Extent of Injury (EOI)
The material presented in this presentation 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 sole approach, method, procedure or opinion appropriate for the medical situations discussed.
Extent of Injury Question for the Designated Doctor

Was the accident or incident giving rise to the compensable injury a substantial factor in bringing about the additional claimed injuries or conditions, and without it, the additional injuries or conditions would not have occurred?

Include an explanation of the basis for your opinion.
Extent of Injury Question for the Designated Doctor

Was the accident or incident giving rise to the compensable injury a substantial factor in bringing about the additional claimed injuries or conditions, and without it, the additional injuries or conditions would not have occurred?

Include an explanation of the basis for your opinion.
EOI Analysis: Understanding the Question

• Important medical/legal question in workers’ compensation
• *You* give your opinion and rationale as to which injuries are caused by accident and which are not
• Support your opinion, from a medical perspective, within the legal framework
• You provide medical expertise to inform those reading your report, including an Administrative Law Judge
• We will review legal standards for you to consider
C. Extent of Injury
List all injuries (diagnoses/body parts/conditions) in question, claimed to be caused by, or naturally resulting from the accident or incident and describe the accident or incident that caused the claimed injury.
Box 36C

- Lists all injuries (diagnoses/body parts/conditions) in question
- Gives description of accident/incident that caused claimed injury in question/in dispute

DD must address each injury (diagnosis/body part/condition) listed in Box 36C
EOI Process

1. Prepare for DD exam
2. Conduct DD Exam
3. Research and Literature Review
4. Causation Analysis
5. Drafting the Narrative Report
6. Multiple Certifications of MMI/IR
7. Completing the DWC 68
1. Prepare for DD Exam
1. Prepare for DD Exam

• Review all materials including
  • DWC Form-032 (particularly Box 36C)
    • Or, Presiding Officer Directive (POD)
  • Medical records
  • Insurance carrier/treating doctor analysis
• Put together an “Exam Checklist”
Review of Medical Records

- DD can receive injured employee’s confidential medical records and other records to assist in dispute resolution without signed release.
- Treating doctor and insurance carrier must provide all required medical records and may send analyses.
- Treating doctor and insurance carrier shall ensure required records are received by DD no later than 3 working days prior to exam.

28 TAC §127.10(a)(3)
Review of Medical Records

- If DD does not receive medical records or any part thereof at least 3 working days prior to exam, DD SHALL:
  - Report violation to DWC within one working day of not timely receiving records
  - *IF* DD has not received records within one working day of exam, or if DD does not have sufficient time to review late medical records before exam, do *NOT* conduct exam until all records received
  - *THEN* DD shall reschedule exam to occur no later than 21 days after receipt of records
  - Report/file complaint regarding non-compliant carrier or treating doctor

- DWC shall:
  - Take action necessary to ensure DD receives records
Review of Medical Records

• DD must review records prior to exam

• As DD reviews submitted records prior to exam DD may discover additional required records exist
  • Obtain and review those required records prior to conducting exam

• DWC assistance with records
  • DDRecords@tdi.texas.gov
Review Other Analyses Provided

• Both carrier and treating doctor can provide you with an analysis limited to the following topics for injured employee
  • medical condition
  • functional abilities
  • return to work opportunities
• May include videotaped activities and marked copies of medical records
• Consider the source: Is it written by a doctor, lawyer, or adjuster?
Review of Medical Records and Timeline

- Date of injury
- Explain how accident/incident happened (mechanism of injury)
- Condition before/after accident/incident
- Timing of signs/symptom onset
Review of Medical Records and Timeline

- Clinical findings
- Testing results
- Response to prior treatment
- Treatment plan-claimant compliance
- Recommended future treatment or testing
Exam Checklist

• A checklist for your exam
  • Will help ensure you do not miss anything
  • Will make you think through evidence and issues *prior to exam*, to ensure you get what you need *during exam*

• You will need to ask more questions as you take your history and perform the physical exam, but this is good place to start
Questions About Preparing for EOI Exam?
2. Conduct DD Exam
2. Conduct DD Exam

• Medical History

• Physical Exam

• Additional Testing/Referrals if needed
Taking the Medical History

• Document a thorough medical history
• Cover all items on DD’s checklist
• Clinical course, including past medical history, signs/symptoms, prior treatment, and testing
• Consider timeline
  • Are onset and timeline of signs and symptoms consistent with what happened (mechanism of injury) and condition/injury in question?
How Did Accident/Incident Occur?

