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August 3, 2020

Subsequent Injures Benefit Trust Fund
Department of Industrial Relations □
Division of Workers' Compensation
160 Promenade Circle, Suite 350
Sacramento, California 95834

Workers Defenders Law Group
8018 E. Santa Ana Canyon Roads, Suite 100-215
Anaheim Hills, California 92808

In Reference:	**EVAN DISNEY**
Date of Birth:	April 17, 1978
Dates of Injuries:	CT: June 5, 2015- March 12, 2018
	CT: March 12, 2017 – March 12, 2018
	SI: February 14, 2018
	SI: December 12, 2018
Employer:	Advances Management Company
Employment Position:	Assistant Manager/Community Director
SIF Case No:	SIF12037148
Date of Examination:	**August 3, 2020**
Place of Examination:	770 Magnolia Ave., Suite #2K
	Corona, CA 92879

Please do not release this report directly to the examinee. This psychological report is CONFIDENTIAL. Showing or allowing the claimant to read this report could be detrimental and psychologically harmful to this individual. Misunderstandings, misinterpretations, and severe emotional reactions are often encountered when this happens without the presence of a qualified and competent psychological expert Therefore, in the best interest of the claimant, with rare exceptions, it is advisable to discuss only pertinent findings with the applicant. Any emotional distress or violent reaction and other risk will be the responsibility of the person who allows the applicant to read or copy this report.

SUBSEQUENT INJURY BENEFITS TRUST FUND
PSYCHOLOGICAL ELIGIBILITY EVALUATION REPORT

To Whom It May Concern:

I conducted a psychological evaluation of Mr. Disney at the request of Workers Defenders Law Group to help determine whether or not Mr. Disney qualifies for benefits from the Subsequent Injuries Benefits Trust Fund. Specifically, Dr. Harold Iseke, D.C. requested that I evaluate any pre-existing psychological disability and any psychological disability following his subsequent injury.

Before the examination, Mr. Disney was admonished that confidentiality and privilege normally extended to the psychologist-examinee relationship were waived for the purposes of this evaluation. Mr. Disney was also informed that a copy of my findings would be sent to the Subsequent Injuries Benefits Trust Fund, his legal counsel and to the referring physician. Mr. Disney indicated understanding and agreed to proceed. It is my opinion that he appeared competent to consent to this evaluation.

As per the Opinion and Decisions of *Susan Meyers vs. Council on Aging* (Case No. ADJ3374876/SJO0268303) " ... the parties may either agree to use a specified examiner like an AME, or they may each obtain an evaluation and reporting from a qualified physician like a QME. ***Any qualified physician who reasonably reports on the SIBTF claim is entitled to receive a reasonable fee to be paid by the SIBTF pursuant to section 4753.5 and in accordance with the official medical-legal fee schedule***." (***emphasis added***). This examination is being billed as an ML-104, Comprehensive Medical-legal Evaluation Involving Extraordinary Circumstances based upon the below listed complexity factors:

- ✓ Two hours or more of face to face
- ✓ Two or more hours of record review
1. Four or more hours or a combination of face to face time and medical record review which shall count as 2 complexity factors
2. Six or more hours spent on any combination of three complexity factors (1) – (3), which shall count as three complexity factors.

- ✓ Addressing the issue of medical causation.
- ✓ Addressing the issue of apportionment.
    1. Claimant's employment by three or more employer.
    2. Three or more injuries to the same body system or body region (as delineated by AMA Guides TOC).
    3. Two or more injuries involving two or more body systems or body parts (as delineated by AMA Guides TOC).
- ✓ A psychiatric or psychological evaluation, which is the primary focus of the medical-legal

evaluation.

The psychological evaluation involved lengthy and detailed history, clinical examination, mental status, review of psychometric findings, and report preparation. All aspects of the evaluation except clerical and transcription duties were performed by myself. Psychological testing was administered and scored in the office and interpreted by myself. All opinions expressed herein are those of the undersigned. Verification under penalty of perjury of the total time spent in each of these activities:

Face to face time	2 hours	30 minutes
Medical records review	4 hours	30 minutes
Psychometric testing*	1 hour	00 minutes
Addressing the issue of causation	3 hours	15 minutes
Addressing the issue of apportionment	3 hours	30 minutes
Report preparation and editing	11 hours	30 minutes
Total time spent	**26 hours**	**15 minutes**

*Total Time spent for psychological testing, billed as CPT code 96101, includes face-to-face administration time, scoring, and interpretation.

QUESTIONS PERTAINING TO COVID-19

Mr. Disney states he has not traveled outside of the USA in the last 14 days. His temperature today is 98.5℉. He notes he has not been in close contact with anyone known to have COVID-19. He has not been asked to self-quarantine. He denies symptoms of fever, lower respiratory symptoms, and shortness of breath. He denies cold symptoms such as cough and runny nose in the past two weeks, nor has there been a change in his ability to smell or taste during that time. He states he has had no fatigue, weakness, diarrhea, or general achiness in the last two weeks.

The applicant attests that his answers are true and accurate and accepts that there is always a risk of exposure to COVID-19 when he leaves his house to attend any outside event and/or meeting.

He agrees that his attendance at this evaluation is voluntary and that he attended under his own free will. He freely agreed to and attended this medical-legal evaluation recognizing that:

1. There is inherent risk in any person-to-person meeting.

2. That I have taken all reasonable precautions to prevent the spread of the virus.

He signed the questionnaire after filling it out.

PRE-EXISTING DISABILITY HISTORY

In order to adhere to the required format of an SIBTF medical-legal report I have demarcated the specific issues unique to this case. I have separated from the subsequent injury all the prior industrial injuries and pre-existing conditions and disorders that were present before the subsequent injury of CT: June 5, 2015- March 12, 2018, CT: March 12, 2017- March 12, 2018, SI: February 14, 2018, and SI: December 12, 2018 as established by the orthopedic QME evaluation of Dr. Todd W. Peters, M.D. on September 6, 2018.

The following sections of this report will address the pre-existing disabilities, pre-existing labor disablement and pre-existing work restrictions. Below is a narrative of Mr. Disney's disability history prior to the date of his subsequent work injury.

Identifying Information:

Mr. Disney is a 42-year-old cohabitating Caucasian male who is currently "disabled" and has no source of income. Interpreting service was not provided, as Mr. Disney was English speaking. Mr. Disney's employment duties as an Assistant Manager/Community Director included: running an 80-unit complex and cleaning apartments. He stated he was "responsible for everything." He recently worked for a while until the COVID-19 pandemic of March 2020. He has been unemployed since that time.

History of Childhood Events:

Mr. Disney was born and raised in Missoula, Montana. He was raised by both parents. His father worked as a police officer, emergency medical technician, and firefighter, while his mother was a full-time housewife. He indicates his mother was bipolar; though she was undiagnosed or was unaware she was bipolar. He indicates he believes she took lithium medication. He has no brothers or sisters. Mr. Disney was the only child.

He states during his childhood he was "always picked on, always hyper, and always quick to get emotional." He denied ever having any physical or sexual abuse during his childhood. He stated his mother verbally abused him up until the 7th grade. He states he plotted to kill her, but his father interceded. He stated she would say, "I wish you were never born." These experiences affected him emotionally. He states that these experiences still affect him, "Words don't mean anything to me, so I tend to hurt others without thinking. I built up walls too."

Mr. Disney states his family life was generally okay. His health was generally good. He got along with his family at times and, other times, they disagreed with each other, like all families do. He describes his childhood as "happy," although estimates he first experienced emotional difficulties in his life when he was at a "pretty young age," though he could not remember the exact age. He states he was always fighting with his mother and he had no "good" memories. He notes with regard to his childhood, teenage years, and adult years "it all seemed hard."

Academic History:

Educationally, the examinee reported doing adequately in school completing up to 12th grade. He graduated from high school. He admitted having a learning disability in school being diagnosed with attention-deficit/hyperactivity disorder (ADHD) and mood disorder at 19 years old. School was difficult. He "got good at getting by," but was still emotional. He admitted being suspended in 8th grade for being mischievous, hyper, and impulsive. He denied ever being expelled from school. He lied and shoplifted before the age of 11. He "ran around" school and could not sit still. He attended University of Montana, but did not graduate from college.

Military Service:

The examinee has served in the Navy for one year, though he did not provide the dates of service. He was honorably discharged and stated he was diagnosed with a personality disorder while serving in the military, but could not specify what type of personality disorder.

Relationship History (before and after subsequent injury):

Mr. Disney has been in four long-term relationships in his lifetime. He had two seven-year marriages. He had been married twice and divorced twice. He is currently in a cohabitating relationship with his partner of five years. He notes he feels "neutral to angry" about his most recent divorce. He was happy with his current relationship prior to the subsequent injuries, though he states his relationships are "always good at first." Since his injury, he has been unhappy with his sexual performance, stating he has no libido and his "stuff doesn't work." He has two stepchildren. He also states he has one biological son, age 12, and four biological daughters, ages 14, 19, 19 (twins), and 21.

Mr. Disney resides in San Bernardino, California. During today's evaluation, I inquired the examinee if there were any coexisting family stressors that could be contributing to his presenting psychological complaints, and he denied this to be the case.

Work History:

Mr. Disney states he had been with 32 employers in the last 20 years and states there are too many to list. He gave no other information about his employment. He stated he had been unemployed in 2005 and "on and off" since that time. At present, he is unemployed because of the COVID pandemic. He notes that he had difficulty getting out of his bed and going to work and did not show up to work constantly. Before his subsequent injuries, he was terminated from a couple of jobs, because he could not get out of bed. He states he could not perform the duties he was hired for. He had a tendency to stand up to authorities and defend subordinates. He estimates there have been four jobs he was able to keep for three years or more. Prior to this workers' compensation claim, he had other workers' compensation claims, for which he received benefits.

Medical History (before and after subsequent injury):

Before the subsequent injuries, Mr. Disney had infantile asthma. The applicant was hospitalized at 2 years old after falling off a table, breaking a plastic wall socket with his head. He had gastroesophageal reflux disease (GERD) and irritable bowel syndrome in 1996, and back pain and migraines in 1997. He believes his medical problems were a result of psychotropic medications of Depakote and Zoloft while he was in the Navy. He took these medications for four weeks and never took them again. He was not sure of the condition he took the Zoloft for, but the Depakote was for seizures. He notes he has been hit in the head at least four times in high school from playing football and basketball, and that he these sports "played hard." He lost consciousness briefly approximately three times.

He was hospitalized once at 19 years old after encountering a motor vehicle accident. He went to an emergency room, because he was emotionally overwhelmed and was hospitalized for three or four days. In 1997, he got into a verbal argument with the commander in the Navy and was admitted into a psychiatric hospital once for being a danger to himself as a result. He states he had not been medically disabled before his injury. After the subsequent injuries, he developed medical problems of 10% hearing loss in his right ear.

According to medical records of Dr. Mark W. Elliott, M.D. from Community Medical Center dated 10/13/03, Mr. Disney fractured his right fifth finger on October 13, 2003. Impression: Soft tissue swelling surrounding the right fifth proximal interphalangeal joint with abnormal lucency in the volar aspect of the base of the fifth middle phalanx which likely represents a fracture. Mr. Disney was removing bags of product from underneath a pallet being held by a customer. The customer dropped the pallet onto Mr. Disney's right hand breaking his little finger.

According to his medical records, Mr. Disney sustained three injuries in the state of Montana before he moved to California. He sustained an injury on October 13, 2003 when he was removing bags from underneath of a pallet while a customer dropped the pallet on Mr. Disney's right hand and broke his right fifth finger. Mr. Disney also sustained a head injury. He sustained an injury on December 23, 2003 when he fell down at work on his right hand and injured his right hand and right shoulder. He sustained an injury on February 26, 2014 when he was working as a nurse at some local health facility. He was lifting a heavy patient who weighed over 200 pounds. He injured his mid back/neck/low back.

According to medical records of First Report of Accident at Montana State Fund dated 01/03/05, Mr. Disney sustained an injury on January 3, 2005. He fell down stairs injuring his ribs, hand, and ankle. Nature of the injury involved broken/bruised/contusion. He was treated at Community Hospital.

According to medical records of Initial Consultation and History at Butler Chiropractic Health Clinic by Dr. Don R. Butler, D.C. dated 02/26/14, Mr. Disney had a date of injury on February 23, 2014. He was a lifting a person with his co-worker from the floor who weighed 220 pounds. Mr. Disney injured his low back, mid back, and neck with immediate onset of pain for three days. He had a prior mid back problem in 2008.

According to medical records of First Report of Accident at Montana State Fund dated 03/04/14, Mr. Disney had a date of injury on January 23, 2014. Mr. Disney assisted another staff with lifting a client from the floor to the bed. Mr. Disney had the flu that night and was suffering from really bad body aches. That morning, he felt terrible and worse pain and could barely move. The next day, he spent the whole day in bed. On Tuesday, his body aches had stopped, but his back was still hurting.

