Return to Work and Use of independent medical evaluations (IME)

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The Game
Offense

› Quarterback – Physiatrist
› Running Back – Employer
› Wide Receiver – Vocational Specialist
› Offensive Lineman – Plaintiff Attorney
Defense

› Linebacker – Defense Attorney
› Nose Tackle – Claims Adjuster
› Safety – Rehab Nurse
Special Teams

- Kicker – Orthopedist
- Punter – Neurosurgeon
- Assistant Coach – Physical Therapist
- Band – Occupational Medicine
Who’s Left?

› Referee – W.C. Judge
› Owner – Insurance Company
› Cheerleader – Injured Worker
Goal

—Coordinate services to appropriately utilize accepted modern medical technologies combined with the art of industrial-based medicine.
Definition

Independent medical examinations (IMEs) are evaluations performed by an evaluator not involved in the care of the examinee, for clarifying clinical and case issues. IMEs are an important component of workers’ compensation systems, and are also used to clarify other disability or liability associated cases. It is important that the case manager and adjuster identify skilled, and unbiased examiners.
Goals and functions of having an IME

- Accurate diagnoses
- Address or define NCP (Notice of Compensation Payable)
- Summary of medical data
- Management and treatment of the injured worker
- Apportionment / causation
- Return to work / functional recovery
- Identify permanent impairment / medical restrictions
- Prognosis
DIAGNOSIS!
DIAGNOSIS!
DIAGNOSIS!
Notice of Compensation Payable (NCP)

Acknowledgement accepting a worker’s compensation claim, which includes a description of injury.
Diagnostic tests

”Objective” tools used to correlate with subjective complaints

• Inter-rater reliability
• Sensitivity
• Specificity
Sensitivity vs. specificity
EMG/NCS

Cervical Radiculopathy

- Sensitivity - 50 – 71%
- Specificity - 65 – 85%

Carpal Tunnel Syndrome

- Sensitivity – 85%
- Specificity – 97%
Abnormal MR Scans of the Lumbar Spine in Asymptomatic Subjects

- 67 prospectively enrolled asymptomatic subjects
- 33 symptomatic patients with abnormal MRI
- <60 years - 20% had an HNP
- >60 years – 36% had an HNP

Boden et al
MRI of the Lumbar Spine in Asymptomatic Subjects

- 98 prospectively enrolled asymptomatic subjects
- 27 symptomatic patients with abnormal MRI
- 64% had an intervertebral disc abnormality
- 5% has a bulge at least one level
- 27% had a protrusion
- 1% has an extrusion

Jensen et al, NEJM, 1994
MR Findings Associates with New or Serious Episodes of Low Back Pain

200 patients, no history of low back pain, 5 year observational study of a high risk group, 6 month interval survey

Baseline prevalence

- Degenerative disc disease: 76%
- Disc herniation: 37%
- Marrow changes: 21%
- Facet changes: 20%
- Stenosis: 13%
- Nerve root findings: 11% / 3%

The Spine J 6(2006)624-645 Carragee, E
Results

- 53 of 200 patients had subsequent MR for episodes of low back pain
- 3 of 51 had significant radicular pain
- 43 of 51 had no new findings (86%)
- 8 of 51 had new findings (14%)
- 1 new extrusion and nerve root compression
- 1 new DS and stenosis
- 2 new protrusions (not clinically relevant)
- 1 extrusions resolved
- 1 protrusion resolved

The Spine J 6 (2006)624-45 Carragee, E
Conclusion

Findings on MR imaging within 12 weeks of new and serious low back are highly unlikely to represent any new structural change

The Spine J 6 (2006)624-45 Carragee, E
Poll Question

1. What is the specificity of a diagnostic test?
   a) True positive rate of a test
   b) True negative rate of a test
   c) False positive rate of a test
   d) False negative rate of a test
Natural History of LBP and Radiculopathy

- 246 patients enrolled within 2 weeks of symptoms
- 150 LBP / 96 Radiculopathy
- Randomized – information (115) / No information (131)
- PE, Roland, VAS, SF36, FAQ, SES
- MR exam
- 183/346 had six week MR
- Roland, VAS, SF36, FAQ SES repeated at two weeks intervals
- MR reads by three radiologists blinded to sequence and clinical

