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### **Medical Specialties in Traumatic Brain Injury Claims**

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**Definition of Traumatic Brain Injury (TBI):** a disruption in the normal function of the brain that can be caused by a bump, blow, or jolt to the head, or penetrating head injury.[1]

The estimated annual cost to U.S. society for care and lost productivity due to brain injury is \$76.5 billion.[2]

In recent years, we have witnessed an uptick in claims involving head injuries. TBIs should NOT get worse with time. We recommend that an IME is scheduled at 3 months from the date of injury or before.

In the absence of guidelines from the treatment parameters, claim representatives, attorneys, and rehabilitation consultants see a common pattern of treatment in TBI cases. This involves multiple doctors and specialists for repeated testing and differing types of therapy. In the face of these often overlapping treatment modalities, it can be difficult to determine what type of independent medical examination doctor is in the correct field to address the issues present in a particular claim.

In TBI cases, it is likely that there will be a need for multiple independent medical examinations. If an employee is referred to a TBI specialty clinic, neuro-ophthalmologist, or neuro-psychologist, or is prescribed prism glasses or TBI-related physical therapy, then this should trigger the scheduling of an IME.

A **neuro-psychologist** is a psychologist who specializes in understanding the relationship between the physical brain and behavior. They have a Ph.D. or Psy.D. credential and specialized training in brain-behavior relationships. A neuro-psychologist should be used when there is a TBI associated with cognitive issues, attention and concentration issues, memory and learning issues, processing speed, and problem-solving abilities. They will often administer an MMPI evaluation which is one way of testing for symptom magnification.

A **neurologist** is a medical doctor who specializes in treating diseases of the nervous system. The nervous system is made of two parts: the brain and spinal cord. They have an M.D. credential and have completed medical school and a received three years of training in a Neurology residency program. A neurologist should be used to help explain the mechanism of a TBI, the results of the clinical exam, the significance of diagnostic testing, treatment recommendations, prognosis, and permanency.

A **neuro-ophthalmologist** takes care of visual problems that are related to the nervous system; that is, visual problems that do not come from the eyes themselves.[3] Neuro-ophthalmologists complete at least 5 years of clinical training after medical school and are usually board certified in Neurology, Ophthalmology, or both. They have an M.D. credential. A Neuro-ophthalmologist (MD) should be used when there is a TBI associated with vision problems. They can often sort through what may be pre-existing and/or age related disorders. These are not to be confused with Neuro-optometrist who is an eye doctor (OD) who specializes in rehabilitation of patients with low vision through the use of

prism glasses, refractive lenses, and surgical screening. A Neuro-Ophthalmologist may refer an injured individual to a Neuro-Optometrist for specialty eyewear (e.g. prism glasses). A Neuro-Optometrist may refer an injured individual to a Neuro-Ophthalmologist for surgery or evaluations having to do with more complex vision problems requiring the care of a doctor. *Note: An optometrist should **not** opine on vision therapy.*

An **Occupational Medicine Specialist** focus on the treatment of work-related injuries and illnesses. They have an M.D. credential and specialized knowledge of federal and state regulations for workplace health and safety. A **Physiatrist** practices in the field of physiatry - also called physical medicine and rehabilitation - which is a branch of medicine that specializes in diagnosis, treatment, and management of disease primarily using "physical" means, such as physical therapy and medications. A physiatrist can be either a medical doctor (MD) or a doctor of osteopathic medicine (DO). A physiatrist may be referred to as a Physiatrist, Physical medicine and rehabilitation physician, or PM&R physician. An occupational medical specialist or physiatrist can be used to help sort out return-to-work issues and restrictions as they are often familiar with what medical conditions lead to which physical limitations and workability.

The amount and type of treatment that an employee has received in relation to an alleged work-related TBI is not necessarily indicative of the nature and extent of the injury.[4] In order to challenge the employee's eligibility for ongoing workers' compensation benefits of all types, it is necessary that any IME report is supported by proper foundation, including complete medical records, opposing expert reports, accurate history, and any statements made by the employee.

For additional guidelines of handling TBI claims, please attend our webcast seminar on May 2, 2019, by contacting Julie Arseneau at [jarseneau@brownandcarlson.com](mailto:jarseneau@brownandcarlson.com). If you have any questions about the above, or any other matter, please contact Rena TZ. Cummings, or any attorney at Brown & Carlson.

[1] <https://www.cdc.gov/traumaticbraininjury/index.html>

[2] <http://braintrauma.org/concussion?tab=1>

[3] We use almost half of the brain for vision-related activities, including sight and moving the eyes.

[4] See, *Sumner v. Jim Lupient Infiniti*, No. WC16-5968 (WCCA Nov. 30, 2016) and *Cochran v. Target Stores*, No. WC16-6013 (WCCA June 5, 2017).

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