According to medical records of Initial Orthopedic Panel Qualified Medical Examination by Dr. Todd W. Peters, M.D. dated 09/06/18, Mr. Disney had a date of injury on SI: February 14, 2018. He sustained injury to his back while working as an Assistant Manager for Advanced Management Company on 02/14/18. On SI: February 14, 2018, during the course of his employment as an Assistant Manager, around lunch time, he was driving a 1996 Lincoln Town vehicle when a red vehicle rear ended his vehicle. The impact was not that hard, but it was enough to cause whiplash. Mr. Disney panicked and went to see a doctor afterwards. Diagnoses: 1. Cervical sprain/strain and complaints of radiculopathy. 2. Lumbar strain/strain with complaints of radiculopathy.

According to his medical records, Mr. Disney sustained a specific injury on SI: December 12, 2018 when he fell at work and injured his right leg and right arm.

According to medical records of Primary Treating Physician's Permanent and Stationary Report by Dr. Harold Iseke, D.C. dated 10/15/18, Mr. Disney sustained injuries on SI: February 14, 2018 and CT: June 5, 2015-March 12, 2018. From CT: June 5, 2015-March 12, 2018, Mr. Disney started to experience headaches, pain in his back, bilateral upper extremities, and bilateral lower extremities, which he attributed to constant sitting, twisting, and bending. The back pain worsened when he twisted his back as he was walking off a sidewalk. The incident was known, but his employer did not make any recommendations. On SI: February 14, 2018, while Mr. Disney was driving during work, he sustained aggravating injuries and later developed worsening headaches and sleeping problems when he was involved in a motor vehicle accident. He stated he was exiting an off ramp and was rear-ended in a hit and run accident. He stated in approximately 2011 while working for a different employer in a different state, he sustained injuries to his lower back.

Prior to his employment with Advances Management Company, Mr. Disney had already been partially permanently disabled with 60% of rated disability with the following diagnoses:

1. Residuals, fractured left pinky finger
2. Tinnitus, bilateral hearing loss
3. Adjustment disorder with depressed mood
4. Irritable bowel syndrome and GERD
5. Tension headaches
6. Erectile dysfunction
7. Left lower radiculopathy of the sciatic nerve
8. Degenerative arthritis thoracolumbar spine
9. Cervical strain
10. Loss of vision

He is currently taking the following medications.

Current Medications:	Dosage	Frequency
Adderall		1 x a day
Gabapentin		1 x a day
Vitamin D		1 x a day
Lipitor		1 x a day
Ibuprofen		1 x a day
Flexeril		1 x a day

Mr. Disney relayed the medications do not make him feel groggy, but affect his concentration. He avoids driving many days because he is taking medications. He becomes irritable when he takes his medications. He notes withdrawal symptoms if he does not take his medications for a

day or two and states he has tried to reduce his medications, but was unable to do so. He denies forgetfulness due to medications. He has begun to use cannabis or marijuana to manage his pain. He denies drinking to manage his pain. He states he was advised not to use marijuana for sleep in March of 2020. At this time, he began taking Adderall.

Medical/Psychological Conditions and Incidences (before subsequent injury)

Infancy:	Asthma
2 years old:	Hospitalized after falling off a table, breaking a plastic wall socket with his head
High school:	Hit in the head at least four times and lost consciousness three times
19 years old:	Bike accident resulting in head injury
19 years old:	Began developing depression while in the Navy, but more so after his motor vehicle accident
19 years old:	Motor vehicle accident and hospitalized for three or four days
19 years old:	Had suicidal thoughts of killing self
1996:	GERD
1996:	Irritable bowel syndrome
1997:	Back pain
1997:	Migraines
1997:	Depakote and Zoloft while he was in the Navy
1997:	Got into a verbal argument with the commander and admitted into a psychiatric hospital once while in the Navy for being a danger to himself.
1997:	Received counseling from a psychologist for 4-5 weeks while in the Navy
1998 or 1999:	Discharged from the Navy for being diagnosed with a mood disorder and personality disorder
Age 30s:	Death of grandfather
2008 plus:	Homelessness
Unknown:	Loss of vision, legally blind without prescriptive glasses

Unknown:	Tinnitus, bilateral hearing loss
Unknown:	Erectile dysfunction
Unknown:	Tension headaches, left lower radiculopathy of the sciatic nerve, degenerative arthritis thoracolumbar spine, and cervical strain
10/13/2003:	Residuals, fractured left pinky finger
01/03/05:	Fell down stairs injuring his ribs, hand, and ankle involving broken/bruised/contusion
2008:	Mid back problems
2011:	Sustained injuries to his lower back
02/23/14:	Injured his mid back/neck/low back while lifting a heavy patient working as a nurse

Medical/Psychological Conditions and Incidences (after subsequent injury)
Unknown: 10% hearing loss in his right ear

Surgery (before subsequent injury)
None

Surgery (after subsequent injury)
None

Mental Health History (before and after subsequent injury):
Mr. Disney began developing depression at 19 years old while serving in the Navy, but more so after his motor vehicle accident, in which he was hospitalized for three or four days. He endorsed suicidal thoughts of killing self during this time. He began taking Depakote and Zoloft while he was in the Navy in 1997. He also got into a verbal argument with the commander and was admitted into a psychiatric hospital once while in the Navy for being a danger to himself in 1997.
In 1997, he received counseling from a psychologist for 4-5 weeks while in the Navy. In 1998 or 1999, he was discharged from the Navy for being diagnosed with a mood disorder and personality disorder. He described having a flight of ideas and grandiose thoughts of being able to accomplish anything at times. Since his subsequent injuries, he feels even worse than he did prior, noting his mobility is impaired and he is more depressed than ever. He reported he has ADHD, for which he sees a therapist and takes Adderall medication.

Substance Abuse History (before and after subsequent injury):

Before the subsequent injuries, Mr. Disney did not smoke cigarettes or drink alcohol. He did not use marijuana. Following his motor vehicle accident in 1997, he has used marijuana daily. He does not smoke cigarettes or drink alcohol. He notes he has never been treated for substance abuse.

Legal History:

The examinee denied ever having any arrest records and has never been incarcerated. From a civil perspective, the examinee denied ever being involved in a lawsuit—whether it be as a plaintiff or as a defendant. Prior to this current workers' compensation claim, he stated he has been involved in two workers' compensation cases prior to this one, for which he has received settlements.

History of Crisis or Abuse:
Mr. Disney notes he suffered verbal abuse from his mother as a child. He experienced the death of his grandfather in his 30s. He was homeless at the time, therefore, he was unable to see his grandfather. He does not believe these circumstances still affect him at this current time.

BEFORE the LAST Work Injury (also known as Subsequent Injury), Mr. Disney did not have difficulty in any areas of functioning; such as self-care, communication, physical activity, sensory function, household activity, travel, sexual function, and sleep function.

Self-care and Personal Hygiene BEFORE the Subsequent Injury		✓	**No Difficulties**
	Urinating		Trimming toe nails
	Defecating		Dressing
	Wiping after defecating		Putting on socks, shoes, and pants
	Brushing teeth with spine bent forward		Putting on shirt/blouse
	Bathing		Combing hair
	Washing hair		Eating
	Washing back		Drinking
	Washing feet/toes		Shopping
Other difficulties:			
If you indicated difficulties in this area, please describe how these difficulties make you feel:			

Communication BEFORE the Subsequent Injury		✓	**No Difficulties**
	Speaking/talking		Writing
	Hearing		Texting
	Seeing		Keyboarding
	Reading (including learning problems, vision, or attention deficits)		Using a mouse
	Using a phone		Typing
Other difficulties:			
If you indicated difficulties in this area, please describe how these difficulties make you feel:			

Physical Activity BEFORE the Subsequent Injury		✓	**No Difficulties**
	Walking		Sitting
	Standing		Kneeling
	Pulling		Climbing stairs or ladders
	Squatting		Shoulder level or overhead work
	Bending or twisting at the waist		Lifting and carrying
	Bending or twisting at the neck		Using the right or left hand
	Balancing		Using the right or left foot
Other difficulties:			
If you indicated difficulties in this area, please describe how these difficulties make you feel:			

Sensory Function BEFORE the Subsequent Injury			**No Difficulties**
	Smelling		Feeling
	Hearing		Tasting
	Seeing		Swallowing
Other difficulties:			
If you indicated difficulties in this area, please describe how these difficulties make you feel:			

Household Activity BEFORE the Subsequent Injury		✓	**No Difficulties**
	Chopping or cutting food		Mopping or sweeping
	Opening jars		Vacuuming
	Cooking		Yard work

	Washing and putting dishes away		Dusting
	Opening doors		Making beds
	Scrubbing		Doing the laundry
	Repetitive use of the right hand		Repetitive use of the left hand
Other difficulties:			
If you indicated difficulties in this area, please describe how these difficulties make you feel:			

Travel BEFORE the Subsequent Injury		✓	**No Difficulties**
	Riding as a passenger	If you have trouble sitting, approximately how long can you remain seated at a time?	
	Driving	If you have trouble driving, approximately how long can you drive before needing to rest?	
	Handling/lifting luggage	Approximately how many times per year do you travel BEFORE the Subsequent Injury?	
	Keeping arms elevated (right)		Holding or squeezing the steering wheel
Other difficulties:			
If you indicated difficulties in this area, please describe how these difficulties make you feel:			

Sexual Function BEFORE the Subsequent Injury		✓	**No Difficulties**
	Erection		Painful sex (in the genital area)
	Orgasm		Back pain with intimate relations
	Lubrication		Neck pain with intimate relations
	Lack of desire		Joint pain with intimate relations
Other difficulties:			
If you indicated difficulties in this area, please describe how these difficulties make you feel:			

Sleep Function BEFORE the Subsequent Injury			**No Difficulties**
	Falling asleep		Sleeping on the right side
	Staying asleep		Sleeping on the left side
	Interrupted/restless sleep		Sleeping on the back
	Sleeping too much		Sleeping on the stomach
	Daytime fatigue or sleepiness	Did you ever taken any medications to help you sleep BEFORE the Subsequent Injury?	
How many hours could you typically sleep at a time without waking up during the night?		How many hours total were you able to sleep at night?	
If you indicated difficulties in this area, please describe how these difficulties make you feel:			

Description of Pre-Existing Injury(ies):

Infancy:	Asthma
2 years old:	Hospitalized after falling off a table, breaking a plastic wall socket with his head
High school:	Hit in the head at least four times and lost consciousness three times
19 years old:	Bike accident resulting in head injury
19 years old:	Began developing depression while in the Navy, but more so after his motor vehicle accident
19 years old:	Motor vehicle accident and hospitalized for three or four days
19 years old:	Had suicidal thoughts of killing self
1996:	GERD
1996:	Irritable bowel syndrome
1997:	Back pain
1997:	Migraines
1997:	Depakote and Zoloft while he was in the Navy

1997:	Got into a verbal argument with the commander and admitted into a psychiatric hospital once while in the Navy for being a danger to himself.
1997:	Received counseling from a psychologist for 4-5 weeks while in the Navy
1998 or 1999:	Discharged from the Navy for being diagnosed with a mood disorder and personality disorder
Age 30s:	Death of grandfather
2008 plus:	Homelessness
Unknown:	Loss of vision, legally blind without prescriptive glasses
Unknown:	Tinnitus, bilateral hearing loss
Unknown:	Erectile dysfunction
Unknown:	Tension headaches, left lower radiculopathy of the sciatic nerve, degenerative arthritis thoracolumbar spine, and cervical strain
10/13/2003:	Residuals, fractured left pinky finger
01/03/05:	Fell down stairs injuring his ribs, hand, and ankle involving broken/bruised/contusion
2008:	Mid back problems
2011:	Sustained injuries to his lower back
02/23/14:	Injured his mid back/neck/low back while lifting a heavy patient working as a nurse

Periods of TTD from Pre-Existing:
None

Pre-existing Psych Symptoms:
Adjustment disorder with depressed mood
Traumatic brain injury
Sleep Disorder
Male Erectile Disorder

Pain disorder

PRE-EXISTING PSYCHIATRIC DIAGNOSES

AXIS I: **EPISODE OF MENTAL/CLINICAL DISORDER**
Adjustment Disorder with Depressed Mood (309.0)
Traumatic Brain Injury (854.01)
Sleep Disorder Due to a General Medical Condition, Insomnia Type (327.01)
Male Erectile Disorder (302.72)
Pain Disorder Associated with a General Medical Condition (307.89)

AXIS II: **PERSONALITY DISORDER**
No Diagnosis (V71.09)

AXIS III: **PHYSICAL DISORDERS AND CONDITIONS**
Status per the review of the medical records above.