Modic et al, 2005
Multivariable Results for Improvement in Roland Function

Non-predictors
  • Gender
  • Pain Type (LBP / Radic) or level
  • QTFC
  • HNP type, level, number, behavior
  • NRC
  • Stenosis
  • Baseline Roland
  • Randomization arm
Multivariable Results for Improvement in Roland Function

<table>
<thead>
<tr>
<th>PREDICTORS</th>
<th>ODDS RATIO</th>
<th>95% C.I.</th>
<th>p Value</th>
</tr>
</thead>
<tbody>
<tr>
<td>RACE</td>
<td>3.2</td>
<td>1.58, 6.48</td>
<td>0.001</td>
</tr>
<tr>
<td>HNP AT BASELINE</td>
<td>2.92</td>
<td>1.51, 5.64</td>
<td>0.002</td>
</tr>
</tbody>
</table>
Morphological Natural History

- In general, 1/3 of disc herniations will resolve in 6 weeks and 2/3 will reduce in size or resolve in 6 months.
- The **bigger** the disc herniation, the more likely it is to get smaller or resolve.
Variations in Surgery and Imaging

- Rates of Spinal Surgery increasing
- Rates vary significantly over geographic areas
  - Discectomy – 15 fold across Hospital Referral Regions
  - Fusion – 10 Fold across Hospital Referral Regions
- Moderate to strong correlation between changes in the rates of CT/MRI and spine surgery.
“Diagnostic” tests should be clinically correlated with objective physical exam findings, the mechanism of injury, the temporal relationship to the trauma, and the naturally occurring changes over time with an underlying appreciation for the limitations of the test itself.
Apportionment

“Subtracting out pre-existing impairments.”
Causation

An identifiable factor that results in a medically identifiable condition
Causality Requires:

- A causal event took place
- The patient experiencing the event has the condition
- The event could cause the condition
- The event caused the condition
Aggravation

Exacerbation

Reoccurrence
Aggravation

An event that permanently worsens a pre-existing condition.
Maximal Medical Improvement

“As good as they are going to be”
International Classification of Functioning, Disability and Health

› Impairments
› Activity Limitations
› Participation restrictions
"It is a waste of time to be angry about my disability. One has to get on with life and I haven’t done badly."

- Stephen Hawking
Impairment

... deviation, loss, or loss of use of any body structure or body function.
Disability

Activity limitations and/or participation restrictions...
“I refuse to allow a disability to determine how I live my life. I don’t mean to be reckless, but setting a goal that seems a bit daunting actually is very helpful toward recovery.”

-Christopher Reeve
Impairment ≠ Disability
Disability

- Age
- Education
- Job satisfaction
- Work status
- Litigation
- Lower socio-economic class
The “Set Up”

› NCP
› Records
› Letter / Questions
› Surveillance
› Transportation
› Interpreters
› Rehab Nurse
Components of an IME

- History
- Physical
- Medical Record Review
- Diagnostic Review
- Illness Behavior Profile
- Impression
- Recommendations
History Includes

› Mechanism of Injury
› Examinee Treatment Summary
› Past Medical History
› Medications
› Psychosocial History
› Symptomatology
Mechanism of Injury

› Biophysics
› Clinical Correlation
› Temporal Relationships
› Kinematic Chain
› Co-Morbid Factors
Physical Exam

- Focused but Comprehensive
- Subjective Symptoms
- Objective Signs
- Clinical Correlation
Medical Record Review

▷ Pre-Injury

▷ Post-Injury
Assessing Illness Behavior

- Symptom Magnification
- Validity of Effort
Abnormal Behaviors

Symptom Magnification
- Conscious or unconscious self destructive socially reinforced behavioral response that controls the life of the sufferer.

