



Keeping You Up-to-Date with the Industrial Commission's Medical Services • September 2015

## Uploading Exam Reports to ICON

Permanent Total Disability IME reports can now be directly uploaded from your computer to the Industrial Commission of Ohio Network (ICON). For specialist exams completed within the last 60 days, follow these steps to upload a report:

1. Log into ICON, click **Report Upload**.
2. From the Upload Report Page, click **Browse**, locate the file to be uploaded (the report must be in PDF or DOCX format).
3. At Upload Report for Claim, **select the Claim #** of the IW examined from the drop down menu.
4. Click the **Upload** button.
5. Upon successful upload completion, ICON will acknowledge an **Upload Report Confirmation**.

### Reminders:

- Your report **must have a digitized signature**; an electronic signature cannot be accepted
- The File Name must be less than 25 characters
- The transferred file size must be under 10MB
- For more information please refer to the *July 2015 ICON Provider Guide*

**Ohio Industrial Commission**  
Timely, impartial resolution of workers' compensation appeals

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Industrial Commission Online Network **IC Provider Home Page**

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**1** Find a Claim  
Find a claim by entering the claim number **OR** the injured worker's Social Security last name into the appropriate search boxes below.

Claim Number  **OR** SSN

Industrial Commission Online Network **IC Provider Upload Report**

**Upload Report**

Select Report to Upload: C:\Users\egaray\Desktop\JDoeMedRpt\_061815.pdf **Browse...** **2**  
Preferred Format: PDF. Will also accept: DOC, DOCX.

Upload Report for Claim: 98-765432 - John Doe **3**

**4** **UPLOAD**

Industrial Commission Online Network **IC Provider Upload Report**

**Upload Report Confirmation**

You have sent file "VivesMedRpt\_062215.pdf" for Claim 06-358907 for IW Vanessa Ives **5**

## Did You Know?

In a recent review of 312 independent medical exams for Ohio Industrial Commission PTD Hearings during the 2nd Quarter 2014, there were 248 injured workers with one or more spine allowed conditions that had neuromusculoskeletal evaluations by IC physicians. Workers with allowed spine conditions averaged 1<sup>1</sup>/<sub>3</sub> spine region (cervical, thoracic or lumbar) injuries per person. When specialists evaluated injured worker spine impairment for PTD examinations, IC examiners used the **DRE method** in **85%** of the cases; the **ROM method** in **14%** of the cases. In rare cases, both methods were used in the same individual when two or three spine regions were allowed in the claim. The percentage of spine claims using specific Diagnostic Related Estimate Categories were: DRE II (24%), DRE IV (20%), DRE I (19%), DRE III (13%) and DRE V (10%).

R. Stanko MD, MS

# CASE PRESENTATION

## Ohio Industrial Commission - Specialist Report

### CLAIMANT

Annie Labrador

### ALLOWED CONDITIONS

**SPRAIN NECK; SPRAIN LUMBAR REGION; HERNIATED NUCLEUS PULPOSUS L4-L5; SUBSTANTIAL AGGRAVATION OF PRE-EXISTING CERVICAL SPONDYLOSIS; SUBSTANTIAL AGGRAVATION OF PRE-EXISTING FORAMINAL STENOSIS C4-T1; RADICULOPATHY BILATERAL C5-C6; RADICULOPATHY LEFT L5.**

### HISTORY

The claimant was injured at work in 2010 when she fell backwards off a ladder. She states her neck surgery helped her symptoms somewhat, but she reports the plate in her neck is irritating and reports constant neck pain. She had no surgery to her lumbar spine. At home, she states she sits in a heated, vibrating chair which helps her back pain. She reports numbness and weakness in her hands bilaterally. She reports pain radiating down her left lower extremity and bilateral foot numbness. She states her standing tolerance is 5 minutes and her walking tolerance is 500 feet. She indicates occasional use of a cane for ambulation. She states she can drive a car for short distances, but usually her spouse does the driving. She states she does not go grocery store shopping.

Medical records indicate the claimant has had previous procedures: 02/20/2013, Anterior cervical microdiscectomy, partial corpectomy, decompression of central spinal canal and lateral foraminotomies of nerve roots C4-5, C5-6 and C6-7; with 50% resection of vertebral body and partial corpectomy C5 and C6 with intervertebral spacer; Cornerstone Cages C4-5, C5-6 and C6-7; with anterior cervical spinal instrumentation.

