

Extent of Injury (EOI)



Material Disclaimer

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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

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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 a Hearing Officer
- We will review legal standards for you to consider

DWC 32, Box 42C

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.

Describe the accident or incident that caused the claimed injury.

Question for the Designated Doctor to consider in the examination: 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 - DWC Form-032

Box 42C

- 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 42C

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 42C)
 - 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 42C
- 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 42C
- 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 42C, 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 Hearing Officer, need explanation as to ***why you reached your conclusion, not just a conclusion***

Causation Analysis Examples

- See printed material

Case 1 - Insufficient Causation Analysis

Does the compensable injury of May 12, 20yy, extend to and include aggravation of degenerative disc disease and bilateral foraminal narrowing at L4-5 and L5-S1?

Case 1 - Insufficient Causation Analysis

Concerning the issue of extent-of-injury, the Division appointed Dr. H as its DD on this issue. Dr. H notes the mechanism of injury, the temporal proximity between injury and Claimant's symptoms, citation to his clinical findings, and opined that work injury caused "significant adverse internal discal forces upon the affected tissues" and led to disputed conditions. He noted that clinical evidence of mild radiculopathy indicates

Case 1 - Insufficient Causation Analysis

additional narrowing caused by additional compression of supportive inter-vertebral disc. He noted that Claimant was asymptomatic prior to injury. To support DD's opinion, Claimant provided the opinion of Dr. L, Claimant's treating doctor, that injury "likely aggravated his condition and is directly causing his lower back pain and limited range of motion."

Case 1 - Insufficient Causation Analysis

To dispute the DD, Carrier provided the report of Dr. M, its RME doctor, and the opinion of Dr. B, its testifying doctor. Dr. M explained that the slip and fall did not cause any permanent aggravation to the lumbar disc at the L4-5 and L5-S1 level. He noted that Claimant continued to work full duty for some time after the injury, which would be inconsistent with the development of an acute structural issue to the lumbar spine. He opined that the L4-5 and L5-S1 disc degeneration

Case 1 - Insufficient Causation Analysis

are pre-existing conditions which were not aggravated by the work injury.

Dr. B testified disputed conditions were age-related degenerative conditions that were not caused or aggravated by the work injury. Dr. B noted that MRI showed disc bulging from L2 through S1, and that there was no objective finding to support an aggravation of L4-5 and L5-S1. Dr. B reflected that bulging found on MRI

Case 1 - Insufficient Causation Analysis

was “generalized” which is consistent with aging process, and size of bulging was essentially insignificant given Claimant’s age. He explained based on his review of medical records, including radiologist’s reading of MRI and clinical findings made in records, that there was insufficient evidence of any aggravation to L4-5 and L5-S1 level.

After review of the medical evidence, Carrier showed that the preponderance of the evidence is

Case 1 - Insufficient Causation Analysis

contrary to the opinion of the DD. The Carrier's position that the injury is limited to a thoracic and lumbar strain is more consistent with the Claimant's delayed medical treatment, the MRI findings showing degeneration throughout the lumbar spine, and the treatment modalities provided to the Claimant for this injury.

Though Dr. H noted that there was a strong temporal relationship between injury and disputed

Case 1 - Insufficient Causation Analysis

conditions, he does not address that Claimant did not seek medical treatment for approximately 3 months for these conditions. Dr. H's findings on his clinical examinations, particularly decreased reflexes and muscle weakness, were inconsistent with majority of medical records. While Claimant's testimony was credible regarding his physical limitations, medical evidence supported Carrier's position. As the preponderance of other medical evidence is contrary to the opinion of DD, the preponderance of evidence did not

Case 1 - Insufficient Causation Analysis

support that work injury of dd/mm/201y aggravated degenerative disc disease or bilateral foraminal narrowing at L4-5 and L5-S1.

Case 2 - Sufficient Causation Analysis

Does the compensable injury of March 30, 20yy extend to and include L4-5 annular tear and right paracentral broad-based protrusion with descending right L5 impingement and right L5 radiculopathy?