Malingering
- Pretending to be really injured or disabled in order to avoid work for secondary gain.
- This involves 3 elements: clinical behavior, the goal, the motivation.
Poll Question

2. Impairment is...
   - a) A legal term
   - b) A loss of use of body structure or function
   - c) An activity limitation or participation restriction
   - d) Another name for disability
Ransford Pain Drawing

- Ache (> > > >)
- Pins & Needles (0000)
- Burning (XXX X)
- Stabbing (1111)
- Numbness (= = = =)
- Other (VVVV)
PART 4

Instructions: Indicate where your pain is located exactly and what type of pain you feel at the PRESENT TIME. Use the key symbols to indicate the type of pain you feel. Please do not indicate areas of pain not related to your current injury or condition.

KEY: Ache >>>>>> Numbness ===== Pin and Needles oooo
      Burning xxxx Stabbing /// Throbbing vvvvvv

FRONT VIEW    LEFT SIDE    RIGHT SIDE    BACK VIEW
PART 4

Instructions: Indicate where your pain is located. Exactly and what type of pain you feel at the PRESENT TIME. Use the key symbols to indicate the type of pain you feel. Please do not indicate areas of pain not related to your current injury or condition.

KEY:
- Ache
- Numbness
- Pin and Needles
- Burning
- Stabbing
- Throbbing

FRONT VIEW
LEFT SIDE
RIGHT SIDE
BACK VIEW
PART 4

Instructions: Indicate where your pain is located exactly and what type of pain you feel at the PRESENT TIME.

Use the key symbols to indicate the type of pain you feel. Please do not indicate areas of pain not related to your current injury or condition.

KEY:  Ache >>>>>>  Numbness =\=\=\=\=\=\=\=
Burning xoooo  Pin and Needle ooooo
Stabbing x\  Throbbing vvvvv

FRONT VIEW  LEFT SIDE  RIGHT SIDE  BACK VIEW
VALIDITY SUMMARY SHEET

Patient Questionnaire Summary

Pain Questionnaire Criteria Tested

- No Symptom Exaggeration (> 75% are Low)
- Mild Symptom Exaggeration (50-74% are Low)
- Moderate Symptom Exaggeration
- High Symptom Exaggeration (50-89% are High)
- Overt Symptom Exaggeration (>90% are High)

Overall Validity Profile

Criteria Tested

- 90-100% Valid - Excellent effort (Valid Results)
- 80-89% Valid – Good effort (Valid Results)
- 70-79% Valid – Fair effort (Valid Results)
- 61-69% Valid – (Partial Submaximal effort)
- 51-60% Valid – Poor (Submaximal effort)
- < 50% Valid – Very Poor (Voluntary Submaximal effort)
Name: _______________________________________                     Date: _____/_____/

**INSTRUCTIONS - PART 1 (A, B, C)**

Please rate your major area of pain on the 0 – 10+ Pain Rating Scale by writing the number of your pain, considering the word descriptors, **at the present time**, your **lowest**, and **highest over the last 30 days**.

<table>
<thead>
<tr>
<th>Pain Rating</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>10+</td>
<td>Maximal (Need to go to the emergency room)</td>
</tr>
<tr>
<td>10</td>
<td>Very, Very Strong</td>
</tr>
<tr>
<td>9</td>
<td></td>
</tr>
<tr>
<td>8</td>
<td></td>
</tr>
<tr>
<td>7</td>
<td>Very Strong</td>
</tr>
<tr>
<td>6</td>
<td></td>
</tr>
<tr>
<td>5</td>
<td>Strong</td>
</tr>
<tr>
<td>4</td>
<td>Somewhat Strong</td>
</tr>
<tr>
<td>3</td>
<td>Moderate</td>
</tr>
<tr>
<td>2</td>
<td>Weak</td>
</tr>
<tr>
<td>1</td>
<td>Very Weak</td>
</tr>
<tr>
<td>0.5</td>
<td>Very, Very Weak</td>
</tr>
<tr>
<td>0</td>
<td>Pain At All</td>
</tr>
</tbody>
</table>

Pain Rating  Now: ______________

Best: ______________

Over the past 30 Days

Worst: ______________
PART 2

VISUAL ANALOGUE SCALE

INSTRUCTIONS

Place a VERTICAL ( | ) mark intersecting the line indicating where your INTENSITY level of pain is AT THIS TIME.

