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Injury Causation Analysis and Worker's Compensation

Association does not necessarily equal causation and individuals will make a variety of injury claims related to worker's compensation, to include headaches, neck, and back pain, etc.... however, often the injury claimed has no association with the job or is not actually an injury, but instead represents a lifetime of degenerative changes. Injury Causation Analysis (ICA) uses the biomechanical and medical sciences to determine if injuries occurred or even exist.

Often injuries are claimed by individuals, and those injuries are then documented in the medical record. Unfortunately, physicians are trained to diagnose and treat and often do not receive or undergo training related to injury causation or mechanism determination, which is critical when evaluating injury claims and determining liability. Different examples will be discussed to provide the audience with knowledge and insight into the science of injury causation analysis.

Example Case, Injury Biomechanics, Scene Investigation

1. On the job "assault"

An overview to include the patient's acute medical records, police records, injuries, and compensation claims will be briefly discussed. A full injury causation analysis to include a brief discussion of injury biomechanics and scene investigation, as well as the final conclusions refuting the patient's description of the events will be undertaken.

2. Construction site TBI

Like the first case, except with a focus on traumatic brain injury.

3. Fall from a stool.

Focus on a spinal injury.

4. Tendon Laceration

Hand Injury

Common/general injuries and claims

Far too often a patient will complain of neck or back pain which is attributed to a specific task or job. The treating physician obtains an MRI, a disc extrusion is seen and is determined to be the cause all the patient's symptoms. Furthermore, the extrusion is also attributed to the specific injury or job activity. Intervertebral disc degeneration (IVDD) represents the normal aging process of the spine and is not an acute injury and is frequently seen both in symptomatic and asymptomatic individuals. It does not represent traumatic or acute pathology and The American Medical Association (AMA) discourages providers from attributing a patient's symptomatology to a disc extrusion based solely on imaging findings. Claimants and their physicians will attribute disc findings to symptomatology and compensation claims, and investigators should understand that this is not the case.

Closed head injuries or mild TBI (mTBI) are also frequently claimed as sources of disability, although the published data reports that these injuries are short-lived with an excellent recovery. Still, patients will have ongoing TBI symptoms for years and physicians will continue to attribute their symptoms to job injuries, despite evidence to the contrary.

Finally, the psychosocial pain model as it pertains current culture will be discussed. Comparisons between countries without the rates of chronic pain and disability seen in United States will be discussed, as well as how the legal system influences these trends.