AXIS IV: **SEVERITY OF PSYCHOSOCIAL STRESSORS**
Moderate

(1) Sequela to work-related injury, including cognitive, physical, and emotional problems, as well as occupational and financial problems.

(2) Non-Industrial and concurrent stressful issues were identified and these include: mood disorder not otherwise specified, personality disorder not otherwise specified, motor vehicle accident, suicidal thoughts, homelessness, death of grandfather, received counseling, took psychotropic medications, and medical conditions.

AXIS V: **GLOBAL ASSESSMENT OF FUNCTIONING (GAF)**
Current - 51

[**Author's Comment:** *Although Mr. Disney reported being diagnosed with a mood disorder related to bipolar, ADHD, and personality disorder before the subsequent injuries, I will not*

X

diagnose him with the reported disorders for his pre-existing disorders as there is lack of evidence of such disorders from medical records].

Please Note: Use of the DSM IV-TR is provided in the above instance as the DSM-5 no longer provides a GAF score, which is necessary in an evaluation of this nature.

DISCUSSION OF PRE-EXISTING DISABILITY RATING

Mr. Disney experienced symptoms of depression, TBI, and impairment of his functional abilities. I conclude Mr. Disney experienced moderate work limiting impairments on a psychological basis prior to the subsequent industrial injury. The following issues contributed to his pre-existing psychological disability:

Mr. Disney has been experiencing depression since he was in the Navy at 19 years old. He was prescribed psychotropic medications while in the Navy and was admitted into a psychiatric hospital for feeling overwhelmed during the time of his service. He reported having difficulty with authorities from the Navy and his employments from having a personality "problem." He sustained heady injury starting from his childhood and during the Navy, which resulted in memory issues, confusion, difficulty concentrating, light and sound sensitivity, difficulty communicating, and other physical and emotional difficulties. It appeared he was discharged from the Navy for having mental health issues. He was also incapable of "holding onto jobs" due to his depression and inability to "get out of bed."

Based on this clinical picture and the impact on his functioning, it is my opinion that Mr. Disney met criteria for Adjustment Disorder with Depressed Mood; Traumatic Brain Injury; Sleep Disorder Due to a General Medical Condition, Insomnia Type; Male Erectile Disorder; and Pain Disorder Associated with a General Medical Condition. Additionally, his GAF score was 51 - which is equivalent to a WPI of 29%. This GAF falls into the 51-60 decile, which is described by the 2004 Permanent Disability Rating Schedule as follows:

Moderate symptoms (e.g., flat affect and circumlocutory speech, occasional panic attacks) *or* moderate difficulty in social, occupational, or school functioning (e.g., few friends, conflicts with peers or co-workers).

It is also my opinion these disorders significantly impacted Mr. Disney's occupational functioning causing pre-existing labor disablement, evidenced by his work terminations due to his inability to come to work as a result of not being able to get out of bed, discharge from the Navy for mental health problems, and difficulties performing his job duties as a result of a TBI and depressive symptoms. Mr. Disney's symptoms had reached a plateau and he was

able to work for other companies for a brief period before he became industrially injured in spite of his psychological impairment. Thus, these psychological diagnoses were permanent and stationary prior to his subsequent industrial injuries of CT: June 5, 2015- March 12, 2018, CT: March 12, 2017- March 12, 2018, SI: February 14, 2018, and SI: December 12, 2018. Consequently, the following actual psychological work restrictions existed prior to the subsequent injury:

- **Due to his symptoms of mood/depression, personality disorder, and chronic pain, Mr. Disney required a flexible work schedule to accommodate his need for weekly psychotherapy sessions and monthly psychiatric consultations.**
- **An understanding supervisory to provide feedback to Mr. Disney in a sensitive manner due to his fragile personality traits and emotional dysregulation.**
- **Slow increase in complexity of job duties and tasks given Mr. Disney's deficits with concentration, focus, and memory related to his ADHD diagnosis and mood disorder.**
- **Promoting as much predictability as possible in the employee's daily tasks.**
- **Providing clear guidelines and instructions, possibly in writing.**
- **Allowing for flexibility with regard to pace of work and timing of breaks.**
- **Working as part of a team to decrease the employee's sense of loneliness or isolation.**
- **Avoiding excessive work hours, overtime, and insisting on Mr. Disney taking normal breaks and a lunch.**
- **No assignment of excessive job pressures such as multiple, frequent deadlines, or frequently working with difficult people.**
- **Frequent feedback on performance by an understanding supervisor to accommodate Mr. Disney's low self-esteem (due to his mood/depression and personality issues).**

These actual pre-existing restrictions provide evidence of Mr. Disney's actual labor disablement that was present prior to his subsequent industrial injury.

X

SUBSEQUENT INDUSTRIAL INJURY

History of Subsequent Injury:
What follows is a narrative of Mr. Disney's subsequent injury, the resulting psychiatric disability, and existing work restrictions. Mr. Disney worked at Advances Management Company beginning June 5, 2015 and last worked in March 21, 2019. Mr. Disney injured himself on CT: June 5, 2015-March 12, 2018, CT: March 12, 2017- March 12, 2018, SI: February 14, 2018, and SI: December 12, 2018 while employed as an Assistant Manager. He injured his head, upper extremities, back and spinal cord, and lower extremities, and sustained a psychiatric injury from a hostile work environment.

Mr. Disney reported all claimed injuries below were sustained from Advanced Management Company. He finished her employment with them as a Community Director. He has held other titles of leasing agent and assistance community director throughout his employment with Advanced Management Company. He reported the following:

Orthopedic injury:
CT: June 5, 2015- March 12, 2018

He reported, "I hurt myself from repetitive movement from Advanced Management from a lot of sitting on the chair in an office and turning my body to answer phones. The chair did not swivel. I did a lot of twisting, turning, bending, and lifting. Also, a lot of going up and down the stairs. My neck hurt from computer work. In 2015, I was walking backwards and twisted my back when I stepped off the sidewalk. I did not report the injury. It got progressively worse as I continued working."

Psychiatric injury:
CT: March 12, 2017-March 12, 2018

He reported, "I got rear ended in a work related car accident on February 14, 2017. This injury contributed to the continuous psychiatric injury of CT: March 12, 2017-March 12, 2018. I just got promoted to manager and all of a sudden I got demoted, because I reported my manager's wrongdoing. I complained and they finally promoted me to a leasing agent position. They put me back in an old position even though they said it wasn't my fault. They would not accept my applications as an equal opportunity employee. I got no response, so I filed something (can't remember) and then they interviewed me. I felt threatened of losing my job due to my direct supervisor's wrongdoing. They said I was driving drunk on the property and I never drank. They tried to really to get me to quit. It was wrongful termination. I think they promoted me to shut me

up finally. After I was promoted, they put me in an office with cameras and schedule that no one had. It was discriminatory action on the employer. This exacerbated my depression and stress. I couldn't sleep and did not want to go to work. I was excelling and had no write ups. I had 42 yelp reviews and did an excellent job. They punished me for making them follow their own rules. The company was breaching their own policy."

Orthopedic injury:
SI: February 14, 2018
He reported, "I got rear ended in a work related car accident on February 14, 2018. It was a hit and run. My back was hurt already and it aggravated my back pain. I was fighting tooth and nail to keep my job. That added to the stress I had with the manager. I ratted out on the manager two weeks before this injury, which increased my stress and depression."

[**Author's Comment:** *During our interview, he claimed a psychiatric component to this injury on SI: February 14, 2018*].

Orthopedic injury:
SI: December 12, 2018

He reported, "I fell down the stairs after checking an apartment. I hit the fourth stair down. My left leg went underneath me and I skipped the step. The stair broke my phone. If it wasn't for my phone, I would have broken my back. I hurt my back and left leg. I needed to keep my job and they kept fighting me to keep my job. I settled for $12,000 out of desperation to take care of my family. I had to move my entire family. This was my last employable date at work. It says I resigned. This caused a lot of stress. We settled on March 12, 2019. It almost destroyed my family. My girlfriend almost left me. The kids were all my responsibility, because their mom left her two kids to go live in Pakistan with a 24 year old man who she eventually married. I haven't seen my two kids since they were little."

[**Author's Comment:** *During our interview, he claimed a psychiatric component to this injury on SI: December 12, 2018*].

Mr. Disney stated, "With my four year job, people liked me. There were people who didn't like my personality, because I'm straightforward. I never had a verbal fight with anyone I worked with. I don't get volatile with people. I care about people and defend people. My depression interfered with my jobs before, because I didn't want to get out of bed. The biggest thing that got me in trouble was because of pain since the car accident in 1997. I have been homeless with my family five times. Depression stemmed from the navy, I think."

Mr. Disney received 12-20 chiropractic adjustments, acupuncture, and 30 sessions of physical therapy following his subsequent injuries. Regarding the treatments, he reported, "Some days are manageable, but it never gets better." He has not received surgery for his subsequent injuries. He reported receiving psychological treatment "on and off" for his subsequent injuries. He has also been given Adderall medication and stated that it gives him "a little clarity," but nothing helps him in the long term.

His work duties and responsibilities changed after the injury. His employer finally accommodated some of his modified work duties, but he reported, "The company actually said no, they could not modify my work duties." Mr. Disney received positive feedback before the subsequent injuries occurred, in which he received "lots" of compliments and no complaints. He said everybody loved him. Mr. Disney was working 8 hours per day, 5 days per week, and making $20 per hour. He no longer works for the company and is no longer employed with them. He received disability benefits from Workers' Compensation Insurance for this industrial injury.

The body parts that currently hurt the most are Mr. Disney's back and left leg. He also has a heartburn and GERD. He states he has constant pain in his back, radiating down the left leg, and sometimes down the right leg and up his neck. He rates his back at a pain level of 7/10, left leg at a pain level of 8/10, right leg at a pain level of 3/10, and neck at a pain level of 4/10.

According to his medical records dated 10/15/18, Dr. Harold Iseke, D.C. diagnosed Mr. Disney with the following conditions prior to his subsequent injuries:

1. Headache
2. Spinal enthesopathy, cervical region
3. Radiculopathy, cervical region
4. Cervicalgia
5. Spinal enthesopathy, thoracic region
6. Pain in thoracic spine
7. Low back pain
8. Radiculopathy, lumbar region
9. Spinal enthesopathy, lumbar region
10. Sleep disorder, unspecified
11. Acute stress reaction
12. Major depressive disorder, single episode, unspecified
13. Anxiety disorder, unspecified
14. Irritability and anger
15. Chronic pain due to trauma
16. Myalgia

According to medical records of Supplemental Orthopedic Panel Qualified Medical Evaluation Report by Dr. Todd W. Peters, M.D. dated 11/28/18, Mr. Disney had some hypesthesia in the left lateral calf and posterior calf. His radicular complaints were not verified, but would recommend that he receive treatment to include possible lumbar epidural steroid injections. Cervical epidural steroid injections were recommended to help cure/relieve the effects of the 02/14/18, industrial motor vehicle accident.

According to medical records of Forensic Vocational Analysis Report by Madonna R. Garcia, MRC dated 02/24/20, Mr. Disney indicated he would be willing to travel approximately 15-30 minutes to work in one direction should he be able to work. He said he has a reliable vehicle, which he could utilize for employment purposes. He explained he would not be willing to use public transportation, because of the physical strain it would put on his body given his conditions. He would not be willing to relocate. He should be able to work. He would be available to work Monday through Friday during the day. He qualifies as 100% totally vocationally permanently disabled. He is not amenable to any form of vocational rehabilitation. His functional limitations combined with the intensity, duration, and nature of his chronic and disabling pain will preclude his pre-injury skills and academic accomplishments. Examiner does not believe Mr. Disney is amenable to any form of vocational rehabilitation and thus has sustained a total loss in his capacity to meet any occupational demands. This resulted in the examinee experiencing a total loss of labor market access, and a total loss of future earning capacity (2005 PDRS) irrespective of any "Impermissible factors."

Mr. Disney reported the onset of depressive symptoms sometime after the Navy injury in 1997. He reported:

"I started feeling depressed, because I couldn't hold jobs, keep a marriage, have a good relationship with my kids, and do the simplest things. I have so much rage and anger."

Additionally, since 1997, he has been dealing with chronic pain problems and has been taking pain-relieving medication since this time. This was initiated after he injured his back in a motor vehicle accident. He denied ever having any instances of auditory or visual hallucinations.

ACTIVITIES OF DAILY LIVING CHECKLIST

Mr. Disney indicated he has difficulty driving, because he cannot concentrate. He lacks motivation to repair things around his home. His ability to complete household tasks has been affected because his pain worsens. He does not care about grooming himself due to his depression. He describes

himself as "too lazy" to shower or bathe, sometimes for several days in a row. The same "laziness" applies to his ability to cook. He indicates he cannot get an erection and has lost his libido.