Prior to her cervical fusion surgery, Ms. Labrador had an MRI of the cervical and lumbar spine on 3/15/11 which showed a left L1-2 disc protrusion and a right L4-5 disc protrusion, multilevel cervical foraminal disease, severe left C4-5 foraminal narrowing, severe C5-6 bilateral foraminal narrowing, and severe right C7-T1 foraminal narrowing. An EMG on 9/3/11 showed mild fibrillation potentials at the C5-6 level and left L5-S1 levels. X-rays done on 12/26/10 reported degenerative lipping of the anterior and lateral borders of the cervical and lumbar vertebral bodies, and minimal facet arthritis of the lumbar spine.

X-rays taken by Dr. Vizsla on 10/10/12 show cervical osteophytes at C4-5, C5-6, C6-7; and foraminal encroachment at C4-5, C5-6, C6-7. An MRI of the cervical spine on 10/11/12 reported multilevel degenerative changes (unchanged from 2011) involving the vertebral body discs and facet joints. A neurology consult by Dr. Corgi on 11/14/12 reported normal exam findings in the upper and lower extremities. X-rays taken on 12/31/12 showed significant spondylitic protrusions on the right C5-6 and right C7-T1 levels; stenosis and spurring the left at C4-5, C5-6, and C6-7. A lumbar spine MRI done on 7/5/13 reported a L4-5 protrusion, moderate to severe stenosis L3-4 and a shallow L1-2 disc protrusion. An FCE exam on 12/17/13 opined that the claimant could perform work in the light work functional categories.

### MEDICAL HISTORY REVIEW

**Medications:** Excedrin prn; Vicodin 5mg prn. (Has only taken two Vicodin in the last two months).

**Past Medical History:** Positive for diabetes, but under control. Denies current thyroid problems, ulcers, kidney problems, liver problems, hypertension, or anemia.

**Review of systems:** Reports no weight loss, chest pain, difficult breathing. Bowel and bladder function is normal. She reports some depression.

**Social History:** Does not smoke.

**Family History:** No diabetic family hx.

**Allergies/Reactions:** None.

## PHYSICAL EXAM

The claimant is alert and in no acute distress. Respiration: regular. Radial and tibial pulses are intact bilaterally, 75/min. The skin shows normal color and temperature in the upper and lower extremities bilaterally. The claimant is 65 inches tall and weighs 163 pounds.

There is 5/5 strength for finger abduction, grip, wrist flexion, wrist extension, elbow flexion, elbow extension, shoulder abduction, shoulder external rotation and shoulder internal rotation bilaterally. There are absent DTRs for the biceps/triceps; trace brachioradialis bilaterally. Hoffman reflexes are negative bilaterally; no upper extremity spasticity noted. Sensation to light touch is intact in the upper arm and radial forearm bilaterally, but she reports decreased sensation over the left medial forearm and left hand. Mid-arm circumference measures 32 cm on the right and 31 cm on the left. A cervical compression test is negative. There is no scapular winging bilaterally. A Tinel test is negative bilaterally. There is a 4 cm well healed surgical scar noted over the right anterior neck. Neck range of motion shows 5° flexion, 5° extension, 15° right lateral flexion, 10° left lateral flexion, 20° right rotation and 15° left rotation. There is no tenderness reported with palpation of the cervical paraspinals bilaterally.

There is 4/5 strength for toe extension, foot dorsiflexion, knee extension, knee flexion and hip flexion bilaterally associated with pain inhibition from low back pain. DTR testing shows trace reflexes for the knees, hamstrings bilaterally. There is a 1+ right ankle DTR and an absent left ankle DTR. She reports that sensation to light touch is decreased throughout the left lower extremity. With SLR testing (sit), she reports increased back pain on the right at 45°; on the left at 30°. Gait is independent with a shorter stance phase on the left; she does use a cane for support. There is no spasticity noted in the lower extremities. Babinski testing is negative bilaterally. Leg circumference measures 34 cm. bilaterally (measured 10 cm below the tibial tuberosity). Sit-to-stand transfers are independent.