Extreme Left Side = “Least Severe/Intense”
Extreme Right Side = “Most Severe/Intense”

Least Severe/Intense          Most Severe/Intense
There are many words to describe pain. **SOME** of these are grouped below. Look at each group of words and **CIRCLE ANY** word which describes the pain you are experiencing **at this time**. **YOU DO NOT HAVE TO CHOOSE A WORD FROM EVERY GROUP.** If none of the words in a particular group describe your pain, go to the next group.

1. **FLICKERING**
   - QUIVERING
   - PULSING
   - LACERATING
   - THROBBING
   - BEATING
   - POUNDING

2. **JUMPING**
   - FLASHING
   - SHOOTING

3. **PRICKING**
   - BORING
   - DRILLING

4. **SHARP**
   - CUTTING

5. **QUIVERING**
   - FLUSHING
   - BORING
   - LACERATING
   - DRILLING

6. **SHOOTING**
   - STABBING
   - LANCINATING

7. **THROBBING**
   - STABBING
   - BORING

8. **STABBING**
   - LACERATING
   - DRILLING

9. **BEATING**
   - LANCINATING
   - POUNDING

10. **LACERATING**
    - DRILLING
    - SHOOTING

11. **THROBBING**
    - STABBING
    - BORING

12. **STABBING**
    - LACERATING
    - DRILLING

13. **BEATING**
    - LANCINATING
    - POUNDING

14. **LACERATING**
    - DRILLING
    - SHOOTING

15. **THROBBING**
    - STABBING
    - BORING

16. **STABBING**
    - LACERATING
    - DRILLING

17. **BEATING**
    - LANCINATING
    - POUNDING

18. **LACERATING**
    - DRILLING
    - SHOOTING

19. **THROBBING**
    - STABBING
    - BORING

20. **STABBING**
    - LACERATING
    - DRILLING

Name: ________________________________ Date: __________________

PART 3
INAPPROPRIATE SYMPTOMS QUESTIONNAIRE

PART 5

INSTRUCTIONS

Please answer all of the questions below by circling either “yes” or “no.”

1. Do you ever get pain at the tip of your tailbone? 
   YES          NO

2. Does your whole leg ever become painful? 
   YES          NO

3. Does your whole leg ever go numb? 
   YES          NO

4. Does your whole leg ever give way? 
   YES          NO

5. In the past (1) year, or since the date of your injury, has there been a time or treatment offered that has resulted in some relief or that you experienced a period with little pain?  
   YES          NO
This questionnaire has been designed to give the doctor information as to how your back pain has affected your ability to manage everyday life. Please answer every section and mark **ONE “x”** on the line indicate the statement that BEST applies to you. If there are two statements that applies, which **ONE** **BEST** applies to your injury.

**SECTION 1 – PAIN INTENSITY**

- _____ I can tolerate the pain without having to use pain killers.
- _____ The pain is bad, but I manage without taking pain killers.
- _____ Pain killers give me complete relief from pain.
- _____ Pain killers give me moderate relief from pain.
- _____ Pain killers give me very little relief from pain.
- _____ Pain killers have no effect on the pain, therefore, I do not use them.

**SECTION 2 – PERSONAL CARE (WASHING, DRESSING, ETC…)**

- _____ I can look after myself normally without causing extra back pain.
- _____ I can look after myself normally but it causes extra back pain.
- _____ It is painful to look after myself. I am slow and careful.
- _____ I need some help but I manage most of my personal care.
- _____ I need help every day in most aspects of self care.
- _____ I do not get dressed, wash with difficulty, and stay in bed.

**SECTION 3 – LIFTING**

- _____ I can lift heavy weights without extra back or leg pain.
- _____ I can lift heavy weights, but it gives me extra back or leg pain.
- _____ Pain prevents me from lifting heavy weights off the floor, but I can manage if they are conveniently positioned, e.g. on a table or waist height.
- _____ Pain prevents me from lifting heavy weights off the floor, but I can manage light to medium weights if they are conveniently positioned, e.g. on a table or waist height.
- _____ I can lift only very light weights.
- _____ I cannot lift or carry anything at all.