SOCIAL FUNCTIONING

Mr. Disney states he is always irritable and therefore he argues more with his significant other. He has become less tolerant of his partner and other family members as well. He engages less with people on the phone and internet, because of his present psychological condition. He has completely eliminated contact with friends and family members over the last 60 days. Mr. Disney finds himself yelling at people in public or showing signs of rage in the past couple of months. He sometimes only feels safe in his home and only leaves for necessary appointments. However, he has not stopped attending social gatherings. He is not motivated to engage in recreational activities and has lost interest in physical exercise.

CONCENTRATION

Mr. Disney indicates he cannot concentrate long enough to read magazines, books, or articles online. He states his mind always wanders. He finds himself unable to listen to others because his mind wanders. He finds himself giving up when trying to complete a project, because he gets upset at "the littlest" things. He finds his concentration so poor that he forgets his children's names and stops in mid-sentence when speaking. He feels overwhelmed constantly and thus his memory is getting worse in recent months. He, however, has not forgotten to keep medical appointments in recent months, because he wants to get better.

STRESS TOLERANCE

The applicant finds himself on the verge of losing control over things as simple as television commercials. He finds himself highly irritated with changes in routine. He feels he might make hasty decisions and does wish to make independent decisions. His feeling of being overwhelmed has adversely affected his sleep.

MENTAL STATUS EVALUATION

General Appearance
Mr. Disney is a 42-year-old Caucasian male who is in a cohabitation relationship. He is a tall man who is 6'1" tall and weighs 200 pounds. He appeared to look his stated age and presented with acceptable personal hygiene. He was dressed casual in a blue cap, blue jeans, and a tie-dyed shirt. He also wore a face mask.

Manner of Relating
Mr. Disney related in reasonably open, self-disclosing fashion and generally waited for me to ask questions rather than talk about his issues freely. He demonstrated no difficulty maintaining eye contact. I did not sense any sign of defensiveness or evasiveness. He was amiable and amenable to answering all of my questions. Mr. Disney related in a rather distressed manner indicative of someone who is emotionally overwhelmed at this time. He was cooperative with the evaluation process and completed the psychosocial questionnaires with relevant detail.

Psychomotor Activities
Mr. Disney walked slowly from the waiting room to my office. When he sat down, he did so gingerly and in a rigid manner. He stood up at the beginning of the evaluation, stating he had constant back pain since 1997. He stated his back pain level was at a level of 7-8/10 during the evaluation and the pain radiated from his back to his legs.

Speech and Language
Mr. Disney spoke at a middle range volume; his speech rate was normal, with normal articulation. The examinee was lucid and linguistically coherent. His ability to communicate was normal and his use of vocabulary and pronunciation was adequate given his level of experience and education. Slang or profanity was not used in conversation.

Orientation and Thought Content
Mr. Disney appeared to be functioning at an average intellectual level, with a fund of knowledge appropriate for his age, educational level, and life experiences. He showed appropriate judgment and average abstract reasoning. Orientation in all spheres was intact. Ability to concentrate was impaired. Long-term memory was intact. His short-term memory was impaired. Mr. Disney denied ever having auditory or visual hallucinations, bizarre sensory experiences, heightened tactile sensitivities, or other gross perceptual disturbances. His thought processes did not show any signs of psychotic functioning. He did not express any paranoia, ideas of references, or admits to any delusionary beliefs. In general, he seemed rational and coherent, with no perceptual oddities observed.

Emotional Process
His emotional expression was noteworthy for his **full range affect** in which he was observed to **smile easily** and laugh periodically.

Impulse Control
Mr. Disney reported the **presence of passive suicidal ideations** in which he feels he is better off dead. He denied having any plan to kill himself. He reported, "I won't kill myself."

X

PSYCHOLOGICAL TESTS ADMINISTERED AND RESULTS

- Beck Depression Inventory-II (BDI-II)
- Beck Anxiety Inventory (BAI)
- Epworth Sleepiness Scale (ESS)
- Minnesota Multiphasic PersonalityInventory-2 (MMPI)
- Pain Catastrophizing Scale (PCS)
- Pain Drawing (PD)
- A.M.A. Guides to the Evaluation of Permanent Impairment, 5th Edition, Chapter 18

BECK DEPRESSION INVENTORY-II (BDI-II)

The BDI-II is one of the most widely used screening tests for depression. It is an easily scored test consisting of 21 items that are rated on a 4-point Likert scale ranging from 0 to 3. The maximum total score is 63. The test requires the examinee to rate himself across a wide range of common depressive symptoms including sadness, loss of pleasure, guilt, indecisiveness, changes in sleep patterns, fatigue, etc. The BDI-II items are consonant with the DSM-IV criteria for depressive based diagnoses. The cut off scoring criteria for the BDI-II is as follows:

TOTAL SCORE	RANGE
0-13	No or minimal depression
14-19	Mild depression
20-28	Moderate depression
29-63	Severe depression
Below 4	Possible denial of depression, faking good; lower than usual scores even for normal

On the Beck Depression Inventory, Mr. Disney obtained a score of 39, thereby placing him in the severe range of clinical depression. In examining his overall pattern of symptoms, the examinee's responses appear to emphasize both affective and cognitive symptoms of depression. In terms of suicide potential, the BDI-II manual recommends that the examinee pay careful attention to the examinee's responses to item #2 (pessimism) and item #9 (suicidal ideas). The combination of hopelessness with recurrent suicidal thoughts with intent are considered better indicators of self-destructive behavior than the emotional intensity of depression. On items #2 and #9, the examinee obtained a combined score of **4** indicating that there is likely to be some concern with suicidal potential.

It is also important to note that the BDI results are consistent with his interview demeanor.

BECK ANXIETY INVENTORY (BAI)

The Beck Anxiety Inventory (BAI) is a 21-item test that measures the severity of self-reported anxiety. The BAI requires the examinee to rate a set of symptoms across a 4-point Likert scale from 0-3. The maximum BAI score is 63. The cutoff scoring criteria for the BAI is as follows:

TOTAL SCORE	RANGE
0-7	Minimal anxiety
8-15	Mild anxiety
16-25	Moderate anxiety
26-63	Severe anxiety

The examinee obtained a total score of 33, which is suggestive of a severe anxious state.

It is also important to note that the BAI results are consistent with his interview demeanor.

EPWORTH SLEEPINESS SCALE (ESS)

The Epworth Sleepiness Scale (ESS) is a short test, recently developed at the Epworth Hospital in Australia that measures excessive daytime sleepiness. The ESS is an acceptable and well regarded alternative for a time-consuming and expensive laboratory testing procedure. The ESS is a subjective, self-report instrument that describes eight different situations and four possible answers for each situation. Various authors have assigned differing cutoff scores to determine excessive daytime sleepiness. At the present time, there are no national norms available for the ESS. However, this instrument is likely the most widely used test for sleepiness.

The AME Guides define four sages of sleep-related impairment (pages 31 7-318). The ESS is an instrument that the clinician can utilize to assess sleep impairment vis-à-vis the effect of sleepiness upon alertness. However; it should be realized that the score obtained on the ESS is not norm-based and must be only used as general guide to assessing sleepiness or decreased alertness. An average score is probably 7-8. A score of more than 10 indicates the probable need for professional assistance. Sleep Apnea examinees score from 11.7 (CPAP) to 16 (no CPAP), Narcolepsy examinees score about 7.5. The maximum possible score on the ESS is 24.

John, MW. (1991) A new method for measuring daytime sleepiness: The Epworth sleepiness scale. Sleep, 14, 540-545. 1991

Scale
0 = No chance of dozing
1 = Slight chance of dozing
2 = Moderate chance of dozing
3 = High chance of dozing

Situations	**Score**
Sitting & Reading	0
Looking at TV	0
Sitting inactive in a public place	0
When a passenger in a car for 1 hour with no breaks	0
Lying down to rest in the afternoon	1
Sitting & talking to someone	0
Sitting quietly after lunch with no alcohol	0
In a car while stopped for a few minutes in traffic	1

Total Score = 2

The examinee received a score of 2, reflecting that he is not excessively sleepy.

Prior to the subsequent injuries, it took him 15 minutes to fall asleep and he slept for 6-8 hours at night and did not wake up at night due to pain, anxiety, or depression. After the subsequent injuries, it takes him 1.5 hours to fall asleep and he sleeps for 4 hours each night. He wakes up 6-7 times at night due to heartburn and pain. Sometimes he skips sleep for a few days in order to initiate/fall asleep and prevent insomnia. He has not had restful sleep for the past 12 years. His sleep quality was best before the age of 19, before he joined the military.

MINNESOTA MULTIPHASIC PERSONALITY INVENTORY-2 (MMPI)

The MMPI-2 is the most frequently used clinical personality and psychopathology test for evaluating injured workers, forensic, medical, and chronic pain examinees. The test is comprehensive. The MMPI-2 is an objectively scored and interpreted, reliable and valid instrument. It has three (3) primary validity and ten (10) clinical scales. High scores provide "objective" information regarding an examinee's receptivity toward psychological and medical treatment, along with providing diagnostic clarification of major psychiatric disorders. In general, the validity scales are designed to identify test-taking attitude. Examinees who are forthright on

the validity scale items have made a number of "statements" of importance in personal injury or litigation cases. They did not try to "fake good' or "fake bad;" they neither exaggerated nor minimized their symptoms. These examinees answered honestly, and their answers on the balance of the test and other instruments are also likely to be honest. Therefore, one can believe, with a reasonable degree of certainty, what the test says about the examinee's degree of depression, anxiety, and worry about physical problems. The converse is also true. The examinees whose validity scale scores suggest exaggeration, cover-up, or other attempts to obfuscate has provided a strong suggestion that the other claims may also be false or at least not entirely true.

"L SCALE" (LIE SCALE)

This is a 15-item "perfection" scale designed to determine how much an individual is obviously trying to make himself look positive. Research reveals a T-score of 50 through 60 indicates an individual who sees himself as virtuous, conforming, and self-controlled. A T-score of 60 and above indicates that the individual is likely to repress or deny unfavorable traits.

The patient achieved a T-score of 52 on the L Scale. This indicates Mr. Disney sees himself as virtuous, conforming, and self-controlled.

"F SCALE" (FREQUENCY or CONFUSION SCALE)

This scale was developed to measure symptom exaggeration or confusion, as evidenced by reporting an excessive number of psychological problems. Research reveals that T-scores in the range of 45 or below are generally considered free from stress, honest, and conventional. Moderate (T-scores of 56-64) can indicate social protest or commitment to religious or political movements. Moderately high elevations (T-scores of 60-70) indicate that the individual has problems, but is not overwhelmed by them or too worried about them. Marked elevations (T-scores of 70-80) are found in individuals with an unusual and unconventional thinking style. They may be overly anxious, displaying a "cry for help," or may or actually have reading difficulty. Individuals being evaluated in personal injury cases may have conscious or unconscious motivation to appear symptomatic or ill. If so, either because of real problems or because of this motivation, the person will have a relatively high F Scale. T-scores in the range of 90-100 usually indicate a random marking of the test items. Research indicates this may be the result of a person who is illiterate and does not want to admit it, someone who is confused, or someone who has brain damage. Generally, T-scores equal to 100 or above are an indication of error somewhere, such as scoring, deliberately marking the items in an all-time, all-false, or random format, or a reading error. If these possibilities are ruled out, however, the score can reflect the severity of the psychopathology in the person or the degree to which the individual feels the need to look pathological.

The patient achieved a T-score of 70 on the F scale. This indicates he has problems, but is not overwhelmed by them or too worried about them.

"K SCALE" (CORRECTION SCALE)

This is a 30-item scale designed to measure the individual's defensiveness or guardedness. This scale was developed as a correction for the tendency to deny problems. The K scale is a much more subtle scale than the L scale, as a result, can detect defensiveness in even sophisticated individuals. T-scores of 35 or below indicate individuals who are too willing to admit their own problems, and may tend to exaggerate them. Average scores (T-scores of 45-60) are found in people who are generally demonstrating "a balance between self-disclosure and self-protection." T-scores of 65 or above indicate individuals who are consistently trying to maintain a façade of adequacy and control, and are admitting to no problems or weakness. Such persons have a serious lack of insight into and understanding of their own behavior.

The patient obtained a T-score 47 on the K scale. This indicates Mr. Disney demonstrates "a balance between self-disclosure and self-protection."

WHEN THE THREE PRIMARY VALIDITY SCALES ARE PSYCHOMETRICALLY AND STATISTICALLY ANALYZED, THERE IS NO EVIDENCE OF DEFENSIVENESS, INTENTIONAL MALINGERING OR SYMPTOM MAGNIFICATION.

In examining the ten clinical scales, particular emphasis was placed on the Four (4)-cluster empirically derived MMPI typology for chronic pain sufferers has been demonstrated by combining the results of 10 investigative teams. **These MMPI 'types' have been labeled P-A-I-N** and appear to have important clinical and demographic correlates. They are as follows:

Type P is the most 'psychopathological' looking as nearly all scales are usually elevated. Type P patients are extreme in their claims of physical illness, psychological distress, and social maladaptation. Demographic correlates include poor education, high rates of unemployment, and limited household income.