- Document understanding of the mechanism of injury
  - Failure to do so may discredit report

- Document each account
  - Sources?
  - Are they consistent?
  - Document all findings in an objective way

- If there are multiple accounts of accident in records and exam, then describe which account used and why
Typical Physical Exam Checklist

- Consider other potential injuries, conditions or diagnoses

- Some common musculoskeletal and neurological bullets
  - examination of gait and station
  - ROM (measured active ROM)
  - strength
  - sensation
  - stability
  - deep tendon reflexes
  - spine - presence or absence of neural tension signs (i.e., SLR)
  - other - non-organic signs, comparison of observed vs. measured ROM, etc.

- Examination of contralateral extremity
Additional Testing/Referrals

• DD determines the need for additional testing/referral

• Not subject to preauthorization or retrospective review for medical necessity, extent of injury or compensability

• If it is necessary to determination, then it is DD’s obligation to order and review findings prior to completing DD report

• Failure to base analysis on complete patient evaluation may discredit DD analysis

28 TAC § 127.10 (c)
Questions About Conducting EOI Exam?
3. Research and Literature Review
Evidence-Based Medicine (EBM)

“Evidence-based medicine” means use of current best quality scientific and medical evidence formulated from credible scientific studies, including peer-reviewed medical literature and other current scientifically based texts, and treatment and practice guidelines in making decisions about care of individual patients.

TLC §401.011(18-a)
3. Research and Literature Review

• Obtain and review relevant medical literature, if available
• Many resources for EBM
• Consider relevant EBM that supports or refutes your causation conclusion, if available and when appropriate
Resource List

See *Evidence-Based Medicine* sources
handouts
Questions About Research and Literature review for EOI Exam?
4. Causation Analysis
4. Causation Analysis – Step by Step

A. Describe each injury or condition in question from Box 36C
B. Explain the mechanism of injury
C. Describe the clinical findings and timeline
D. Apply EBM, if available and appropriate
E. Answer the question using appropriate legal terms
Understand Legal Definition

“Injury”

• Damage or harm to the physical structure of the body
• Disease or infection naturally resulting from the damage or harm
• Includes occupational disease

Texas Labor Code §401.011(26)
Appeals Panel Interpretation
“Aggravation”

• Claimed injury that causes additional damage or harm to the physical structure of the body

• May include any naturally resulting disease or infection

• Can include an enhancement, acceleration or worsening of an underlying condition

Appeals Panel Decision 002967
Substantial Factor

• No legal definition in DWC system
• Substantial factor is relative
• Consider the mechanism of injury
• Co-morbidities
• Substantial factor is not the same as sole cause
• May be more than one substantial factor
“Eggshell Claimant”

- Means DD takes injured employee as is . . .
  - With all pre-existing conditions and co-morbidities DD finds in any patient
- History and medical timeline factor into DD analysis
- Determine if accident was substantial factor in causing injury in question and without accident or incident, additional injuries or conditions would not have occurred
Describe Injury in Question

- Refer to injury or condition using the same terms as listed in Box 36C
- Keep in mind legal concepts of injury and aggravation
- If referring to injury or condition by different medical term or grade of condition than listed in Box 36C, explain
- Do you view these terms as synonymous?
  - If so, state that these are same
Describe Injury in Question

• If there are injuries that can be grouped together as same, or part of same medical process, explain such grouping
• Do not assume reader has any medical knowledge
• Give thorough explanation
• Describe how the injury typically occurs
Describe Injury in Question

• Explain injury using medical terminology
• A list of diagnoses or codes from records is not sufficient
• Address each injury/body part/condition in question
Explain Mechanism of Injury

• Explain the mechanism of injury that caused injury or condition in question

• Explain accident/incident and how these forces, if applicable, caused claimed injury, condition, or an aggravation of preexisting injury or condition

• An incorrect or incomplete account of this in your analysis may create doubt regarding your conclusion
Explain Mechanism of Injury

• Be as specific as possible as to details and where you found them: Specific medical records, claimant’s account, carrier’s analysis, etc.