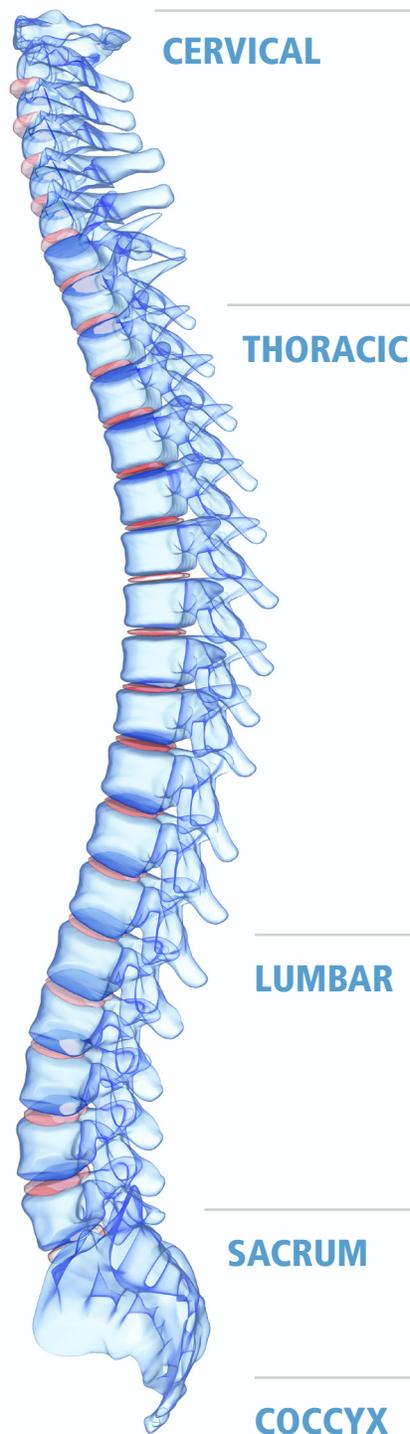
Back range of motion using an inclinometer shows 5° true lumbar flexion, 0° extension, 10° right lateral flexion and 10° left lateral flexion. No scoliosis is noted. There is no tenderness reported with palpation of the hips or sacroiliac joints bilaterally. She reports tenderness with palpation of the left gluteal muscles, none over the right. Tenderness is reported with palpation of lumbar paraspinals bilaterally. Hip range of motion shows 80° flexion, 5° external rotation and 5° internal rotation bilaterally. There are no scars are noted over the lumbar region.

## DISCUSSION

### **SPRAIN LUMBAR REGION; HERNIATED NUCLEUS PULPOSUS L4-L5; RADICULOPATHY LEFT L5:**

What is the most appropriate spine impairment evaluation method to use in the calculation of lumbosacral spine impairment?

What Tables / Figures in the *AMA Guides, 5<sup>th</sup> Edition* do you use to calculate impairment?



**SPRAIN NECK; SUBSTANTIAL AGGRAVATION OF PRE-EXISTING CERVICAL SPONDYLOSIS; SUBSTANTIAL AGGRAVATION OF PRE-EXISTING FORAMINAL STENOSIS C4-T1; RADICULOPATHY BILATERAL C5-C6:**

What is the most appropriate spine impairment evaluation method to use in the calculation of cervical spine impairment?

What Tables / Figures in the *AMA Guides, 5<sup>th</sup> Edition* do you use to calculate impairment?

How do you combine impairments of the cervical and lumbosacral spine regions?

**PHYSICAL STRENGTH RATING:**

What allowed condition impairments on physical exam affect strength?

What allowed condition impairments on physical exam affect ADL activities?

With respect to allowed conditions, what is your PSR strength and work capacity limitations? Why?

**PROVIDE OPINIONS ON THE FOLLOWING ISSUES:**

1. Has the Injured Worker reached maximum medical improvement with regard to each specified allowed condition? Briefly describe the rationale for your opinion. If "yes," then please continue to items #2 and #3.
2. Based on the *AMA Guides, 5<sup>th</sup> Edition*, and with reference to the Industrial Commission Medical Examination Manual, provide the estimated percentage of whole person impairment arising from each allowed condition. Please list each condition and whole person impairment separately, and then provide a combined whole person impairment. If there is no impairment for an allowed condition, indicate zero (0) percent.
3. Complete the enclosed Physical Strength Rating. In your narrative report, provide a discussion setting forth physical limitations resulting from the allowed conditions.

## MediScene's Continuing Medical Education

All specialists doing physical or psychological evaluations for Industrial Commission PTD exams will undergo reappointment every five years. As part of this process, providers need to document eight hours of continuing medical education pertaining to specialty impairment evaluation. To assist in this endeavor, MediScenes will provide IME case presentations. Analyze the case, provide discussion, supporting rationale for your opinions, impairment ratings, and the physical strength or GAF ratings. Submit your report to IC Medical Services for 1 hour (Category 2) CME credit toward your IC education requirement. Submissions can be sent to [wanda.mullins@ic.ohio.gov](mailto:wanda.mullins@ic.ohio.gov) or [sara.castle@ic.ohio.gov](mailto:sara.castle@ic.ohio.gov) or faxed to (614)466-1051. An answer guide and CME certificate will be provided upon completion of your submission.