Type A is defined by a 'conversion V' on the 'neurotic' triad scales. It has no unique correlates.

Type I has elevations on all of the neurotic triad scales and on no others. Type I patients appear to be the most physically infirm with multiple surgeries and hospitalizations. They may not improve physical status with treatment, but appear to benefit psychologically.

Type N profiles are 'normal' in that no scale, except perhaps scale K, is often elevated. Type N

patients are moderate in their claims of ill health, often are better educated and employed, and appear to respond well to treatment.

In examining Mr. Disney's clinical scales, his profile most closely matches the **Type P classification.** Upon further examination of Mr. Disney's profile, his clinical configural codetype appears to resemble the **3-7/7-3 and 3-8/8-3 codetypes,** which is described below:

MMPI-2 INTERPRETATION

3-7/7-3

Clients with 3-7/7-3 codetypes are tense, anxious individuals who develop chronic physical ailments in the head or the extremities resulting from psychological stress and conflicts. They tend to highly ruminative and be obsessive. Despite the overt behavioral evidence of tension and anxiety, they will deny the existence of psychological problems and be unconcerned about their physical ailments. They are fearful and frequently phobic. They feel depressed and have problems sleeping. Their lack of insight into their histrionic mechanisms makes psychological intervention slow and arduous at best.

3-8/8-3

Clients with 3-8/8-3 codetypes are seen as strange and peculiar individuals who complain of difficulties in thinking and concentration. They are likely to be experiencing significant psychological distress despite their attempts to deny and repress problems. Psychological stress is converted into physical symptoms, which may consist of headaches, insomnia, fatigue, or bizarre complaints.

They display histrionic features, such as immaturity, egocentricity, and dependency, as well as hostility, tension, and worry. They may actually be psychotic, and the possibility of a thought disorder should be evaluated carefully. When psychotic reactions are seen, there are infantile, narcissistic qualities accompanied by behavioral regression. They are often emotionally inappropriate, apathetic, and fearful.

PROFILE VALIDITY

His MMPI-2 clinical profile is probably valid. The client's responses to the MMPI-2 validity items suggest that he cooperated with the evaluation enough to provide useful interpretive information. The resulting clinical profile is an adequate indication of his present personality functioning.

The clinical setting in which this MMPI-2 was taken has not been indicated. The report has been processed as though "Outpatient Mental Health Program" was indicated. The report may not be as specific as it would have been if the actual assessment setting had been designated.

The client has a somewhat mixed pattern of psychological problems. His profile suggests an unusual pattern of symptoms rarely found in mental health assessment settings. He is presenting a picture of denial and repression along with intense anxiety and possible somatic problems. He appears to be rigid, perfectionistic, and somewhat moralistic, trying to deny problems or psychological frailties. At the same time, he is presently feeling much psychological stress and believes that his problems are unmanageable. He may also be concerned about sudden fatal illness and other vague worries about sickness and death, fears that may motivate him to seek reassurance frequently.

In addition, the following description is suggested by the client's scores on the content scales. He endorsed a number of items suggesting that he is experiencing low morale and a depressed mood. He reports a preoccupation with feeling guilty and unworthy. He feels that he deserves to be punished for wrongs he has committed. He feels regretful and unhappy about life, and he seems plagued by anxiety and worry about the future. He feels hopeless at times and feels that he is a condemned person. He endorsed response content that reflects low self-esteem and long-standing beliefs about his inadequacy. He has difficulty managing routine affairs, and the items he endorsed suggest a poor memory, concentration problems, and an inability to make decisions. He appears to be immobilized and withdrawn and has no energy for life. He views his physical health as failing and reports numerous somatic concerns. He feels that life is no longer worthwhile and that he is losing control of his thought processes.

According to his response content, there is a strong possibility that he has seriously contemplated suicide. The client's recent thinking is likely to be characterized by obsessiveness and indecision. Although the client may try to project a positive self-image to others, his response content indicates a rather negative self-image. He often feels inferior and unworthy. He complains about feeling quite uncomfortable and in poor health. The symptoms he reports include vague weakness, fatigue, and difficulty concentrating. In addition, he feels that others are unsympathetic toward his perceived health problems. He endorsed a number of items reflecting a high degree of anger. He appears to have a high potential for explosive behavior at times. He feels somewhat self-alienated and expresses some personal misgivings or a vague sense of remorse about past acts. He feels that life is unrewarding and dull, and he finds it hard to settle down. He is rather high-strung and believes that he feels things more, or more intensely, than others do. He feels quite lonely and misunderstood at times. He endorses statements that show some inability to control his anger. He may physically or verbally attack others when he is angry.

Although he is describing his present problem situation largely in terms of vague physical complaints, his PSY-5 scores suggest some long-term personality characteristics that can influence his adjustment. He tends to view the world in a highly negative manner and usually develops a worst-case scenario to explain events affecting him. He tends to worry to excess and interprets even neutral events as problematic. His physical complaints might be, in part, a function of his tendency to catastrophize. His self-critical nature prevents him from viewing relationships in a positive manner.

PAIN CATASTROPHIZING SCALE (PCS)

Pain catastrophizing is characterized by the tendency to magnify the threat value of a pain stimulus and to feel helpless in the presence of pain, as well as by a relative inability to prevent or inhibit pain-related thoughts in anticipation of, during, or following a painful event (Quartana, Campbell, & Edwards, 2009). Pain catastrophizing affects how individuals experience pain. Sullivan et al. (1995) state that people who catastrophize tend to do three things, all of which are measured by the PCS questionnaire; They ruminate about their pain (e.g. "I can't stop thinking about how much it hurts"), they magnify their pain (e.g. "I'm afraid that something serious might happen"), and they feel helpless to manage their pain (e.g. "There is nothing I can do to reduce the intensity of my pain").

Further, it is becoming increasingly clear that catastrophic thinking in relation to pain is a risk factor for chronicity and disability. In other words, catastrophizing not only contributes to heightened levels of pain and emotional distress, but also increases the probability that the pain condition will persist over an extended period of time. As such, this measure is helpful for examining the current thinking and coping process as it relates to the current physical state, and quantifying an individual's pain experience, as well as providing information related to future adjustment and recovery. The available research shows that a PCS raw score of 30 (which falls at the 75th percentile in clinical samples at chronic pain treatment centers) when coupled with a Beck Depression score greater than 16, predicts that more than 70% of these patients will be totally disabled from working a year following the date of injury. Thus, a raw score of 30 will be considered clinically significant in this analysis.

Mr. Disney received a raw score of 42 that reflects a nearly constant state of catastrophizing related to his pain condition. Note that the test indicates extreme pessimism as well as fearfulness, which are consistent with the BDI pessimism scale in which he scored a 3. This high score is concerning due to the fact that also possibly signifies the perpetuation and possible worsening of Mr. Disney's condition if intervention is not provided.

PAIN DRAWING (PD)

The Pain Drawing (PD) is a pictorial representation of the human body on which examinees can indicate graphically where and how pain is affecting them. The PD is comprised of two images representing the front and back of the body respectively. A total pain score is calculated based on the extent of pain indicated on the diagrams. This score is useful both as a positive measure and as a guide for future treatment.

Scoring System for Pain Drawings

Unreal drawings. If one or more of the following pain localizations are drawn in, two points are assigned.

A. Total leg pain
B. Frontal aspect of one or both legs
C. Unilateral or bilateral anterior tibial pain
D. Back of leg (isolated, knee included)
E. Circumferential thigh pain

Drawings showing "expansion" or "magnification' of pain (one or two points per area, depending upon extent)
A. Pain drawn outside the outline as an indication of magnification.

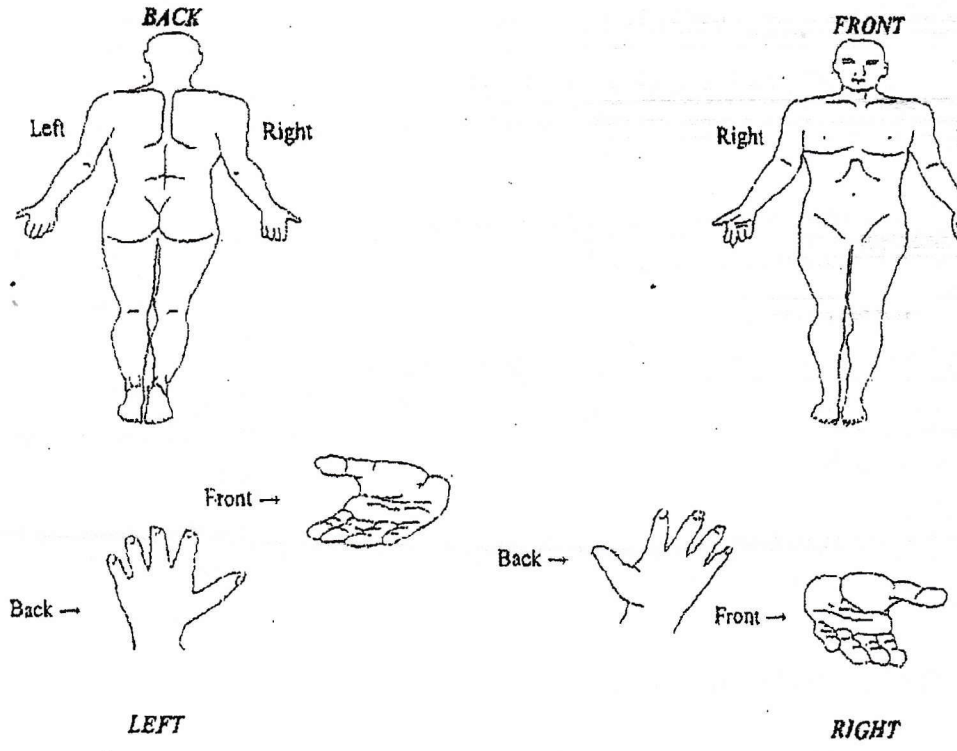
"I particularly hurt here" indicators (each category scores one point).

1. Additional explanatory notes
2. Circle painful areas
3. Draw lines to demarcate painful areas.

D. Use arrows to describe anatomically not explainable pain. Use additional symbols.

With this rating system, a score of three or more is generally thought to represent a pain perception that may be influenced by psychological factors. Some of the readily apparent expressions of psychological distress include pain distributions that are non-anatomic or bizarre, drawings showing "magnification" or 'expansion" of symptoms, and drawings that demonstrate "look how bad I am indicators."

In reviewing the examinee's pain drawing, he has radiating and stabbing sensation in his neck, left upper back, and in the center of the lower back.



On the front portion of this form, Mr. Disney complains of burning, numbing, radiating, and stabbing pain in his penis. On the back portion of this form, he complains of radiating and stabbing pain in his neck and lower back, and stabbing pain in the upper back. On the hand portion of this form, he has no complaints.

It should be noted that the examinee's pain drawing was consistent with his report of somatic health concerns. This consistency provides additional validation for my assessment that I find him to be a credible historian.

