine MMI/IR/EOI Case

DD Exam 4 - Months Post Injury for MMI, IR and EOI (cont'd)

- On the POD, the ALJ lists the injuries (diagnoses/body parts/conditions) in question, claimed to be caused by, or naturally resulting from accident or incident as:
 - Facet hypertrophy at L5/S1
 - Ligamentum flavum hypertrophy L5/S1
 - Disc dessication at L5/S1 lumbar spine
 - L5-S1 disc herniation with impingement on exiting left S1 nerve root



Spine MMI/IR/EOI Case

- You define the compensable injury for certifying MMI and IR
 - **Lumbar sprain/strain** (from POD list of Carrier accepted injuries)
 - **L5-S1 disc herniation** with impingement on exiting left S1 nerve root (from POD list of disputed conditions)
 - **Left S1 radiculopathy** (not included in POD)
- Explain in report basis in medical records and certifying exam that led to conclusion



Spine MMI/IR/EOI Case

You address ***Extent of Injury***, with causation analysis, that injury ***does not*** extend to these additional claimed injuries listed in Box 31C

- Facet hypertrophy and at L5/S1
- Ligamentum flavum hypertrophy L5/S1
- Disc desiccation at L5/S1 lumbar

Spine MMI/IR/EOI Case

You address ***Extent of Injury***, with causation analysis, injury ***does*** extend to

- L5-S1 disc herniation with impingement on exiting left S1 nerve root

Spine MMI/IR/EOI Case

- Multiple certifications of MMI/IR, as directed in the POD, each with DWC Form-069, all explained in your report
 - Certification 1
 - Certification 2
 - Certification 3

Spine MMI/IR/EOI Case

Certification 1

MMI/IR for injury Noted in POD as ***injury accepted as compensable by insurance carrier*** as “lumbar sprain/strain”

Certification 1



Texas Department of Insurance
 Division of Workers' Compensation
 7551 Metro Center Drive, Suite 100 • MS-94
 Austin, TX 78744-1645
 (800) 252-7031 phone • (512) 490-1047 fax

DWC069

Complete if known:

DWC Claim #

Carrier Claim #

Report of Medical Evaluation

I. GENERAL INFORMATION

1. Workers' Compensation Insurance Carrier		4. Injured Employee's Name (First, Middle, Last)		9. Certifying Doctor's Name and License Type	
2. Employer's Name		5. Date of Injury		10. Certifying Doctor's License Number and Jurisdiction	
3. Employer's Address (Street or PO Box, City State Zip)		6. Social Security Number		11. Certifying Doctor's Phone and Fax Numbers (Ph) (Fax)	
		7. Employee's Phone Number		12. Certifying Doctor's Address (Street or PO Box, City State Zip)	
		8. Employee's Address (Street or PO Box, City State Zip)			

II. DOCTOR'S ROLE

13. Indicate which role you are serving in the claim in performing this evaluation. Only a doctor serving in one of the following roles is authorized to evaluate MMI/impairment and file this report [28 Texas Administrative Code (TAC) §130.1 governs such authorization]:

- Treating Doctor Doctor selected by Treating Doctor acting in place of the Treating Doctor Designated Doctor selected by DWC
 Insurance Carrier-selected RME Doctor approved by DWC to evaluate MMI and/or permanent impairment after a Designated Doctor examination

NOTE: If you are not authorized by 28 TAC §130.1 to file this report, you will not be paid for this report or the MMI/impairment examination.

III. MEDICAL STATUS INFORMATION

14. Date of Exam ____/____/____	15. Diagnosis Codes S33.5XXA S39.012A
------------------------------------	---

16. Indicate whether the employee has reached Clinical or Statutory MMI based upon the following definitions:

Clinical Maximum Medical Improvement (Clinical MMI) is the earliest date after which, based upon reasonable medical probability, further material recovery or lasting improvement to an injury is no longer reasonably to be anticipated.

Statutory MMI is the later of: (1) the end of the 13th week after the date that temporary income benefits (TIBs) began to accrue; or (2) the date that the MMI was extended by DWC pursuant to Texas Labor Code §408.104.