Case 2 - Sufficient Causation Analysis

Division appointed Dr. B as its DD on the issue of extent of injury. He opined that work injury was a producing cause of disputed conditions. He cited objective MRI evidence and noted that the mechanism of injury is consistent with the examination findings and the MRI findings. He noted that a report by Dr. S, who was attained by the Carrier to do an MRI review, suggested that the L4-5 disc pathology was “potentially recent” and correlated with the reported symptoms,

Case 2 - Sufficient Causation Analysis

which Dr. B contended further supported his analysis. Dr. B's opinion is entitled to presumptive weight.

Carrier provided opinion of its RME doctor G. Dr. G disagreed with DD's analysis, and explained that the findings on objective tests were all indicative of "age-appropriate findings based upon the medical science." He argued that none of the providers who have treated Claimant have documented any

Case 2 - Sufficient Causation Analysis

examination findings consistent with lumbar radiculopathy. He also referred Claimant for an EMG, which showed findings consistent of left-sided radiculopathy, which Dr. G contended showed that right-sided radiculopathy was unrelated to the work injury.

After review of all of medical evidence, preponderance of other medical evidence is not

Case 2 - Sufficient Causation Analysis

contrary to opinion of DD B. On date of injury, claimant was treated at C Hospital, where it was noted Claimant had radiating pain down both lower extremities. On April 16, 2015, Claimant returned to C Hospital with worsening symptoms and was diagnosed with herniated disc. On April 25, 2015, Claimant reported to C Hospital with unbearable pain, was diagnosed with lumbar radiculopathy, and discharged in wheelchair. It was noted that Claimant required a walker to

Case 2 - Sufficient Causation Analysis

ambulate. Records from Dr. T, Claimant's treating doctor, further support DD's opinion.

Though Dr. G took the position that no doctor had documented findings consistent with radiculopathy, Dr. T's records documented Claimant had weakness and symptoms in the right leg consistent with right L5 radiculopathy. Dr. T's treatment plan, including recommendations for ESI injections and surgical consultation, further support DD's opinion

Case 2 - Sufficient Causation Analysis

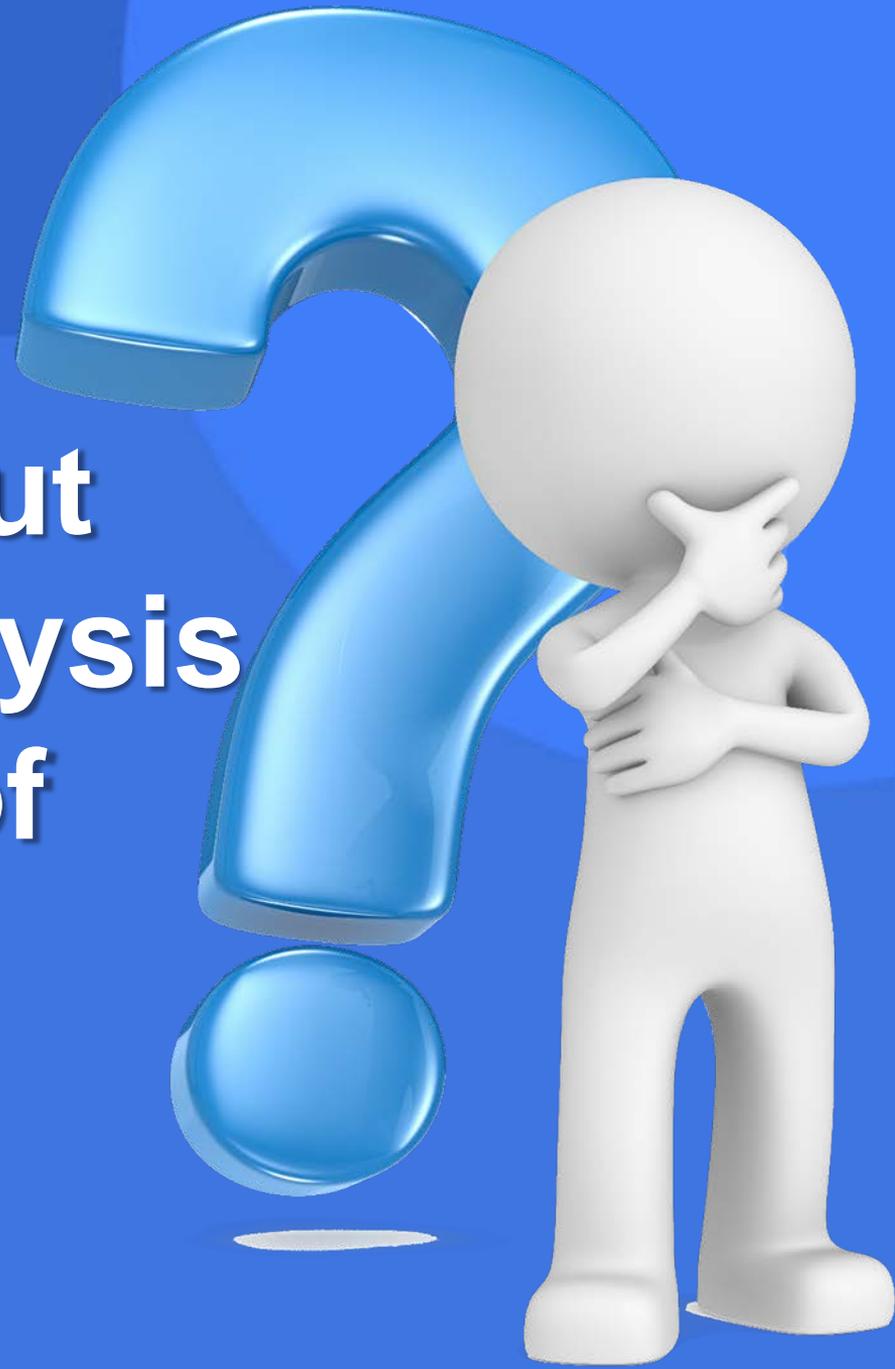
that disputed disc pathology and radiculopathy is related to this work injury.