A.M.A. GUIDES TO THE EVALUATION OF PERMANENT IMPAIRMENT, 5TH EDITION, CHAPTER 18

TABLE 18-4, PAGE 576

I. **Pain (Self-Report of Severity) Grey areas are what applicant circled**

X

A. Rate how severe your pain is **right now, at this moment**

0	1	2	3	4	5	6	7	8	9	10

No pain — Most severe pain can imagine

B. Rate how severe your pain is **at its worst**

0	1	2	3	4	5	6	7	8	9	10

None — Excruciating

C. Rate how severe your pain is **on the average**

0	1	2	3	4	5	6	7	8	9	10

None — Excruciating

D. Rate how much your pain is **aggravated by activity**

0	1	2	3	4	5	6	7	8	9	10

Activity does not aggravate pain — Excruciating following any activity

E. Rate how **frequently** you experience pain

0	1	2	3	4	5	6	7	8	9	10

Rarely — All of the time

II. Activity Limitation of Interference

A. How much does your pain interfere with your ability to **walk 1 block**?

0	1	2	3	4	5	6	7	8	9	10

Does not restrict ability to walk — Pain makes it impossible for me to walk

B. How much does your pain prevent you from **lifting 10 pounds** (a bag of grocery)?

0	1	2	3	4	5	6	7	8	9	10

Does not prevent from lifting 10 pounds — Impossible to lift 10 pounds

C. How much does your pain interfere with your ability to **sit for ½ hour**?

0	1	2	3	4	5	6	7	8	9	10

Does not restrict ability to sit for ½ hour — Impossible to sit for ½ hour

D. How much does your pain interfere with your ability to **stand for ½ hour**?

0	1	2	3	4	5	6	7	8	9	10

Pain does not interfere with ability to stand at all — Unable to stand at all

E. How much does your pain interfere with your ability to **get enough sleep**?

0	1	2	3	4	5	6	7	8	9	10

Does not prevent me from sleeping — Impossible to sleep

F. How much does your pain interfere with your ability to **participate in social activities**?

0	1	2	3	4	5	6	7	8	9	10

Does not interfere with social activities — Completely interferes with social activities

G. How much does your pain interfere with your ability to **travel up to 1 hour by car**?

0	1	2	3	4	5	6	7	8	9	10

Does not interfere with ability to travel 1 hour by car — Completely unable to travel 1 hour by car

H. In general, how much does your pain interfere with your **daily activities**?

0	1	2	3	4	5	6	7	8	9	10

Does not interfere with my daily activities — Completely interferes with with my daily activities

I. How much do you **limit your activities to prevent your pain from getting worse**?

0	1	2	3	4	5	6	7	8	9	10

Does not limit activities — Completely limits

J. How much does your pain interfere with your **relationship with your family/partner/significant others**?

0	1	2	3	4	5	6	7	8	9	10

Does not interfere with relationships — Completely interferes with relationships

K. How much does your pain interfere with your ability to do **jobs around your home**?

0	1	2	3	4	5	6	7	8	9	10

Does not interfere — Completely unable to do any jobs around home

L. How much does your pain interfere with your ability to **shower or bathe without help from someone else**?

0	1	2	3	4	5	6	7	8	9	10

Does not interfere — My pain makes it impossible to at all shower or bathe without help

M. How much does your pain interfere with your ability to **write or type**?

0	1	2	3	4	5	6	7	8	9	10

Does not interfere at all — My pain makes it impossible to write or type

N. How much does your pain interfere with your ability to **dress yourself**?

0	1	2	3	4	5	6	7	8	9	10

Does not interfere at all — My pain makes it impossible to dress myself

O. How much does your pain interfere with your ability to **engage in sexual activities**?

0	1	2	3	4	5	6	7	8	9	10

Does not interfere at all — My pain makes it impossible to engage in sex

P. How much does your pain interfere with your ability to **concentrate**?

0	1	2	3	4	5	6	7	8	9	10

Never — All the time

III. Individual's Report of Effect of Pain on Mood

A. Rate your **overall mood** during the past week

0	1	2	3	4	5	6	7	8	9	10

Extremely high/good — Extremely low/bad

B. During the past week, how **anxious or worried** have you been because of your pain?

0	1	2	3	4	5	6	7	8	9	10

Not at all — Extremely

C. During the past week, how **depressed** have you been because of your pain?

0	1	2	3	4	5	6	7	8	9	10

Not at all Extremely

D. During the past week, how **irritable** have you been because of your pain?

0	1	2	3	4	5	6	7	8	9	10

Not at all Extremely

E. In general, how anxious/worried are you about performing activities because they **might make your pain symptoms worse**?

0	1	2	3	4	5	6	7	8	9	10

Not at all Extremely

RELIABILITY AND CREDIBILITY

After a careful review of the above information, it is the undersigned's professional opinion that Mr. Disney is a candid and generally credible historian who is not exaggerating his symptoms for secondary gain. I have factored in his self-reporting style of both over and under reporting of symptoms into my conceptualization of his diagnoses and level of impairment.

Mr. Disney's account of his injury corroborated with the narrative of the injury outlined in the medical records.

Mr. Disney's account of how his psyche and functions of daily living were impacted by his orthopedic injuries were reasonable. He was able to coherently address how the combination of depression and anxiety negatively affected his mood, cognition, and behavior.

During today's evaluation, I paid close attention to Mr. Disney's self-report of emotional pain and his non-verbal behavior. Generally speaking, if an individual complains of significant depression and anxiety, one would expect to see this manifested, to some degree in his body language during the examination. This observation practice represents one way of assessing an examinee's reliability, as emotional pain cannot be objectively measured. During today's interview, I observed the following relevant information pertaining to Mr. Disney's pain behavior:

- ✓ He stood at one point during the interview to reduce the pain in his back.

And finally, I turn to an analysis of the psychometric findings to gauge Mr. Disney's reliability and validity.

X

The psychological test results showed a consistent elevation across multiple tests □measuring depression and anxiety.

After a careful review of the above information, it is the undersigned's professional opinion that Mr. Disney is a candid historian who is not exaggerating his symptoms for secondary gain. There is no psychological test data to support the phenomenon of pain amplification. There is no scientific basis to suggest that the examinee is consciously feigning malingering symptoms. He self- disclosed appropriately during the evaluation process and I did not sense that he was minimizing personal problems existing before or after the discussed industrial injury.

SUBSEQUENT INJURY PSYCHIATRIC DIAGNOSES

AXIS I: **EPISODE OF MENTAL/CLINICAL DISORDER**
Major Depression, Single Episode, Severe (296.00)
Generalized Anxiety Disorder, Moderate (300.02)
Pain Disorder Associated with Both Psychological Factors and a General Medical Condition (307.89)
Male Erectile Disorder (302.72)
Male Hypoactive Sexual Desire Disorder (608.89)
Sleep Disorder Due to a General Medical Condition, Insomnia Type (327.01)

AXIS II: **PERSONALITY DISORDER**
No Diagnosis (V71.09)

AXIS III: **PHYSICAL DISORDERS AND CONDITIONS**
Status per the review of the medical records above.

AXIS IV: **SEVERITY OF PSYCHOSOCIAL STRESSORS**
Severe

(1) Sequela to work-related injury, including cognitive, physical, and emotional problems, as well as occupational and financial problems.

(2) Non-Industrial and concurrent stressful issues were identified and these include: suicidal ideations, financial problems, etc.

AXIS V: **GLOBAL ASSESSMENT OF FUNCTIONING (GAF)**

Current - 48

Please Note: Use of the DSM IV-TR is provided in the above instance as the DSM-5 no longer provides a GAF score, which is necessary in an evaluation of this nature.

DISCUSSION OF SUBSEQUENT INJURY PSYCHIATRIC DIAGNOSES

Major Depressive Disorder

Taking into consideration the available information, Mr. Disney's cluster of symptoms would best be categorized as a mood disorder. According to the DSM 5, the essential features of Major Depressive Disorder (MDD) include a total of nine (9) symptoms, of which an examinee must endorse at least five (5). Additionally, these symptoms must persist for a two-week period and represent a change from their previous level of functioning. Following his injuries, Mr. Disney reported the following symptoms:

- "I feel depressed at this time."

Generalized Anxiety Disorder

Taking into consideration the available information, Mr. Disney's cluster of symptoms would best be categorized as an anxiety disorder. According to the DSM 5, the essential features of Generalized Anxiety Disorder include a total of six (6) symptoms, of which an examinee must endorse at least three (3). Additionally, these symptoms must persist for a 6-month period and represent a change from their previous level of functioning. Following his injury, Mr. Disney reported the following symptoms:

- "I worry about my finances excessively and cannot control my worries. "

Sleep Disorder Due to a General Medical Condition, Insomnia Type

Taking into consideration the available information, Mr. Disney's cluster of symptoms would best be categorized as a sleep-wake disorder. The diagnosis of insomnia disorder is given whether it occurs as an independent condition or is comorbid with another mental disorder (e.g., major depressive disorder), medical condition (e.g., pain), or another sleep disorder (e.g., a breathing-related sleep disorder). According to the DSM 5, the essential features of Insomnia Disorder is dissatisfaction with sleep quantity or quality with complaints of difficulty initiating or maintaining sleep (individual receiving less than 5 ½ hours of sleep per night on average without medications), fatigue, difficulty falling asleep, and frequently interrupted sleep. These sleep disturbances have been persisting for more than one month. Following his injuries, Mr. Disney reported the following symptoms:

- "Prior to the subsequent injuries, it took me 15 minutes to fall asleep and I slept for 6-8 hours at night and did not wake up at night due to pain, anxiety, or depression. After the subsequent injuries, it takes me 1.5 hours to fall asleep and I sleep for 4 hours each night. I wake up 6-7 times at night due to heartburn and pain. Sometimes I skip sleep for a few days in order to initiate/fall asleep and prevent insomnia. I have not had restful sleep for the past 12 years. My sleep quality was best before the age of 19, before I joined the military."

Sexual Dysfunction Due to a General Medical Condition

Taking into consideration the available information, Mr. Disney's cluster of symptoms would best be categorized as a sexual dysfunction disorder. According to the DSM 5, the diagnostic criteria for Sexual Dysfunction Due to a General Medical Condition include pain associated with intercourse, hypoactive sexual desire, male erectile dysfunction, or other forms of sexual dysfunction (e.g., Orgasmic Disorders) and must cause marked distress or interpersonal difficulty. Following his injuries, Mr. Disney reported the following symptoms:

- "I have no sexual desire. I went from having sex daily to none. I had an erectile dysfunction before the subsequent injuries."

Pain Disorder Associated with Both Psychological Factors and a General Medical Condition

Taking into consideration the available information, Mr. Disney's cluster of symptoms would best be categorized as a somatic symptom and related disorder. According to the DSM 5, the diagnostic criteria for Pain Disorder Associated with Both Psychological Factors and a General Medical Condition include pain symptoms that cause clinically significant distress or impairment. The psychological or behavioral factors are judged to have an important role in onset, severity, exacerbation, or maintenance of pain symptoms. Following his injuries, Mr. Disney reported the following symptoms:

- "I have not had surgery for my subsequent injuries and I am in a lot of pain."

Unspecified Neurocognitive Disorder

Taking into consideration the available information, Mr. Disney's cluster of symptoms would best be categorized as a neurocognitive disorder. According to the DSM 5, the diagnostic criteria for Unspecified Neurocognitive Disorder include symptoms characteristic of a neurocognitive disorder that cause clinically significant distress or impairment in social, occupational, or other important areas of functioning predominate but do not meet the full criteria for any of the disorders of the neurocognitive disorders diagnostic class. Following his injuries, Mr. Disney reported the following symptoms:

- "I have become more forgetful than before."

SUBSEQUENT INJURY IMPAIRMENT RATING

ANALYSIS AND EXPLANATION OF MR. DISNEY'S PSYCHOLOGICAL IMPAIRMENT RATING

On page 365 of the AMA guides, Table 14-1 provides a guide for rating mental impairment in each of the four areas of functional limitation on a five-category scale that ranges from no impairment to extreme impairment. The following are recommended as anchors for the categories of the scale.

Area of Aspect of Functioning	Class 1 No Impairment	Class 2 Mild Impairment	Class 3 Moderate Impairment	Class 4 Marked Impairment	Class 5 Extreme Impairment
Activities of Daily Living					✓
Social Functioning				✓	
Concentration				✓	
Adaptation				✓	

ACTIVITIES OF DAILY LIVING

SELF CARE/PERSONAL HYGIENE ACTIVITIES	LEVEL OF IMPAIRMENT			
1. I neglect to bathe or shower.	Often	Sometimes	Never	Not Applicable
2. I neglect to brush my teeth.	Often	Sometimes	Never	Not Applicable
3. I have no interest in my appearance.	Often	Sometimes	Never	Not Applicable
4. I have no interest in shaving or putting on make-up.	Often	Sometimes	Never	Not Applicable
5. I have no interest in getting dressed on most days.	Often	Sometimes	Never	Not Applicable
6. I have problems sleeping at night because I can't stop thinking or worrying.	Often	Sometimes	Never	Not Applicable
7. I do not feel rested in the morning when it is time to get up.	Often	Sometimes	Never	Not Applicable

8. I feel sleepy during the daytime.	Often	Sometimes	Never	Not Applicable
9. I lack the desire to have sexual relations.	Often	Sometimes	Never	Not Applicable
10. I am physically unable to have sexual relations.	Often	Sometimes	Never	Not Applicable
11. I no longer have a desire to travel (e.g., road trips or by airplane).	Often	Sometimes	Never	Not Applicable

If yes, please describe/provide examples:
"Too much too explain. Plus "yes" is not an option. This is so overwhelming."

HOUSEHOLD ACTIVITIES	LEVEL OF IMPAIRMENT			
1. I can't prepare a meal by myself.	Often	Sometimes	Never	Not Applicable
2. I forget to turn off the stove or close the refrigerator.	Often	Sometimes	Never	Not Applicable
3. I can't seem to organize the house. Everything is messed up.	Often	Sometimes	Never	Not Applicable
4. I have no energy to clean my house.	Often	Sometimes	Never	Not Applicable
5. I can't focus and repair things that are broken in the home.	Often	Sometimes	Never	Not Applicable

If yes, please describe/provide examples:
"No concentration, always forgetting things."