- a) Yes, I certify that the employee reached STATUTORY / CLINICAL (mark one) MMI on ____/____/____ (may not be prospective date) and have provided documentation relating to this certification in the attached narrative. - OR -
 b) No, I certify that the employee has NOT reached MMI but is expected to reach MMI on or about ____/____/____. The reason the employee has not reached MMI is documented in the attached narrative.

NOTE: The fact that an employee has reached either Clinical MMI or Statutory MMI does not signify that the employee is no longer entitled to medical benefits.

IV. PERMANENT IMPAIRMENT

17. If the employee has reached MMI, indicate whether the employee has permanent impairment as a result of the compensable injury.

"Impairment" means any anatomic or functional abnormality or loss existing after MMI that results from a compensable injury and is reasonably presumed to be permanent. The finding that impairment exists must be made based upon objective clinical or laboratory findings meaning a medical finding of impairment resulting from a compensable injury, based upon competent objective medical evidence that is independently confirmable by a doctor, including a designated doctor, without reliance on the subjective symptoms perceived by the employee.

- a) I certify that the employee does not have any permanent impairment as a result of the compensable injury. - OR -
 b) I certify that the employee has permanent impairment as a result of the compensable injury. The amount of permanent impairment is ____%, which was determined in accordance with the requirements of the Texas Labor Code and Texas Administrative Code. The attached narrative provides explanation and documentation used for the calculation of the impairment rating assigned using the appropriate tables, figures, or worksheets from the following edition of the *Guides to the Evaluation of Permanent Impairment* published by the American Medical Association (AMA):
 third edition, second printing, February 1989 - OR -
 fourth edition, 1st, 2nd, 3rd, or 4th printing, including corrections and changes issued by the AMA prior to May 16, 2000.

NOTE: A finding of no impairment is not equivalent to a 0% impairment rating. A doctor can only assign an impairment rating, including a 0% rating, if the doctor performed the examination and testing required by the AMA Guides.

V. DOCTOR'S CERTIFICATION

18. I HEREBY CERTIFY THAT THIS REPORT OF MEDICAL EVALUATION is complete and accurate and complies with the Texas Labor Code and applicable rules. If an impairment rating has been assigned, I certify that I have completed the required training and testing and have a current certification by DWC to assign impairment ratings in the Texas workers' compensation system or have received specific permission by DWC to certify MMI and assign an impairment rating. I understand that making a misrepresentation about a workers' compensation claim or myself is a crime that can result in fines and/or imprisonment and nullification of this report.

Signature of Certifying Doctor: _____ Date of Certification: _____

VI. TREATING DOCTOR'S AGREEMENT OR DISAGREEMENT WITH ANOTHER DOCTOR'S CERTIFICATION

19. Treating Doctor's Name and License Type	22. <input type="checkbox"/> I AGREE / <input type="checkbox"/> I DISAGREE with the certifying doctor's certification of MMI.
20. Treating Doctor's License Number and Jurisdiction	23. <input type="checkbox"/> I AGREE / <input type="checkbox"/> I DISAGREE with the certifying doctor's finding of no impairment. - OR - <input type="checkbox"/> I AGREE / <input type="checkbox"/> I DISAGREE with the impairment rating assigned by the certifying doctor.
21. Treating Doctor's Phone and Fax Numbers (Ph) (Fax)	
24. I understand that making a misrepresentation about a workers' compensation claim is a crime that can result in fines and/or imprisonment. Signature of Treating Doctor: _____ Date: _____	



Spine MMI/IR/EOI Case

Certification 2

MMI/IR for what the carrier has accepted ***plus all conditions listed on POD as disputed:***

- Lumbar sprain/strain
- Facet hypertrophy at L5/S1
- Ligamentum flavum hypertrophy L5/S1
- Disc dessication at L5/S1 lumbar spine
- L5-S1 disc herniation with impingement on exiting left S1 nerve root

