



# INJURY ANALYSIS GROUP

Date: 6/16/2022

Examinee Name: Mowse, Mickee

Date of Birth: 11/11/1990

Exam Date: 6/16/2022

Injury Date: 8/6/2020

## **DIAGNOSIS:**

1. C4-C5 left sided posterior disc herniation
2. C5-C6 left sided posterior disc herniation
3. Migraine headache pain

## **RECORDS REVIEWED:**

1. MCM Hospital
2. Peak Health Medical
3. Pain Treatment Center
4. Ortho
5. Advanced Imaging

## **INTRODUCTION:**

The examinee presented for an evaluation on 6/16/2022 due to injuries sustained in a motor vehicle collision dated 8/6/2020. The following impairment evaluation is solely objective and based upon the continued subjective symptoms & objective findings of the patient. The steps performed to objectively rate the percent whole body impairment for the examinee is outlined in the table below (see table 1).

## **HISTORY OF CLINICAL PRESENTATION:**

Since the motor vehicle collision date 8/6/2020, the examinee continues to report suffering from primarily moderate to severe right sided neck pain with associated right upper extremity radicular symptoms (numbness & paresthesia) and functional limitations, moderate to severe headache pain with associated functional limitations,



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difficulty focusing, and sleep disturbance due to her pain symptoms. Since the time of the motor vehicle collision, the examinee has received a multidisciplinary medical approach including chiropractic care, primary medicine, orthopedic, and pain management; unfortunately, the examinee continues to suffer from pain symptoms and functional limitations despite medical care – which is also indicated in the provided medical records.

Right neck symptoms and associated radicular symptoms: The examinee rates her average pain 4 out of 10, on a scale of 0 to 10 with 10 being the worst. She reports that her pain symptoms can get as high as 10 out of 10, on a scale of 0 to 10 with 10 being the worst. She reports experiencing pain symptoms on a daily basis (100% of awake time). The examinee states that she also suffers from right upper extremity (posterior arm, forearm, hand, 1<sup>st</sup> & 5<sup>th</sup> digits) radicular symptoms. She reports experiencing right upper extremity numbness & paresthesia 50% of her awake time (in varying degrees). Mrs. Mouse states that her pain symptoms & radicular symptoms increase with any type of physical activities (light activity). She reports that these symptoms were not present prior to the motor vehicle collision dated 8/6/2020.

Bilateral migraine headache pain: The examinee rates her average pain 5 out of 10 on a scale of 0 to 10, with 10 being the worst. She reports that her pain symptoms can reach as high as 9 out of 10, on a scale of 0 to 10 with 10 being the worst. She states that she experiences migraine headache pain 2-3 times per week which lasts for 2-4 hours per severe episode. She describes the pain as “pulsating” and the pain affects her ability to concentrate and sleep when occurring. She also describes the pain as feeling like she is being “stabbed in the head” when experiencing. Associated symptoms include dizziness, nausea, and photophobia with her migraine episodes. She reports that these symptoms were not present prior to the motor vehicle collision dated 8/6/2020.

### **FUNCTIONAL HISTORY:**

#### Neck (cervical region)

The examinee reported her functional history using the Pain Disability Questionnaire (PDQ) dated 6/16/2022. The total composite score for the PDQ (neck) was 122. The score of is categorized as a *severe disability* (grade modifier 3) according to Table 17-6 on page 575 AMA Guides 6<sup>th</sup> Edition.

#### Migraine headache

The examinee also reported her functional history using the MIDAS Questionnaire (for headache pain) dated 6/16/2022. The total composite score for the MIDAS



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Questionnaire was 39. The score of is categorized as a *severe disability* (class 4) according to Table 13-18 on page 342 AMA Guides 6<sup>th</sup> Edition.

### **CLINICAL STUDIES/OBJECTIVE TESTS:**

Neck (cervical): See MRI REPORT DATED 10/12/2021 (MCM HOSPITAL) for full detail of findings for the cervical spine.

### **PHYSICAL FINDINGS:**

Cervical Compression Test = Positive. Compression to the right cervical spine increased right sided neck pain & upper extremity numbness & tingling. Indicative of cervical disc injury

Lateral Neck Bending = Positive. To the left, increased right sided neck pain. Indicative of cervical strain/sprain.

Deep Tendon Reflex = Right upper extremity C5-C6 DTR's tested hypo-reflexive (1/4); right C7 & left C5-C7 DTR's tested WNL (2/4).

Palpatory Tenderness (Neck) = The examinee experienced a marked response (with withdrawal) with palpation of the right trapezius muscle, bilateral suboccipital muscles, right supraspinatus muscle belly, and right scalene musculature.

CN III-XII = within normal limits

Ophthalmoscopic Examination = PERRLA (WNL)

**TABLE 1: Impairment Rating and Rationale:**

<b>Body Part or System</b>	<b>Chapter Number, Page Number, Table Number</b>	<b>Key Factor and Class</b>	<b>Grade Modifiers for: Functional History, Physical Exam, Clinical Studies</b>	<b>Final Class and Grade Used in Rating</b>	<b>Whole Person Impairment (%)</b>
Cervical Spine Regional Grid	Chapter 17, pages 557-601, Table 17-2	Key Factor-DBI, Class 3	FH = GM 3 PE = GM 2	Class 3 & Grade modifier 0	17% WPI



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			CS = GM 2 (N/A since used to determine CDX)		
Migraine Headache Grid	Chapter 3, page 342, Table 3-1	MIDAS Score-39	N/A	Severe Degree	5% WPI

Calculated CERVICAL RELATED IMPAIRMENT = 17% WPI

Calculated MIGRAINE IMPAIRMENT = 5 % WPI

**Combined Whole Person Impairment: 22 % WPI**

(Be advised that the total value may or may not equal the basic addition of the multiple impairments – see Appendix A, Combined Values Chart, page 604).

Examining Physician Printed Name: Dr. Walter Dysnee, MD

Signature: **Walter Dysnee MD**

Examination Location: Tomorrowland, USA

Date of Exam: 6/16/2022