**SECTION 4 – WALKING**

- _____ Pain does not prevent me from walking any distance.
- _____ Pain prevents me from walking more than 1 mile (e.g., - 4 laps around a track).
- _____ Pain prevents me from walking more than ½ mile (e.g., - 2 laps around a track).
- _____ Pain prevents me from walking more than ¼ mile (e.g. – 1 lap around a track).
- _____ I am only able to walk using a cane or crutches.
- _____ I am in bed most of the time and have to crawl to the toilet.
SECTION 5 – SITTING
- I can sit in any chair as long as I like.
- I can only sit in my favorite chair as long as I like.
- Pain prevents me from sitting more than 1 hour.
- Pain prevents me from sitting more than ½ hour.
- Pain prevents me from sitting more than 10 minutes.
- Pain prevents me from sitting at all.

SECTION 6 – STANDING
- I can stand as long as I like without extra pain.
- I can stand as long as I like, however, it gives me extra pain.
- Pain prevents me from standing more than 1 hour.
- Pain prevents me from standing more than ½ hour.
- Pain prevents me from standing more than 10 minutes.
- Pain prevents me from standing at all.

SECTION 7 – SLEEPING
- Pain does not prevent me from sleeping well.
- I can only sleep well by using tablets.
- Even when I take tablets, I have less than 6 (six) hours sleep.
- Even when I take tablets, I have less than 4 (four) hours sleep.
- Even when I take tablets, I have less than 2 (two) hours sleep.
- Pain prevents me from sleeping at all.

SECTION 8 – SEX LIFE/HABITS
- My sex life is normal and causes no extra pain.
- My sex life is normal but causes some extra pain.
- My sex life is nearly normal but is very painful.
- My sex life is severely restricted by pain.
- My sex life is nearly absent because of back pain.
- Pain prevents me from performing any sex at all.

SECTION 9 – SOCIAL LIFE
- My social life is normal and causes no extra pain.
- My social life is normal but causes some degree of pain.
- Pain has no significant effect on my social life apart from limiting my more energetic interests, i.e. dancing, running, horseback riding, etc...
- Pain has restricted my social life as I do not go out as often.
- Pain has restricted my social life to my home.
- I have no social life because of pain.

SECTION 10 – TRAVELING
- I can travel anywhere I choose, pain does not restrict me.
- I can travel anywhere I choose, however, pain does increase.
- Pain is bad, however, I manage trips of over two (2) hours.
- Because of back pain, I will limit my travel to less than one (1) hour.
- Because of back pain, I will limit my travel to short necessary trips under thirty (30) minutes.
- Pain prevents me from traveling. I only manage doctor or emergency visits (hospital).

Name: ___________________________________________Date: ______________________
PART 7: WADDELL ACTIVITY QUESTIONNAIRE

Instructions: Please answer the questions below by checking ONE box that applies to you.

Please check only ONE box

<table>
<thead>
<tr>
<th>YES</th>
<th>NO</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>
|     |    | 1. Are you able to lift 30-40 pounds (a heavy suitcase; a 3 to 4 year old child)?
|     |    | 2. Are you able to sit at least for 30 minutes?
|     |    | 3. Are you able to stand in one place for at least 30 minutes?
|     |    | 4. Are you able to travel by motor vehicle at least 30 minutes?
|     |    | 5. Are you able to walk for at least 30 minutes?
|     |    | 6. Are you wakened from sleeping with low back pain?
|     |    | 7. Do you regularly miss or decrease attending social activities (excluding sports) because of your low back pain?
|     |    | 8. Is sexual activity decreased because of low back pain?
|     |    | 9. Do you need regular assistance with dressing, especially applying your shoes / socks or tying your shoes?
What Is An FCE?

An FCE is a systematic evaluation process designed to document a person’s current work ability from a physical and a motivational perspective given a person’s current medical impairment and/or pain syndromes.
What are the components of a FCE?