Certification 2



Texas Department of Insurance
Division of Workers' Compensation
 7551 Metro Center Drive, Suite 100 • MS-94
 Austin, TX 78744-1645
 (800) 252-7031 phone • (512) 490-1047 fax

DWC069

Complete if known:
 DWC Claim #
 Carrier Claim #

Report of Medical Evaluation

I. GENERAL INFORMATION		4. Injured Employee's Name (First, Middle, Last)	9. Certifying Doctor's Name and License Type
1. Workers' Compensation Insurance Carrier	5. Date of Injury	6. Social Security Number	10. Certifying Doctor's License Number and Jurisdiction
2. Employer's Name	7. Employee's Phone Number		11. Certifying Doctor's Phone and Fax Numbers (Ph) (Fax)
3. Employer's Address (Street or PO Box, City State Zip)	8. Employee's Address (Street or PO Box, City State Zip)		12. Certifying Doctor's Address (Street or PO Box, City State Zip)

II. DOCTOR'S ROLE

13. Indicate which role you are serving in the claim in performing this evaluation. Only a doctor serving in one of the following roles is authorized to evaluate MMI/impairment and file this report [28 Texas Administrative Code (TAC) §130.1 governs such authorization]:

Treating Doctor Doctor selected by Treating Doctor acting in place of the Treating Doctor Designated Doctor selected by DWC
 Insurance Carrier-selected RME Doctor approved by DWC to evaluate MMI and/or permanent impairment after a Designated Doctor examination

NOTE: If you are not authorized by 28 TAC §130.1 to file this report, you will not be paid for this report or the MMI/impairment examination.

III. MEDICAL STATUS INFORMATION

14. Date of Exam / /	15. Diagnosis Codes S33.5XXA, S39.012A, M54.17, M51.27, M51.37
--------------------------------	---

16. Indicate whether the employee has reached Clinical or Statutory MMI based upon the following definitions:

Clinical Maximum Medical Improvement (Clinical MMI) is the earliest date after which, based upon reasonable medical probability, further material recovery from or lasting improvement to a condition can no longer reasonably be anticipated.

Statutory MMI is the later of: (1) the end of the 104th week after the date that temporary income benefits (TIBs) began to accrue; or (2) the date which MMI was extended by DWC pursuant to Texas Labor Code §408.104.

a) I certify that the employee reached STATUTORY / CLINICAL (mark one) MMI on ___/___/___ (mark as a prospective date) and the following included documentation relating to this certification in the attached narrative. - OR -
 No, I certify that the employee has not reached MMI but is expected to reach MMI on or about ___/___/___
 The reason the employee has not reached MMI is documented in the attached narrative.

NOTE: The fact that an employee reaches either Clinical MMI or Statutory MMI does not signify that the employee is no longer entitled to medical benefits.

IV. PERMANENT IMPAIRMENT

17. If the employee has reached MMI, indicate whether the employee has permanent impairment as a result of the compensable injury.

"Impairment" means any anatomic or functional abnormality or loss existing after MMI that results from a compensable injury and is reasonably presumed to be permanent. The finding that impairment exists must be made based upon objective clinical or laboratory findings meaning a medical finding of impairment resulting from a compensable injury, based upon competent objective medical evidence that is independently confirmable by a doctor, including a designated doctor, without reliance on the subjective symptoms perceived by the employee.

a) I certify that the employee does not have any permanent impairment as a result of the compensable injury. - OR -
 b) I certify that the employee has permanent impairment as a result of the compensable injury. The amount of permanent impairment is ___%, which was determined in accordance with the requirements of the Texas Labor Code and Texas Administrative Code. The attached narrative provides explanation and documentation used for the calculation of the impairment rating assigned using the appropriate tables, figures, or worksheets from the following edition of the *Guides to the Evaluation of Permanent Impairment* published by the American Medical Association (AMA):
 third edition, second printing, February 1989 - OR -
 fourth edition, 1st, 2nd, 3rd, or 4th printing, including corrections and changes issued by the AMA prior to May 16, 2000.

