

BWC Rule: Payment for Treatment of Concussion Injuries

Frequently Asked Questions

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1. What does the payment for treatment of concussion injuries rule cover?

This rule governs BWC's reimbursement for services for workplace injuries in an allowed claim that could cause symptoms related to a concussion. This rule is about authorizing payment of services. Nothing in this rule applies to other processes, such as determining an allowance. You can find the rule in Ohio Administrative Code 4123-6-34, which became effective Jan. 1, 2020.

2. Does the claim need to be "allowed" for services to be authorized?

Yes.

3. Does the claim need to be allowed for "concussion" for services related to concussion injuries to be authorized?

No. The claim may be allowed for other conditions (e.g., "laceration to scalp"). However, the mechanism of injury (MOI) and clinical manifestation(s) (CMs) of the injury must be as described in the rule for this rule to apply.

4. What type of MOI is necessary for authorizing services related to concussion?

The MOI is induced by an external force, which might include a bump or a blow to the head, or a jolt or a hit to the body.

5. How can a jolt or a hit to the body cause an injury requiring services related to concussion?

It is a matter of the degree of impact. The medical literature describes the injury by stating damage to brain cells occurs in a concussion due to the brain bouncing around in the skull. This is called a "coup-countercoup" injury. A mild jolt or a hit to the body is not likely to cause this type of injury. However, a jolt caused by a high-speed whiplash injury in a restrained driver or a blow substantial enough to knock one off one's feet, causing severe bruising or fractures, certainly could. The clinician must make a judgment based on the injury's severity and CMs.

6. What type of bump or blow to the head would cause an injury requiring services related to a concussion?

Again, this would be a clinical judgement of severity by the clinician, based on the entire "clinical picture," that is, the described MOI and CMs. An empty four-ounce box falling onto one's head from a shelf one foot above, for instance, is not likely to cause a brain-cell injury. But an injury severe enough to cause a laceration to the scalp or a contusion to the head may cause a brain-cell injury.

7. What is meant by "clinical manifestation" in this rule?

A CM is a sign or symptom of an illness or injury.

8. What CMs would be indicative of an injury requiring services related to concussion as described in this rule?

The medical literature describes "clinical domains" (CD) related to concussion injuries, which are groupings of CMs based on a body part or body system. Described in the rule (Section B) are eight CDs related to concussion CMs. These include anxiety and mood, vestibular, ocular, sleep, cervical, cognitive fatigue, headache, and cognitive impairment. (Examples of some manifestations within each domain are in the rule, Section B.) Injured workers experiencing signs and symptoms within these domains, after having experienced a MOI as described in the rule, may be eligible for services related to concussion as defined in the rule.

9. A manifestation described in the rule is "any (emphasis added) alteration in mental state at the time of the accident." What does this mean?

The medical literature describes symptoms such as feeling dazed, feeling disoriented or confused, hearing ringing, seeing stars, stumbling, or experiencing mood lability as symptoms of concussion. When these perceptions or sensations occur, it is a sign of damage to brain cells, even if transient. This is why in the sports community it is mandatory that players be removed from play immediately when they experience these manifestations after this type of injury.

10. What if the CT scan or MRI is negative or normal?

The medical literature describes the physical injury in concussion as one where brain-cell membranes are stretched or sheared, causing chemical changes in the brain. In most of these cases, imaging and a conventional physical examination are normal after the injury. More advanced neurological, ocular, vestibular, sleep, or neuropsychological testing, for instance, may be necessary to identify clinical manifestations. However, if the initial imaging studies or examination are reported as normal, and the MOI, the clinical symptoms, and observed behavior at the time of the injury are consistent with those described in the rule, then the injured worker may be eligible for services related to concussion.

11. What does it mean that, “a concussion may involve different symptoms, clinical profiles, and subtypes, and different recovery trajectories?”

Each concussion is different with regard to its MOI and CM. Some patients with seemingly “minor” head injuries may experience longer-term symptoms, while some patients with seemingly “severe” head injuries may experience complete, prompt symptom resolution. This may or may not be influenced by a variety of risk factors unrelated to the MOI itself.

12. When would signs or symptoms requiring services related to a concussion most likely manifest after an injury?

This rule applies when signs or symptoms manifest within six weeks of the injury date.

13. How long will reimbursement for services continue for treatment of concussion under this rule?

Medical-treatment reimbursement requests relating to the clinical domains set forth in this rule, submitted within **six months from the date of injury**, for treatment not to exceed six months from the date of injury, may be authorized in an allowed claim. This is without disclaimer, when the documented MOI in the claim included a bump or blow to the head, or a jolt or hit to the body, and signs or symptoms related to the clinical domains manifested within six weeks of the injury date. In addition, the requested medical treatment is determined to be medically necessary and appropriate and reasonably related to the concussion treatment based on the medical evidence.

14. Do the Miller criteria apply to treatment requests under this rule?

Yes. However, when applying the Miller criteria to authorization requests for services related to concussion under this rule, it may be useful to ask the Miller questions in this way: Are the medical services reasonably related to concussion as defined in the rule? Are the services reasonably necessary for treatment of concussion as defined in the rule? Is the cost of these services medically reasonable?

15. Is there a method to appeal decisions related to this rule?

Yes. All parties have the right to appeal.

16. Is it possible to request additional allowances in claims receiving services under this rule?

Yes. If the CMs treated under this rule require additional services after six months from the date of injury, it may be necessary to request additional appropriate allowances for authorizing continued treatment.