Furthermore, with exception of one brief period in April of 2015, Dr. T has continued to take Claimant off work as the result of this work injury. Given medical evidence from Claimant's treating providers, as well as physical examination from Dr. B, who is the neutral doctor with presumptive.

Case 2 - Sufficient Causation Analysis

weight in this case, preponderance of the evidence supports the compensable injury of March 30, 20yy was a producing cause of L4-5 annular tear and right paracentral broad-based protrusion with descending right L5 impingement and right L5 radiculopathy.

Questions About Causation Analysis for the Extent of Injury Exam?



5. Narrative Report

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 42c of the DWC Form-032)

State injuries in question as listed in Box 42C, 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 42c. Failure to use the exact terms as listed in Box 42c 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 42c, 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 1/1/2014.)

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 42c):

- 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

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 42c):

- 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 42c).

Pay particular attention to the following in relation to the causation analysis for the injury in question (Box 42c), 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 42c).

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 42c). 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 42c), and without it, the additional injury or condition (Box 42c) would not have occurred. Specifically, it does or does not extend to include (Box 42c).”

***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 possible 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 42C
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 a **Hearing Officer** 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

MMI, IR and EOI Case

History of Injury

- 45-year-old male warehouse worker with acute onset low back pain after lifting a 150-lb. toolbox four months earlier

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

MMI, IR and EOI Case

History of Injury (cont'd)

- 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

36. Provide the specific reason(s) for the requested examination. The reason(s) must indicate how the examination will resolve a dispute or assist in the progression of the claim.

Was the compensable injury a substantial factor in bringing about the additional claimed injuries or conditions?

37. List all injuries determined to be compensable by TDI-DWC or accepted as compensable by the insurance carrier. (If using ICD codes, you must also provide descriptions.)

Lumbar Sprain/Strain

MMI, IR and EOI Case

Box 42C 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

- Disc degeneration at L4/L5
- L5-S1 disc herniation with impingement on exiting left S1 nerve root

Purpose for Examination

42. Requester: For items A through G below, check the box(es) next to the issue(s) you want the designated doctor to address and provide the requested information.

Designated Doctor: Address only the issues that are checked. If Box A or B is checked, you must file the DWC Form-069. If Box E or F is checked, you must file the DWC Form-073. If Box C, D or G is checked, you must file the DWC Form-068.

A. Maximum Medical Improvement (MMI)

Statutory MMI Date (if any) (mm/dd/yyyy)

Questions for the Designated Doctor to consider in the examination:

Has MMI been reached; if so, on what date (may not be greater than the statutory MMI date shown above)?