SOCIAL FUNCTIONING

FAMILY AND SOCIAL ACTIVITIES	LEVEL OF IMPAIRMENT			
1. I lack the energy to take care of children or pets.	Often	Sometimes	Never	Not Applicable
2. I can't take care of the people at home that I used to do before my injury.	Often	Sometimes	Never	Not Applicable
3. I spend many days in my room and have no interest in talking to others.	Often	Sometimes	Never	Not Applicable
4. I can't seem to listen to others and understand what they are saying to me.	Often	Sometimes	Never	Not Applicable
5. I lack the cognitive stamina to be involved with friends or family.	Often	Sometimes	Never	Not Applicable
6. I don't get along well with others.	Often	Sometimes	Never	Not Applicable
7. I don't want to initiate contact with friends and family.	Often	Sometimes	Never	Not Applicable

8. I don't think I can accept criticism appropriately from others.	Often	Sometimes	Never	Not Applicable

If yes, please describe/provide examples:
"Too overwhelming to think about. Always angry."

RECREATIONAL ACTIVITIES	LEVEL OF IMPAIRMENT			
1. I have no ability to concentrate and do my normal hobbies (e.g., gardening, fishing, etc.).	Often	Sometimes	Never	Not Applicable
2. I have no interest in attending social gatherings, meetings, or church events.	Often	Sometimes	Never	Not Applicable
3. I do not trust my driving abilities.	Often	Sometimes	Never	Not Applicable
4. I cannot concentrate on completing art projects, doing music activities, or building projects.	Often	Sometimes	Never	Not Applicable
5. I could not muster the energy and concentration to play board games, cards, or video games.	Often	Sometimes	Never	Not Applicable

If yes, please describe/provide examples:
"I am broken and need help to live."

CONCENTRATION

MEDICAL ACTIVITIES	LEVEL OF IMPAIRMENT			
1. I forget to take my medications.	Often	Sometimes	Never	Not Applicable
2. I forget my doctor's appointments.	Often	Sometimes	Never	Not Applicable
3. I can't seem to remember what my doctors instruct me to do.	Often	Sometimes	Never	Not Applicable
4. I have no energy to do home-based physical therapy exercises.	Often	Sometimes	Never	Not Applicable
5. I lost important papers that doctor gives me or the insurance company sends me.	Often	Sometimes	Never	Not Applicable
6. I am unable to complete a project near others without being distracted.	Often	Sometimes	Never	Not Applicable
7. My day is interrupted by my psychological symptoms.	Often	Sometimes	Never	Not Applicable

If yes, please describe/provide examples:
"Never finish what I start."

MANAGING FINANCES AND PERSONAL ITEMS	LEVEL OF IMPAIRMENT			
1.I cannot manage a checkbook.	Often	Sometimes	Never	Not Applicable
2. I get confused when paying for items at a store.	Often	Sometimes	Never	Not Applicable
3. I lose my wallet or purse or cell phone.	Often	Sometimes	Never	Not Applicable
4. I lose my keys or forget where I parked my car.	Often	Sometimes	Never	Not Applicable
5. I misplace important financial papers or documents.	Often	Sometimes	Never	Not Applicable

If yes, please describe/provide examples:
"No memory. Lost keys in supermarket this week."

ADAPTATION

COMMUNICATION ACTIVITIES	LEVEL OF IMPAIRMENT			
1. I start to fall asleep if I read something for more than a few minutes.	Often	Sometimes	Never	Not Applicable
2. I lose interest when watching television and stop watching the show.	Often	Sometimes	Never	Not Applicable
3. I have lost interest in communicating with others by email or by phone.	Often	Sometimes	Never	Not Applicable
4. I have lost interest in reading the newspaper or watching the news on T.V.	Often	Sometimes	Never	Not Applicable
5. I have stopped attending normal events and communicating activities (e.g., church, social clubs, volunteer events, visiting relatives, etc.).	Often	Sometimes	Never	Not Applicable

If yes, please describe/provide examples:
"What is the point? Keep reminding me what I can't do is giving me anxiety."

EMOTIONAL AND OCCUPATIONAL	LEVEL OF IMPAIRMENT

FUNCTIONS				
1. I feel that I would be able to perform any job I am qualified for without problems at this time.	Strongly Agree	Agree	Disagree	Strongly Disagree
2. I feel I would be able to interact with coworkers respectfully and without any problems on my part.	Strongly Agree	Agree	Disagree	Strongly Disagree
3. I don't have the psychological energy to multi-task.	Strongly Agree	Agree	Disagree	Strongly Disagree
4. I become emotionally overwhelmed when demands are placed upon me.	Strongly Agree	Agree	Disagree	Strongly Disagree
5. I am hypersensitive to environmental factors (e.g., noise, delays, disappointments, setbacks, etc.) and respond in anger when these occur.	Strongly Agree	Agree	Disagree	Strongly Disagree
6. I have difficulty controlling my emotions and this causes problems when I interact with people.	Strongly Agree	Agree	Disagree	Strongly Disagree
7. I am not able to maintain a productive schedule where I complete the goals I set for my household, family, and work (if employed).	Strongly Agree	Agree	Disagree	Strongly Disagree

If yes, please describe/provide examples:
"So angry with no concentration equals horrible employee."

Comparison of Daily Life BEFORE and AFTER SUBSEQUENT INJURY

Normal life shortly BEFORE the final (SUBSEQUENT) industrial injury
Please describe what a typical **weekday** was like for you shortly **before** the injury.

1. What time did you wake up? **6 am**
2. How often would you take a shower or bath? **1 day**
3. How many hours a day did you work on average? **40 hours**
4. Did you participate in any exercise or sports team? **Basketball**
5. What types of activities did you do after you finished work? **More work**
6. What would you normally do for fun during the week? **Be active with family**
7. What time did you typically go to bed during the week? **2 am**

Please describe what a typical **weekend** was like for you shortly **before** the injury:

1. What time would you typically wake up on the weekend? **10 am**
2. What was a typical weekend day for you like? **Busy and active dad, "stuff"**
3. What type of social activities was normal for you to do on the weekends? **Family outing**
4. If you were sexually active shortly before the injury, how often was it normal for you to engage in sexual activity? **Daily**

Normal Life at this time (Currently)

Please describe what a typical **weekday** is like for you **at this time after** your injury:

1. What time do you typically wake up? **5 am**
2. How often do you take a shower or bath? **Couple of times a month**
3. How do you spend most of your weekdays? **Angry**
4. Do you participate in any exercise or sports at this time? **No**
5. What time do you typically go to bed? **11 pm**
6. What do you normally do for fun/socializing during the week? **Nothing**

Please describe what a typical **weekend** is like for you **at this time after** your injury:

1. What time do you typically wake up? **5 am**
2. How do you spend a typical weekend day? **Pacing or ranting**
3. What type of social activities are you doing on the weekend at this time? **None**
4. Are you sexually active at this time? **No**
5. If you are not active, or less active, when did you notice this change? **Years ago**
6. What do you think caused this change? **Stress and medications**

AFTER or BECAUSE of the SUBSEQUENT INJURY, Mr. Disney has difficulty in the following areas of functioning; such as self-care, communication, physical activity, sensory function, household activity, travel, sexual function, and sleep function.

Self-care and Personal Hygiene CURRENTLY			**No Difficulties**
✓	Urinating	✓	Trimming toe nails
	Defecating		Dressing
	Wiping after defecating		Putting on socks, shoes, and pants
✓	Brushing teeth with spine bent forward		Putting on shirt/blouse
✓	Bathing		Combing hair
	Washing hair		Eating
✓	Washing back		Drinking
✓	Washing feet/toes		Shopping
Other difficulties:			
If you indicated difficulties in this area, please describe how these difficulties make you feel:			

"Very depressed, also angry and frustrated, because I have great difficulty and/or pain in completing them."			
Communication CURRENTLY			**No Difficulties**
✓	Speaking/talking		Writing
	Hearing		Texting
	Seeing		Keyboarding
	Reading (including learning problems, vision, or attention deficits)		Using a mouse
	Using a phone		Typing
Other difficulties:			
If you indicated difficulties in this area, please describe how these difficulties make you feel: **"Lose words often."**			
Physical Activity CURRENTLY			**No Difficulties**
	Walking		Sitting
	Standing		Kneeling
	Pulling		Climbing stairs or ladders
✓	Squatting	✓	Shoulder level or overhead work
✓	Bending or twisting at the waist	✓	Lifting and carrying
✓	Bending or twisting at the neck		Using the right or left hand
	Balancing		Using the right or left foot
Other difficulties:			
If you indicated difficulties in this area, please describe how these difficulties make you feel: **"Useless to a point, overwhelmed."**			
Sensory Function CURRENTLY		✓	**No Difficulties**
	Smelling		Feeling
	Hearing		Tasting
	Seeing		Swallowing
Other difficulties:			
If you indicated difficulties in this area, please describe how these difficulties make you feel:			
Household Activity CURRENTLY			**No Difficulties**

	Chopping or cutting food	✓	Mopping or sweeping
	Opening jars	✓	Vacuuming
✓	Cooking	✓	Yard work
✓	Washing and putting dishes away		Dusting
	Opening doors	✓	Making beds
	Scrubbing	✓	Doing the laundry
	Repetitive use of the right hand		Repetitive use of the left hand
Other difficulties:			
If you indicated difficulties in this area, please describe how these difficulties make you feel: **"Useless!!!"**			

Travel CURRENTLY			**No Difficulties**	
✓	Riding as a passenger	If you have trouble sitting, approximately how long can you remain seated at a time?		**20 min**
✓	Driving	If you have trouble driving, approximately how long can you drive before needing to rest?		**20 min**
✓	Handling/lifting luggage	Approximately how many times per year do you travel AFTER the Subsequent Injury?		**None**
	Keeping arms elevated		Holding or squeezing the steering wheel	
Other difficulties:				
If you indicated difficulties in this area, please describe how these difficulties make you feel: **"Just can't."**				

Sexual Function CURRENTLY			**No Difficulties**
	Erection		Painful sex (in the genital area)
	Orgasm		Back pain with intimate relations
	Lubrication		Neck pain with intimate relations
	Lack of desire		Joint pain with intimate relations
Other difficulties:			
If you indicated difficulties in this area, please describe how these difficulties make you feel: **"Can't perform really at all."**			

Sleep Function CURRENTLY				**No Difficulties**	
	Falling asleep			Sleeping on the right side	
	Staying asleep			Sleeping on the left side	
	Interrupted/restless sleep			Sleeping on the back	
	Sleeping too much			Sleeping on the stomach	
	Daytime fatigue or sleepiness		Have you ever taken any medications to help you sleep AFTER the Subsequent Injury?		**Yes**
How many hours can you typically sleep at a time without waking up during the night?		**1-2 hours**	How many hours total are you able to sleep at night?		**3-4 hours**
If you indicated difficulties in this area, please describe how these difficulties make you feel: **"So beaten down and useless, don't know what to do with myself."**					

Collectively, the above outlined impairments suggest that Mr. Disney is markedly impaired. The Schedule of Rating Disabilities (January 2005) provided the following guidelines for rating patients' GAF.

Starting at the top level of the GAF scale, evaluate each range by asking, "Is either the individual's symptom severity OR level of functioning worse than what is indicated in the range description?"

[**Author's Comment:** *Mr. Disney is not gravely disabled, does not have auditory/visual hallucinations, but has passive suicidal ideations. These descriptions are for individuals who fall in the serious symptom category. According to his marked impairment as mentioned above, he falls in the serious symptoms GAF range. Therefore, I have placed him in the severe range of the symptoms scale*].

Using these guidelines, Mr. Disney's psychiatric disability falls into the 41-50 decile. This is the range of functioning described as:

Serious symptoms (e.g., suicidal ideation, severe obsessional rituals, frequent shoplifting) OR any serious impairment in social, occupational, or school functioning (e.g., no friends, unable to keep a job).

All of his psychological testing combined indicates he is in the severe range of both symptoms severity and functional impairment (i.e., BDI, BAI, and etc.). Mr. Disney describes limited social interactions as a consequence of both his physical limitations and psychological status following

the industrial injuries. Whereas Mr. Disney previously enjoyed a rather active social life, following the industrial injuries this has been reduced and more limited to immediate family members.

Thus, after careful consideration of all of the information contained in this report, Mr. Disney's score is placed at the level of 48, which translates to a Whole Person Impairment (WPI) of 34%.

Arousal and Sleep Disorder Impairment:
The AMA Guides on Page 317, Table 13-4, provides a guide for rating arousal and sleep disorder impairment on a four-category scale that ranges from no impairment to extreme impairment. In reviewing the medical records and incorporating the findings of the psychological testing, namely the clinically significant Epworth Sleepiness Scale, Mr. Disney appears to have developed a Class 2 Impairment related to his chronic sleep disorder.