• *Objectively recount* any contradictions regarding accident/incident you find

• State how injury happened
  • Mechanism of injury that occurred and who gave you that account
Explain Mechanism of Injury

- Not stating in report how injury happened implies you do not know what happened
- If you do not know and state what happened, then how can you render credible opinion on causation?
- Be objective in descriptions; do not use inflammatory language
Clinical Findings and Timeline

• What was medical condition of IE at time of accident /incident?

• What about the condition and history of this particular IE was a substantial factor in causing the specific injury/condition or aggravation in question?
Clinical Findings and Timeline

• On the flip side, what about the history or condition of this particular IE allowed you to rule out accident as a substantial factor in giving rise to injury or condition in question?

• Preexisting conditions
• Prior surgeries
• Comorbidities
• Symptom onset
Clinical Findings and Timeline

• Pertinent positive and negative findings in your review of medical records and your exam

• How all these fit into timeline to assist you in determining whether this accident was substantial factor in causing injury?

• Resulted from something else related or unrelated?
Apply Evidence-Based Medicine

• Both medicine and law are based on research and applicable precedent
• Use EBM when available and if appropriate to inform and support your opinion
• What supports your conclusion that injury was or was not the result of this accident/incident?
Apply Evidence-Based Medicine

• What studies would a doctor taking a contrary position cite and why did you render those inapplicable or unconvincing?
• Peer review journals, articles and studies
• If evidence or resources on subject matter are limited, indicate so in your report
• See EBM resource list
Answer Question Using Appropriate Legal Terms

• “YES” or “NO” and “WHY”

• Regardless of conclusion, you MUST explain based on aforementioned factors how reached

• Stating conditions in question were result of accident is incomplete

• Follow steps previously discussed and connect dots for reader

• Keep in mind “WHY” as you work through this analysis
Answer Question Using Appropriate Legal Terms

• Reasonable medical minds will differ, so explain in “reasonable medical probability” to ensure reader understands why injury is/is not result of accident

• Avoid the following and similar terms/phrases
  • “possible”
  • “might have”
  • “could have”
  • “potentially”
Answer Question Using Appropriate Legal Terms

• Ensure your approach references relevant legal definitions and standards in reaching your conclusion
  • Injury
  • Aggravation
  • Substantial factor
  • Reasonable medical probability
Connect the Dots
Insufficient Causation Analysis

- Conclusions, rather than explanation
- Only listing diagnoses
- General statements that condition was not present until after accident

All parties, including Administrative Law Judge, need explanation as to *why you reached your conclusion, not just a conclusion*
Causation Analysis Examples

• See printed material
Causation: Not a Trivial Pursuit
Disclaimer

Every case has its own facts and this game is being offered for entertainment/educational purposes. It is not a substitute for the important exercise of basing your determination of the extent of injury on the physical examination and medical record.
Sufficient or Not?

“It is possible that the degenerative disc disease noted in the MRI was aggravated by the compensable lifting event.”
“Since the examinee was not symptomatic prior to the compensable injury event and developed symptoms right after the injury event, it stands to reason that the MRI pathology identified post-injury are related to the compensable injury event.”
Sufficient or Not?

“The claimed condition of knee arthritis is an ordinary, disease-of-life finding that pre-existed the injury event.”
Sufficient or Not?

“I opine that the examinee’s injury caused, within reasonable medical probability, the claimed condition of carpal tunnel syndrome.”
“In my medical opinion and within a reasonable degree of medical probability, stepping on a crack and rolling her ankle at work on [the date of injury] caused torquing forces to the examinee’s left ankle joint which stressed the joint structures of her left ankle and exceeded the strength of the joint structures of her left ankle and produced the left ankle plantar fasciitis.”
Sufficient or Not?