NOTE: A finding of no impairment is not equivalent to a 0% impairment rating. A doctor can only assign an impairment rating, including a 0% rating, if the doctor performed the examination and testing required by the AMA Guides.

V. DOCTOR'S CERTIFICATION

18. I HEREBY CERTIFY THAT THIS REPORT OF MEDICAL EVALUATION is complete and accurate and complies with the Texas Labor Code and applicable rules. If an impairment rating has been assigned, I certify that I have completed the required training and testing and have a current certification by DWC to assign impairment ratings in the Texas workers' compensation system or have received specific permission by DWC to certify MMI and assign an impairment rating. I understand that making a misrepresentation about a workers' compensation claim or myself is a crime that can result in fines and/or imprisonment and nullification of this report.

Signature of Certifying Doctor: _____ Date of Certification: _____

VI. TREATING DOCTOR'S AGREEMENT OR DISAGREEMENT WITH ANOTHER DOCTOR'S CERTIFICATION

19. Treating Doctor's Name and License Type	22. <input type="checkbox"/> I AGREE / <input type="checkbox"/> I DISAGREE with the certifying doctor's certification of MMI.
20. Treating Doctor's License Number and Jurisdiction	23. <input type="checkbox"/> I AGREE / <input type="checkbox"/> I DISAGREE with the certifying doctor's finding of no impairment. - OR - <input type="checkbox"/> I AGREE / <input type="checkbox"/> I DISAGREE with the impairment rating assigned by the certifying doctor.
21. Treating Doctor's Phone and Fax Numbers (Ph) (Fax)	

24. I understand that making a misrepresentation about a workers' compensation claim is a crime that can result in fines and/or imprisonment.

Signature of Treating Doctor: _____ Date: _____



Spine MMI/IR/EOI Case

Certification 3

MMI/IR for what you defined injury to be

- Lumbar sprain/strain
- Left S1 radiculopathy
- L5-S1 disc herniation with impingement on exiting left S1 nerve root

Certification 3



Texas Department of Insurance
Division of Workers' Compensation
 7551 Metro Center Drive, Suite 100 • MS-94
 Austin, TX 78744-1645
 (800) 252-7031 phone • (512) 490-1047 fax

DWC069

Complete if known:

DWC Claim #

Carrier Claim #

Report of Medical Evaluation

I. GENERAL INFORMATION		4. Injured Employee's Name (First, Middle, Last)	9. Certifying Doctor's Name and License Type
1. Workers' Compensation Insurance Carrier	5. Date of Injury	6. Social Security Number	10. Certifying Doctor's License Number and Jurisdiction
2. Employer's Name	7. Employee's Phone Number	11. Certifying Doctor's Phone and Fax Numbers (Ph) (Fax)	
3. Employer's Address (Street or PO Box, City State Zip)	8. Employee's Address (Street or PO Box, City State Zip)		12. Certifying Doctor's Address (Street or PO Box, City State Zip)

II. DOCTOR'S ROLE

13. Indicate which role you are serving in the claim in performing this evaluation. Only a doctor serving in one of the following roles is authorized to evaluate MMI/impairment and file this report [28 Texas Administrative Code (TAC) §130.1 governs such authorization]:

Treating Doctor Doctor selected by Treating Doctor acting in place of the Treating Doctor Designated Doctor selected by DWC
 Insurance Carrier-selected RME Doctor approved by DWC to evaluate MMI and/or permanent impairment after a Designated Doctor examination

NOTE: If you are not authorized by 28 TAC §130.1 to file this report, you will not be paid for this report or the MMI/impairment examination.

III. MEDICAL STATUS INFORMATION

14. Date of Exam: ____/____/____

15. Diagnosis Codes: **S33.5XXA, S39.012A, M54.17, M51.27**

16. Indicate whether the employee has reached Clinical or Statutory MMI based upon the following definitions:

Clinical Maximum Medical Improvement (Clinical MMI) is the earliest date after which, based upon reasonable medical probability, further material recovery from or lasting improvement to an injury can no longer reasonably be anticipated.