B. Impairment Rating (IR)

MMI Date* (required only if Box A is not checked) (mm/dd/yyyy)

*The MMI date that has been determined to be valid by a final decision of the TDI-DWC or court or by agreement of the parties.

Question for the Designated Doctor to consider in the examination: As of the MMI date, what is the IR?

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.

L4/L5 disc degeneration

Disc desiccation at L5/S1 lumbar spine

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

MMI, IR and EOI Case

- 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 42C)
 - L5-S1 disc herniation with impingement on exiting left S1 nerve root (from 42C)
- 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



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 from or lasting improvement to an injury can no longer reasonably be anticipated.

Statutory MMI is the later of: (1) the end of the period of temporary income benefits (TIBs) after the date that temporary income benefits (TIBs) began to accrue; or (2) the date that the employee is no longer entitled to Texas Labor Code §408.104.

- a) Yes, I certify that the employee reached Clinical (mark one) MMI on ___/___/___ (may not be a prospective date) and have no further information relating to this certification in the attached narrative. - OR -
b) No, I certify that the employee has NOT reached MMI on or about ___/___/___ expected to reach MMI on or about ___/___/___
The reason the employee has not reached MMI is stated in the attached narrative.

NOTE: The fact that an employee reaches either Clinical 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 of permanent impairment exists must be made based upon objective clinical or laboratory findings meaning a medical finding of impairment resulting from the compensable injury, based upon competent objective medical evidence that is independently confirmable by a doctor, including a designated doctor.

- a) I certify that the employee does not have 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 of 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: _____	



MMI, IR and EOI Case

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 42C
 - Lumbar sprain/strain
 - Left S1 radiculopathy
 - 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

 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]: <input type="checkbox"/> Treating Doctor <input type="checkbox"/> Doctor selected by Treating Doctor acting in place of the Treating Doctor <input type="checkbox"/> Designated Doctor selected by DWC <input type="checkbox"/> 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. 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 an injury can no longer reasonably be anticipated. Statutory MMI is the later of: (1) the end of the period of temporary income benefits (TIBs) after the date that temporary income benefits (TIBs) began to accrue; or (2) the date that the employee is no longer entitled to Texas Labor Code §408.104. a) <input type="checkbox"/> Yes, I certify that the employee reached <input type="checkbox"/> Clinical (mark one) MMI on ___/___/___ (may not be a prospective date) and have no further material recovery or improvement relating to this certification in the attached narrative. - OR - b) <input type="checkbox"/> No, I certify that the employee has NOT reached either Clinical or Statutory MMI on or about ___/___/___ expected to reach MMI on or about ___/___/___ The reason the employee has not reached MMI is stated in the attached narrative. NOTE: The fact that an employee reaches either Clinical 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 of permanent impairment exists must be made based upon objective clinical or laboratory findings meaning a medical finding of impairment resulting from the compensable injury, based upon competent objective medical evidence that is independently confirmable by a doctor, including a designated doctor. a) <input type="checkbox"/> I certify that the employee does not have permanent impairment as a result of the compensable injury. - OR - b) <input type="checkbox"/> 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 of the calculation of the impairment rating assigned using the appropriate tables, figures, or worksheets from the following edition of the <i>Guides to the Evaluation of Permanent Impairment</i> published by the American Medical Association (AMA): <input type="checkbox"/> third edition, second printing, February 1989 - OR - <input type="checkbox"/> fourth edition, 1 st , 2 nd , 3 rd , or 4 th 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: _____					

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

 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]: <input type="checkbox"/> Treating Doctor <input type="checkbox"/> Doctor selected by Treating Doctor acting in place of the Treating Doctor <input type="checkbox"/> Designated Doctor selected by DWC <input type="checkbox"/> 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 period of temporary income benefits (TIBs) after the date that temporary income benefits (TIBs) began to accrue; or (2) the date that the employee is no longer entitled to Texas Labor Code §408.104. a) <input type="checkbox"/> Yes, I certify that the employee reached <input type="checkbox"/> Clinical (mark one) MMI on / / (may not be a prospective date) and have no further information relating to this certification in the attached narrative. - OR - b) <input type="checkbox"/> No, I certify that the employee has NOT reached MMI on or about / / . The reason the employee has not reached MMI is stated in the attached narrative. NOTE: The fact that an employee reaches either Clinical 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 of permanent impairment exists must be made based upon objective clinical or laboratory findings meaning a medical finding of impairment resulting from the compensable injury, based upon competent objective medical evidence that is independently confirmable by a doctor, including a designated doctor. a) <input type="checkbox"/> I certify that the employee does not have permanent impairment as a result of the compensable injury. - OR - b) <input type="checkbox"/> 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 of the calculation of the impairment rating assigned using the appropriate tables, figures, or worksheets from the following edition of the <i>Guides to the Evaluation of Permanent Impairment</i> published by the American Medical Association (AMA): <input type="checkbox"/> third edition, second printing, February 1989 - OR - <input type="checkbox"/> fourth edition, 1 st , 2 nd , 3 rd , or 4 th 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: _____					
					