“In my opinion, the right shoulder rotator cuff tear is not part of the compensable injury. The MRI of the right shoulder approximately three months from the date of injury demonstrated no acute injury in the right shoulder, but only chronic, degenerative changes. Also, a review of the medical records does not document any history of impact to the right shoulder or blunt trauma by the 2 eyewitnesses to the injury, nor does the medical record document any ecchymosis or swelling of the right shoulder in the emergency department on the date of injury.”
“The mechanism of injury involved a rollover motor vehicle accident (MVA). The injury included jarring and jolting of the examinee’s cervical spine. Due to the impact of the MVA, there is a causal relationship between the impact involving jarring and jolting forces in the examinee’s cervical area resulting in a cervical sprain/strain.”
“Neuritis occurs when nerves become inflamed. The inflammation results in pain and numbness wherever the affected nerve travels. Nerves from the thoracic (middle) spine extend to the upper abdominal area as well as the back, the neck, and the area between the shoulder. There is nothing in the physical examination or the medical records to indicate thoracic neuritis, so that condition should not be included as part of the compensable injury.”
Questions About Causation Analysis for the Extent of Injury Exam?
5. Narrative Report
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 36C of the DWC Form-032)

*State injuries in question as listed in Box 36C, 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 36C. Failure to use the exact terms as listed in Box 36C 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 36C, 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.
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 1/1/2014.)

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 36C):

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?
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 36C):

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?
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 36C).

Pay particular attention to the following in relation to the causation analysis for the injury in question (Box 36C), 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 36C).
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 36C). 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 36C), and without it, the additional injury or condition (Box 36C) would not have occurred. Specifically, it does or does not extend to include (Box 36C).”

**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.**
6. Multiple Certifications of MMI/IR
Multiple Certifications of MMI/IR

Pursuant to 28 TAC §127.10(d), if a DD is simultaneously asked to address MMI and/or IR and extent of injury in a single exam, the DD shall provide multiple certifications for MMI/IR that take into account each reasonable outcome for extent of injury.
Multiple Certifications of MMI/IR

**Best Practice**

1. Injury accepted as compensable by insurance carrier

2. Injury accepted as compensable by insurance carrier **plus** all disputed injuries listed in Box 36C

3. Compensable injury as defined by DD, if different from 1 or 2 above
Multiple Certifications of MMI/IR

After certification, you must:

State which of your certifications you believe is the appropriate MMI/IR and why, based on your EOI opinion
When to Provide Multiple Certifications

• **Only** requests for DD to simultaneously address MMI/IR and EOI in single exam provide for multiple certifications of MMI/IR

• Requests for multiple certifications when exam addresses EOI alone or MMI/IR alone in a single exam do not require multiple certifications
Hearings: An Exception

A DD *must comply* with a Presiding Officer’s Directive from a Benefit Review Officer *or* an Administrative Law Judge ordering multiple certifications of MMI/IR
MMI, IR and EOI Case

You are asked to simultaneously address MMI, IR and EOI in a single exam
History of Injury

- 45-year-old male warehouse worker with acute onset low back pain four months ago after lifting a 150-lb toolbox.
MMI, IR and EOI Case

History of Injury (cont’d)

• Medical records and history document low back pain for a week accompanied by left-sided radicular pain four days after DOI with pain and decreased sensation in S1 dermatome, slightly decreased Achilles reflex and sciatic nerve root tension signs demonstrated by left SLR
• Lumbar MRI scan shows L4/L5 disc degeneration; 6 mm left posterolateral disc herniation at left L5-S1 with impingement on exiting left S1 nerve root
MMI, IR and EOI Case

History of Injury (cont’d)

• Signs and symptoms persist despite 10 visits of PT, NSAIDS, muscle relaxants and narcotic pain medication

• ESI and surgery denied because EOI beyond a lumbar sprain/strain disputed
MMI, IR and EOI Case

• You see IE as a DD 4 months post injury
• Box 37 of DWC Form-032 completed by insurance carrier lists injury accepted as compensable by insurance carrier as “lumbar sprain/strain”
VII. Examination / Injury Information

37. List all injuries accepted as compensable by the insurance carrier. (Provide descriptions if using ICD codes.)

38. List all injuries determined to be compensable by an Approved DWC Form-024, DWC decision & order, DWC Appeals Panel decision, or final court order, if applicable. (Provide descriptions if using ICD codes.)
MMI, IR and EOI Case

Box 36C of DWC Form-032 lists injuries (diagnoses/body parts/conditions) in question, claimed to be caused by, or naturally resulting from accident or incident as

- L4/L5 disc degeneration
- Disc desiccation at L5/S1 lumbar spine
- L5/S1 disc herniation with impingement on exiting left S1 nerve root
### Purpose for Examination

#### V. PURPOSE FOR EXAMINATION

36. Requester: Check box(es) A through G next to the issue(s) you want the designated doctor to address and provide the requested information.