Statutory MMI is the later of: (1) the end of the 104th week after the date that temporary income benefits (TIBs) began to accrue; or (2) the date which MMI was extended by DWC pursuant to Texas Labor Code §408.104.

a) Yes, I certify that the employee has reached STATUTORY / CLINICAL (mark one) MMI on ____/____/____ (may be a prospective date) and the attached documentation relating to this certification in the attached narrative. - OR -

b) No, I certify that the employee has not reached MMI but is expected to reach MMI on or about ____/____/____. The reason the employee has not reached MMI is documented in the attached narrative.

NOTE: The fact that an employee reaches either Clinical MMI or Statutory MMI does not signify that the employee is no longer entitled to medical benefits.

IV. PERMANENT IMPAIRMENT

17. If the employee has reached MMI, indicate whether the employee has permanent impairment as a result of the compensable injury.

"Impairment" means any anatomic or functional abnormality or loss existing after MMI that results from a compensable injury and is reasonably presumed to be permanent. The finding that impairment exists must be made based upon objective clinical or laboratory findings meaning a medical finding of impairment resulting from a compensable injury, based upon competent objective medical evidence that is independently confirmable by a doctor, including a designated doctor, without reliance on the subjective symptoms perceived by the employee.

a) I certify that the employee does not have any permanent impairment as a result of the compensable injury. - OR -

b) I certify that the employee has permanent impairment as a result of the compensable injury. The amount of permanent impairment is ____%, which was determined in accordance with the requirements of the Texas Labor Code and Texas Administrative Code. The attached narrative provides explanation and documentation used for the calculation of the impairment rating assigned using the appropriate tables, figures, or worksheets from the following edition of the *Guides to the Evaluation of Permanent Impairment* published by the American Medical Association (AMA):

third edition, second printing, February 1989 - OR -
 fourth edition, 1st, 2nd, 3rd, or 4th printing, including corrections and changes issued by the AMA prior to May 16, 2000.

NOTE: A finding of no impairment is not equivalent to a 0% impairment rating. A doctor can only assign an impairment rating, including a 0% rating, if the doctor performed the examination and testing required by the AMA Guides.

V. DOCTOR'S CERTIFICATION

18. I HEREBY CERTIFY THAT THIS REPORT OF MEDICAL EVALUATION is complete and accurate and complies with the Texas Labor Code and applicable rules. If an impairment rating has been assigned, I certify that I have completed the required training and testing and have a current certification by DWC to assign impairment ratings in the Texas workers' compensation system or have received specific permission by DWC to certify MMI and assign an impairment rating. I understand that making a misrepresentation about a workers' compensation claim or myself is a crime that can result in fines and/or imprisonment and nullification of this report.

Signature of Certifying Doctor: _____ Date of Certification: _____

VI. TREATING DOCTOR'S AGREEMENT OR DISAGREEMENT WITH ANOTHER DOCTOR'S CERTIFICATION

19. Treating Doctor's Name and License Type

20. Treating Doctor's License Number and Jurisdiction

21. Treating Doctor's Phone and Fax Numbers (Ph) (Fax)

22. I AGREE / I DISAGREE with the certifying doctor's certification of MMI.

23. I AGREE / I DISAGREE with the certifying doctor's finding of no impairment. - OR - I AGREE / I DISAGREE with the impairment rating assigned by the certifying doctor.

24. I understand that making a misrepresentation about a workers' compensation claim is a crime that can result in fines and/or imprisonment.

Signature of Treating Doctor: _____ Date: _____





Questions About Multiple Certifications of MMI/IR under the current rule?





EOI – Connect the Dots

accident/incident

+

claimed injury

+

claimant's medical history and treatment

+

evidence based medicine, where applicable

+

appropriate legal terms

Extent of Injury Template

Extent of Injury Analysis Section of a Designated Doctor Report

In addition to the basic requirements of a designated doctor narrative report in 28 TAC Rule 127.220, a narrative on extent of injury may include the following information:

I. Injury in Question (Box 31C of the DWC Form-032)

State injuries in question as listed in Box 31C, and define and describe each injury in medical terms.