- Injury/treatment history
- Pain questionnaires
- Hand function studies
- Static strength testing
- Dynamic lift comparison (material handling)
  - Occasional material handling
  - Frequent material handling
- Non Material Handling
  - Stepping
  - Balance
  - Crawling
  - Hand n knees
Poll Question

3. Factors that have a negative impact on disability include:
   a) Litigation
   b) Lower socio-economic status
   c) Job dissatisfaction
   d) All of the above
Final Results of the IME
Physical Capabilities

What you can do vs. What you want to do
## Table 4-1  Physical Demands of Work

<table>
<thead>
<tr>
<th>Physical Demand Level</th>
<th>Lb Lifting (Frequent/Occasional)</th>
<th>Lb Carry (Frequent/Occasional)</th>
<th>Lb Push/Pull</th>
<th>Climbing</th>
<th>Bend, Stoop, Twist/h</th>
<th>Sit/Stand (min)</th>
<th>Walk (h/d)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Sedentary</td>
<td>0/10</td>
<td>0/10</td>
<td>100</td>
<td>None</td>
<td>0</td>
<td>30</td>
<td>1</td>
</tr>
<tr>
<td>Sedentary-light</td>
<td>5/15</td>
<td>5/15</td>
<td>125</td>
<td>Ramp</td>
<td>&lt;10</td>
<td>30</td>
<td>2</td>
</tr>
<tr>
<td>Light</td>
<td>10/20</td>
<td>15/20</td>
<td>150</td>
<td>Stairs</td>
<td>15</td>
<td>45</td>
<td>3</td>
</tr>
<tr>
<td>Light-medium</td>
<td>20/35</td>
<td>20/35</td>
<td>200</td>
<td>Stairs</td>
<td>20</td>
<td>60</td>
<td>3</td>
</tr>
<tr>
<td>Medium</td>
<td>20/50</td>
<td>25/50</td>
<td>250</td>
<td>Ladder</td>
<td>30</td>
<td>90</td>
<td>4</td>
</tr>
<tr>
<td>Medium-heavy</td>
<td>35/50</td>
<td>40/75</td>
<td>300</td>
<td>Ladder</td>
<td>40</td>
<td>120/120</td>
<td>4+</td>
</tr>
<tr>
<td>Heavy</td>
<td>50/100</td>
<td>50/100</td>
<td>350</td>
<td>Scaffold</td>
<td>50</td>
<td>180/150</td>
<td>5</td>
</tr>
<tr>
<td>Very heavy</td>
<td>50/100+</td>
<td>75/100+</td>
<td>400+</td>
<td>Pole/Rope</td>
<td>60+</td>
<td>210/180+</td>
<td>7</td>
</tr>
</tbody>
</table>
› Physical Capability Assessment

› Job Analysis

› Job Description

› Vocational Rehabilitation
Other Things to Consider...

- Clinical Guidelines for Treatment
- Medical Restrictions
- Secondary Conditions
- Prognosis
- Projecting Future Medical Care
- Medical Cost Summary / Life-Care Plans
- Depositions
Urgency of getting claimant back to work

Timeline
• 4 weeks - danger zone
• 12 weeks ~ 50% RTW
• 24 weeks ~ 20% RTW
• 102 weeks ~ 0% RTW
CASE STUDY

- 52 y/o unrestrained man involved in a rear-end impact MVA while stopped.
- Sudden onset R LBP which worsened the next day & radiated downward R posterior thigh.
- Physical exam identified a positive SLR with numbness lateral R leg and foot.
- Lumbar X-Ray done and was normal. Diagnosis is LS Sprain.
- Began Physical Therapy with no relief for 2 weeks. Started on NSAID and Muscle Relaxer.
- MRI- multi-level DDD with protrusions at L 4-5, L5-S on the right.
- EMG shows chronic R L5 radiculopathy.
- PMH-DM, LBP intermittent for 5 years due to a work injury, received Chiropractic care.
- Stopped working as an Electrician at the time of the MVA. Called his Attorney.
- Wants to see a Surgeon.
- NOW WHAT?
What Do We Know...

“Where facts are few, experts are many.”
- Donald R Gannon

“God heals and Doctors collect the fees.”
- Benjamin Franklin

“Nursing would be a dream job if there were no doctors.”
- Gerhard Kocher

“Hard work never killed anybody, but why take a chance?”
- Edgar Bergen

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