<table>
<thead>
<tr>
<th>A. Maximum Medical Improvement (MMI)</th>
<th>Statutory MMI Date (if any) ( xx/xx/xx ) (mm/dd/yyyy)</th>
</tr>
</thead>
<tbody>
<tr>
<td>B. Impairment Rating (IR)</td>
<td>MMI Date* ( \phantom{xx/xx/xx} ) (required only if Box A is not checked) (mm/dd/yyyy)</td>
</tr>
<tr>
<td></td>
<td>*The MMI date determined valid by a final TDI-DWC decision, court, or agreement of the parties.</td>
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</tbody>
</table>

#### C. Extent of Injury

List all injuries (diagnoses/body parts/conditions) in question, claimed to be caused by, or naturally resulting from the accident or incident and describe the accident or incident that caused the claimed injury.

- L4/L5 disc degeneration
- Disc desiccation at L5/S1 lumbar spine
- L5/S1 disc herniation with impingement on exiting left S1 nerve root
In this case, the DD defines compensable injury for **certifying MMI and IR** as:

- Lumbar sprain/strain
- Left S1 radiculopathy (not included in Box 37 or 36C)
- L5-S1 disc herniation with impingement on exiting left S1 nerve root (from 36C)

Explain in report the basis in medical records and certifying exam that led to conclusion.
MMI, IR and EOI Case

• Address **Extent of Injury**, with causation analysis as discussed previously, that injury does not extend to
  • Disc degeneration at L4/L5
  • Disc desiccation at L5/S1 lumbar spine
MMI, IR and EOI Case

Multiple certifications of MMI/IR, each with DWC-Form 69, all explained in report

- **Certification 1:** MMI/IR for injury accepted as compensable by the insurance carrier as “lumbar sprain/strain”
Certification 1
Multiple certifications of MMI/IR, each with DWC-Form 69, all explained in report

- **Certification 2:** Injury accepted as compensable by the insurance carrier plus all disputed injuries listed in Box 36C
  - Lumbar sprain/strain
  - L5-S1 disc herniation with impingement on exiting left S1 nerve root
  - Disc degeneration at L4/L5
  - Disc desiccation at L5/S1 lumbar spine
Certification 2

<table>
<thead>
<tr>
<th>Report of Medical Evaluation</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>I. GENERAL INFORMATION</strong></td>
</tr>
<tr>
<td>1. Insured Employee's Name</td>
</tr>
<tr>
<td>2. Employee's Name</td>
</tr>
<tr>
<td>3. Employer's Address</td>
</tr>
<tr>
<td>4. Date of Injury</td>
</tr>
<tr>
<td>5. Social Security Number</td>
</tr>
<tr>
<td>6. Certified Doctor's Name</td>
</tr>
<tr>
<td>7. Certified Doctor's License</td>
</tr>
<tr>
<td>8. Carrier's Name</td>
</tr>
<tr>
<td>9. Carrier's License Number</td>
</tr>
</tbody>
</table>

**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 Tex. Admin. Code (TAC) §130.1 governs such authorization):

- [ ] Treating Doctor
- [ ] Designated Doctor selected by the Treating Doctor acting in place of the Treating Doctor
- [ ] Designated Doctor selected by DWC
- [ ] Designated Doctor

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. **S33.5XXA, S39.012A, M54.17, M51.27, M51.37**

**IV. PERMANENT IMPAIRMENT**

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

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

- Statutory MMI is the later of:
  1. The date temporary income benefits (TIBs) ended, or
  2. The date temporary income benefits (TIBs) ended or were extended by DWC pursuant to Texas Labor Code §408.104.

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

- Impairment means any anatomic or functional abnormality or loss occurring after MMI that results from a compensable injury and is reasonably presumed to be permanent. The impairment must be based upon objective clinical or laboratory findings meaning a medical finding of impairment resulting from an injury by a competent medical evidence that is independently confirmable by a doctor, including a diagnosis of symptoms perceived by the employee.

18. If the employee has reached MMI, indicate if the employee has permanent impairment as a result of the compensable injury. The amount of permanent impairment is ________________%.