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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

Designated Doctor Examination Data Report Extent of Injury, Disability, or Other Similar Issues

I. INJURED EMPLOYEE CLAIM INFORMATION

1. Employee Name (Last, First, Middle) George Raley	2. Employee Social Security Number 000-00-0000
3. Insurance Carrier Name Carrier One	4. Date of Injury (mm-dd-yyyy) 03-02-2015

II. EXAMINATION INFORMATION

5. Designated Doctor Name E. J. McDermott, M.D.	
6. Designated Doctor Mailing Address (Street or PO Box, City, State, Zip Code) P.O. Box 7156, Austin, TX 78777	
7. Designated Doctor License Number T4321	8. Designated Doctor License Jurisdiction TX
9. Designated Doctor License Type MD	10. Designated Doctor Phone Number (512) 804-5128
11. Examination Location (Street, City, State, Zip Code) 70 Medical Park Loop, Austin, TX 78647	
12. Date and Time of Appointment 8/1/2016, 3:00 PM	
13. Does the claim involve medical benefits provided through a Certified Health Care Network? No	

Transfer Info From DWC Form-032, Box 37

Add ICD Codes

III. DIAGNOSIS CODES FOR COMPENSABLE DIAGNOSES/CONDITIONS

15. Refer to the DWC Form-032 you received for this examination and provide below all the diagnoses/conditions listed in Section VII, Box 37. For data purposes only, assign the most reasonable corresponding diagnosis code(s) for each compensable diagnosis/condition listed. You may assign up to four diagnosis codes for each compensable diagnosis/condition. Attach additional pages, if necessary.

Compensable Diagnosis/Condition	For Data Purposes Only			
	Diagnosis Code 1	Diagnosis Code 2	Diagnosis Code 3	Diagnosis Code 4
1) Lumbar Sprain/Strain	S33.5XXA	S39.012A		
2)				
3)				
4)				
5)				
6)				
7)				
8)				

IV. PURPOSE OF EXAMINATION

IV. PURPOSE OF EXAMINATION

16. 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 VIII, Box 42C. 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/conditions, 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.

Additional Claimed Diagnosis or Condition	Yes	No	For Data Purposes Only			
			Diagnosis Code 1	Diagnosis Code 2	Diagnosis Code 3	Diagnosis Code 4
L4/L5 disc degeneration	<input type="checkbox"/>	<input checked="" type="checkbox"/>	M51.36			
Disc desiccation at L5/S1 lumbar spine	<input type="checkbox"/>	<input checked="" type="checkbox"/>	M51.37			
L5/S1 disc herniation with impingement on exiting left S1 nerve root	<input checked="" type="checkbox"/>	<input type="checkbox"/>	M51.27			

Document Referrals / Testing, Sign

V. REFERRALS / ADDITIONAL TESTING

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

Referral Health Care Provider Name	Provider License Number	Date of Service (mm/dd/yyyy)	Type of Testing						
			FCE	EMG / NCV	X-Ray	MRI	CT-Scan	Psychological Testing / Evaluation	Other
Robert Payments	E2234	01/10/2016	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

FCE (Functional Capacity Evaluation); EMG (Electromyography); NCV (Nerve Conduction Velocity); MRI (Magnetic Resonance Imaging); CT-Scan (Computed Tomography Scan)

VI. DESIGNATED DOCTOR'S SIGNATURE

18. Signature of Designated Doctor
E. J. McDermott, M.D.

19. Date of Signature (mm/dd/yyyy)
05/23/2016

QUESTIONS ABOUT EXTENT OF INJURY?