Note: Extent of Injury is a specific question as to a specific injury as listed in Box 31C. Failure to use the exact terms as listed in Box 31C to refer to the injury may result in a letter of clarification, or a report not being adopted. If there are other medical terms used in the report to refer to the injury in question as listed in Box 31C, explain or clarify that to the reader by stating these terms are synonyms, one is inclusive of the other, etc. If there are injuries that can be grouped together as the same, or part of the same medical process, explain such grouping.

Extent of Injury Template

II. Accident/Incident (Mechanism of Injury)

Describe the accident/incident (mechanism of injury). Include any account described and who gave it. (i.e. Claimant told me during the exam, or treating doctor describes in the notes on 1/1/2023.)

III. Clinical Findings and Timeline in Support of Causation Analysis

Provide the relevant findings contained in the medical records, history and physical exam. Where applicable, detail symptom onset relative to the timeline of the medical history.

In your review and detail of the above, pay particular attention to the following in relation to the injury in question (Box 31C):

- a. Did the injury in question exist prior to the work-related accident or incident (mechanism of injury)?
- b. Was the injury in question present during the physical examination?

Extent of Injury Template

IV. Analysis of Clinical Findings and Timeline

Provide an analysis based on the findings from Sections II and III above, and any other relevant supporting factors to explain the basis for the opinion regarding the injury in question (Box 31C).

Pay particular attention to the following in relation to the causation analysis for the injury in question (Box 31C), and explain all that are applicable:

- a. Consider whether the timeline of symptom onset was consistent with the work-related injury, including relevant medical records prior to the injury, proximate to the time of injury, as well as post-injury treatment and testing.
- b. Is this type of work-related accident/incident (mechanism of injury) consistent or inconsistent with the injury in question?

If evidence-based medicine is available, then explain how it supports that the work-related accident/incident (mechanism of injury) caused or did not cause the injury in question (Box 31C).

Extent of Injury Template

v. Medical/Legal Causation Opinion Statement

SAMPLE CONCLUSION TEXT

“Based on the above referenced reasons, it is my medical opinion, based upon my education, training, and experience, and within reasonable medical probability that (the work-related accident/incident/ mechanism of injury) caused or did not cause the injury in question (Box 31C). I find that the compensable injury of (mm/dd/yyyy) was/was not a substantial factor in bringing about the additional claimed injury or condition (Box 31C), and without it, the additional injury or condition (Box 31C) would not have occurred. Specifically, it does or does not extend to include (Box 31C).”

***DWC does not require use of this form, and additionally, this form is not applicable in all cases. DDs must adhere to all applicable rules regarding reporting requirements and this form is neither a substitute nor an addendum to those requirements. This form is an example of expert causation analysis where extent of injury is an issue, and is not a comment on whether expert testimony is required to establish causation as to this, or any other specific injury. Whether expert testimony is required to establish causation for an injury is a determination that is made at the hearings level on a case by case basis.*



Spine MMI/IR/EOI Case

- What about “aggravation”?
- EBM for lumbar spine,
- HNP, etc.



Any Other Questions?

Remember to check out the article, "**Nomenclature and Classification of Lumbar Disc Pathology**" at http://hbtinstitute.com/files/SPI_NE2001_Disk_Nomenclature.pdf



Any Other Questions?

Remember to check out the article, "**Nomenclature and Classification of Lumbar Disc Pathology**" at http://hbtinstitute.com/files/SPI_NE2001_Disk_Nomenclature.pdf





Spine MMI/IR/Extent Of Injury (MMI/IR/EOI)

Remember : The requirement of providing multiple certifications when addressing MMI/IR and EOI in a single exam has been removed effective **6/5/2023**.

The **§127.1-127.25 and §180.23** rules can be viewed at:
<https://www.tdi.texas.gov//wc/rules/2023rules.html>
scroll down to: Designated Doctor Procedure and Requirements

Thank you