**V. DOCTOR'S CERTIFICATION**

19. 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 received specific permission from DWC to assign impairment ratings in the Texas workers’ compensation system or have received specific permission from DWC to certify MMI and assign an impairment rating. I understand that making a misrepresentation about a workers’ compensation claim is a crime that can result in fines and/or imprisonment.

Signature of Certifying Doctor: __________________________ Date of Certification: ________________

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

20. Treating Doctor's Name and License Type

21. Treating Doctor's Phone and Fax Numbers

22. I agree / I disagree with the certifying doctor's certification of MMI.

Signature of Treating Doctor: __________________________ Date: ________________
MMI, IR and EOI Case

Multiple certifications of MMI/IR, each with DWC-Form 69, all explained in report

- **Certification 3**: MMI/IR for what you define the injury to be
  - Lumbar sprain/strain
  - Left S1 radiculopathy
  - L5-S1 disc herniation with impingement on exiting left S1 nerve root
Certification 3

S33.5XXA, S39.012A, M54.17, M51.27
Not Yet at MMI  

- If one of possible combinations includes any injury where IE is not yet at MMI, then you cannot do impairment rating for that combination
- Present combination as possible alternate certification and explain why IE has not yet reached MMI as to that injury/those injuries
- Address it by explaining why you cannot assign impairment rating as IE not at MMI for that injury
MMI, IR and EOI Case

• Address *Extent of Injury*, with causation analysis as discussed previously, that injury *does* extend to

• L5-S1 disc herniation with impingement on exiting left S1 nerve root
Questions About Multiple Certifications of MMI/IR for EOI Exams?
Complete DWC Form-068
Transfer Info from DWC Form-032

George Raley
Carrier One

E. J. McDermott, M.D.
P.O. Box 7156, Austin, TX 78777

T4321
MD

70 Medical Park Loop, Austin, TX 78647

8/1/2016, 3:00 PM

No
Transfer Info From DWC Form-032, Box 36C
Add ICD Codes

III. PURPOSE OF EXAMINATION

15. Issues considered during Designated Doctor’s examination. Check only the items that were included on the DWC Form-032 and provide the requested information.

[ ] a) Extent of Injury
Refer to the DWC Form-032 you received for this examination and provide below all the diagnoses/conditions listed in Section V, Box 36C. Did you determine that the accident or incident giving rise to the compensable injury was a substantial factor in bringing about the additional claimed diagnoses/condition, and without it, the additional diagnoses/conditions would not have occurred? Provide your answer below by checking Yes or No for each additional claimed diagnosis/condition. For data purposes only, assign the most reasonable corresponding diagnosis code(s) for each additional claimed diagnosis/condition. You may assign up to four diagnosis codes for each additional claimed diagnosis/condition. **Attach additional pages, if necessary.**

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<thead>
<tr>
<th>Additional Claimed Diagnosis or Condition</th>
<th>Yes</th>
<th>No</th>
<th>For Data Purposes Only</th>
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<tbody>
<tr>
<td>L4/L5 disc degeneration</td>
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<td>X</td>
<td>M51.36</td>
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<tr>
<td>Disc desiccation at L5/S1</td>
<td></td>
<td>X</td>
<td>M51.37</td>
</tr>
<tr>
<td>L5/S1 disc herniation</td>
<td>X</td>
<td></td>
<td>M51.27</td>
</tr>
<tr>
<td>with impingement on exiting left S1 nerve root</td>
<td></td>
<td></td>
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### IV. REFERRALS / ADDITIONAL TESTING

16. Provide the requested information regarding referrals and additional testing for this examination.

<table>
<thead>
<tr>
<th>Referral Health Care Provider Name</th>
<th>Provider License Number</th>
<th>Date of Service (mm/dd/yyyy)</th>
<th>Type of Testing</th>
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FCE (Functional Capacity Evaluation); EMG (Electromyography); NCV (Nerve Conduction Velocity); MRI (Magnetic Resonance Imaging); CT-Scan (Computed Tomography Scan)

### V. DESIGNATED DOCTOR'S SIGNATURE

17. Signature of Designated Doctor  
   **E. J. McDermott, M.D.**

18. Date of Signature (mm/dd/yyyy)  
   **05/23/2016**
QUESTIONS ABOUT EXTENT OF INJURY?