Table 13-4	Class 1	Class 2	Class 3	Class 4
	Impairment	Impairment	Impairment	Impairment
	1-9%	10-29%	30-49%	70-90%
Sleep & Arousal Disorders	Reduced daytime alertness, sleep pattern such that individual can perform most activities of daily living	Reduced daytime alertness, interferes with ability to perform some activities of daily living	Reduced daytime alertness, ability to perform activities of daily living significantly limited	Severe reduction of daytime alertness, individual unable to care for self in any situation or manner
WPI %				

Sleep disorders are ratable in Chapter 13 of the AMA Guides under Sleep and Arousal Dysfunctions. Table 13-4 of the AMA Guidelines states that a Class 2 Sleep and Arousal Disorder is one in which an individual experiences "Reduced daytime alertness, interferes with ability to perform some activities of daily living." A score of 2/24 is not equal to excessive sleepiness, or class 2 impairment. **However, based upon his chronic sleep dysfunction, a pre-exisiting sleep disorder related to being in the Navy, and his Epworth Sleepiness Scale score of 2, the level of his current sleep impairment is equal to an 11% disability rating attributed to the chronic pain and psychological symptoms that arose as a result of his subsequent injury.**

Prior to the subsequent injuries, it took him 15 minutes to fall asleep and he slept for 6-8 hours at night and did not wake up at night due to pain, anxiety, or depression. After the subsequent injuries,

it takes him 1.5 hours to fall asleep and he sleeps for 4 hours each night. He wakes up 6-7 times at night due to heartburn and pain. Sometimes he skips sleep for a few days in order to initiate/fall asleep and prevent insomnia. He has not had restful sleep for the past 12 years. His sleep quality was best before the age of 19, before he joined the military.

Sexual Dysfunction Disorder Impairment:

The AMA Guides on Page 156, Table 7-5, provides a guide for rating permanent impairment due to penile disease on a three-category scale that ranges from no impairment to extreme impairment. This particular table covers abnormalities involving male reproductive organs. Per AMA Fifth Edition Guides, Table 7-5, page 156, and other tables under Section 7.7 and other do not cover the issues adequately. In reviewing the medical records and incorporating the findings of the psychological testing, namely the clinically significant difficulties or limitations chart, Mr. Disney appears to have developed a Class 2 Impairment related to his sexual dysfunction disorder.

Table 7-5 Criteria for Rating Permanent Impairment Due to Penile Disease		
Class 1 0%- 10% Impairment of the Whole Person	Class 2 11%- 19% Impairment of the Whole Person	Class 3 20% Impairment of the Whole Person
Sexual function possible but with varying degrees of difficulty of erection, ejaculation, or sensation	Sexual function possible with sufficient erection but with impaired ejaculation and sensation	No sexual function possible

Sexual Dysfunction Disorders are ratable in Chapter 7 of the AMA Guides under Male Reproductive Organs Table 7-5 of the AMA Guidelines states that a Class 2 Male Reproductive Organs Impairment is one in which an individual experiences "Sexual function possible with sufficient erection but with impaired ejaculation and sensation." Mr. Disney reportedly had a pre-existing problem of getting an erection and currently has no sexual desire. He went from having sex daily to none.

Based upon his moderate sexual dysfunction of Class 2 impairment, the level of his current sexual impairment is equal to a 13% disability rating attributed to the chronic pain and psychological symptoms that arose as a result of his subsequent injury.

CAUSATION OF SUBSEQUENT DISABILITIES AND LABOR IMPAIRMENT

Mr. Disney injured himself at Advances Management Company on CT: June 5, 2015- March 12, 2018, CT: March 12, 2017 – March 12, 2018, SI: February 14, 2018, and SI: December 12, 2018 while employed as an Assistant Manager/Community Director. Specifically, he injured his head, upper extremities, back, spinal cord, and sustained a psychiatric injury due to repetitive motion, stress and anxiety due to false defamatory statements, discrimination, harassment, and a hostile environment, falling on the stairs, and being hit and run at the property while on duty. As a result of this subsequent injury, Mr. Disney developed psychiatric symptoms. My evaluation on August 3, 2020 consisted of a clinical interview, mental status exam, review of medical records, and psychological testing. The results of my evaluation found that Mr. Disney currently suffers from Major Depressive Disorder; Generalized Anxiety Disorder; Sleep Disorder Due to a General Medical Condition, Insomnia; Post Traumatic Stress Disorder; Sexual Dysfunction Disorder (specifically Erectile Male Disorder and Male Hypoactive Sexual Disorder); and Pain Disorder Associated with Both Psychological Factors and a General Medical Condition.

These disorders and his functional limitations qualified him for a GAF of 48 - which is equivalent to a WPI of 34%.

Mr. Disney has been diagnosed with Sleep Disorder Due to a General Medical Condition, Insomnia caused by the subsequent injury. Sleep disorders are ratable in Chapter 13 of the AMA Guides under Sleep and Arousal Dysfunctions. Table 13-4 of the AMA Guidelines states that a Class 2 Sleep and Arousal Disorder is one in which an individual experiences "Reduced daytime alertness, interferes with ability to perform some activities of daily living." A score of 2/24 is not equal to excessive sleepiness, or class 2 impairment. **However, based upon his chronic sleep dysfunction that arose out of his subsequent injury, the level of his sleep impairment is equal to an 11% disability rating considering a pre-existing sleep disorder.**

Mr. Disney has been diagnosed with Sexual Dysfunction Disorder, specifically Male Erectile Disorder and Male Hypoactive Sexual Desire Disorder caused by the subsequent injury. Sexual Dysfunction Disorders are ratable in Chapter 7 of the AMA Guides under Male Reproductive Organs Table 7-5 of the AMA Guidelines states that a Class 2 Male Reproductive Organs Impairment is one in which an individual experiences "Sexual function possible with sufficient erection but with impaired ejaculation and sensation." His problem with trouble getting an erection, no sexual desire, and reduction of sex daily to none is equal to moderate impairment, or class 2 impairment. **Based upon his chronic sexual dysfunction that arose out of his subsequent injury, the level of his sexual impairment is equal to a 13% disability rating. Based on his history, his condition is attributable to compensable consequences of orthopedic issues.**

It is my opinion that Mr. Disney's subsequent psychiatric injury was predominantly caused by the actual events of employment. I reason that, given the longitudinal nature of Mr. Disney's emotional difficulties, they are more than a mere "lighting-up" of his previous depressive and chronic pain symptoms typically seen during an exacerbation. Rather, they have been permanent□and are more accurately described as an "aggravation."

This issue is clearly seen via an examination of his GAF and WPI scores prior to and subsequent □to his injuries. Mr. Disney's prior GAF score of 51 equates to a WPI of 29%. Following his subsequent injury, his psychiatric condition deteriorated significantly. The increase in depressive and anxiety symptoms resulted in a decrease of his GAF to 48 - which means his disability increased by 5% to 34%. The subsequent injury disability represents the predominant cause of his overall disability rating.

GIVEN THE LENGTH OF TIME THAT HAS EXPIRED AND THE CONSISTENCY OF PSYCHIATRIC SYMPTOMS SINCE THEIR INCEPTION, IT IS MY OPINION THAT MR. DISNEY'S PSYCHIATRIC DISABILITY IS NOW PERMANENT AND STATIONARY.

Mr. Disney's psychiatric injury is labor disabling and requires the following work restrictions:

- **Part-time schedule with frequent breaks due to his fragile and emotional states (from his depression and anxiety).**
- **Flexible schedule to accommodate Mr. Disney's need for weekly psychotherapy.**
- **Flexible schedule to accommodate Mr. Disney's sleep disorder.**
- **No assignment of excessive job pressures such as multiple, frequent deadlines, or frequently working with difficult people.**

Due to his cognitive difficulties from his depression and anxiety, Mr. Disney □requires the following:

- **Accommodation of increased time due to slower pace and persistence.**
- **Understanding supervisor to break larger tasks into a series of smaller ones.**
- **Frequent feedback on performance with sensitivity to Mr. Disney's struggles.**

X

- **Time to reconnect with co-workers given Mr. Disney's deteriorated social skills (resulting from his depressive symptoms of social withdrawal).**

- **Frequent feedback on performance by an understanding supervisor to accommodate Mr. Disney's low self-esteem (due to his depression, incontinence, and inability to function sexually).**

APPORTIONMENT BETWEEN DISABILITY STEMMING FROM SUBSEQUENT INJURY AND PRE - EXISTING DISABILITIES

As stated above, Mr. Disney had a pre-existing psychiatric disability that was permanent and □stationary, ratable, and work limiting. His rating was as follows:

Preexisting Psychiatric Impairment: 29 % WPI from GAF of 51

I believe that Mr. Disney's psychiatric condition was aggravated by the subsequent injury and □he subsequently experienced a significant psychiatric deterioration. I believe the increase of his psychiatric impairment is due solely to the subsequent injury. Mr. Disney's current psychiatric disability rating is as follows:

Current Psychiatric Impairment: 34 % WPI from GAF of 48

The subtraction method is applied 34 % WPI minus 29 % WPI = 5%
5 % WPI apportioned to the Subsequent □Injury

PRE-EXISTING DISABILITY	SUBSEQUENT DISABILITY
Psychiatric disability - 29%	Psychiatric disability increased by 5% to 34%

Please note: The preponderance of psyche impairment only goes to causation of the psyche injury, not causation of the psyche disability.

The aforementioned ratings are unmodified and uncombined. Mr. Disney's disability from the subsequent and pre-existing is greater than that which resulted from the subsequent alone.

DISCLOSURE NOTICE

The history contained within this report was provided by Mr. Disney, and I personally took the necessary notes. I reviewed the complete history, testing, and notes, remarked on any additional information and made the necessary evaluations and interpretation.

The final draft was submitted to me for my review and signature. I reserve the right to change my opinion based on additional medical evidence.

The medical records were typed by a transcription service. However, I reviewed the medical records directly and this time is reflected in the Complexity Factors section.

"I declare under penalty of perjury that the information contained in this report and its attachments, if any, is true and correct to the best of my knowledge and belief, except as to information that I have indicated I received from others. As to that information, I declare under penalty of perjury that the information accurately describes the information provided to me and, except as noted herein, that I believe it to be true." records

Disclosures, Disclaimers and Affidavit of Compliance: I declare under penalty of perjury that the information contained in this report and its attachments, if any, is true and correct to the best of my knowledge and belief, except to information I have indicated I received from others. As to that information, I declare under penalty of perjury that I have not violated Labor Code Section 139.3 and I have not offered, delivered, received or accepted any rate, fund, commission, preference, patronage, dividend, discount, or any consideration, whether in the form of money of otherwise, as compensation, or inducement for any referred examination or evaluation, Moreover, Labor Code Section 4628J, requires the undersigned to indicated the county in which the document was signed.

Date of Report: August 3, 2020 Signed this 15th day of September, 2020 at Los Angeles, California.

Respectfully,

Nhung Phan, Psy.D., QME
Clinical Psychologist
Ca. License No. PSY28271

State of California

DIVISION OF WORKERS' COMPENSATION – MEDICAL UNIT

AME or QME Declaration of Service of Medical - Legal Report (Lab. Code § 4062.3(i))

Case Name: EVAN DISNEY *(employee name)* v Advances Management Company *(claims administrator name, or if none employer)*

Claim No.: SIF12037148 **EAMS or WCAB Case No. *(if any)*:** _____

I, MARIA MORENO *(Print Name)*, declare:

1. I am over the age of 18 and not a party to this action.
2. My business address is: 1680 PLUM LN REDLANDS CA 92374
3. On the date shown below, I served the attached original, or a true and correct copy of the original, comprehensive medical-legal report on each person or firm named below, by placing it in a sealed envelope, addressed to the person or firm named below, and by:

A	depositing the sealed envelope with the U. S. Postal Service with the postage fully prepaid.
B	placing the sealed envelope for collection and mailing following our ordinary business practices. I am readily familiar with this business's practice for collecting and processing correspondence for mailing. On the same day that correspondence is placed for collection and mailing, it is deposited in the ordinary course of business with the U. S. Postal Service in a sealed envelope with postage fully prepaid.
C	placing the sealed envelope for collection and overnight delivery at an office or a regularly utilized drop box of the overnight delivery carrier.
D	placing the sealed envelope for pick up by a professional messenger service for service. *(Messenger must return to you a completed declaration of personal service.)*
E	personally delivering the sealed envelope to the person or firm named below at the address shown below.

Means of service: *(For each addressee, enter A – E as appropriate)*	Date Served:	Addressee and Address Shown on Envelope:
A	09/16/20	Workers Defenders Law Group 8018 E. Santa Ana Canyon Roads, Suite 100-215 Anaheim Hills, California 92808
A	09/16/20	Subsequent Injures Benefit Trust Fund - SENT ELECTRONICALLY
A	09/16/20	

I declare under penalty of perjury under the laws of the State of California that the foregoing is true and correct. Date: 09/16/20

Maria Moreno *(signature of declarant)*

Maria Moreno *(print name)*

QME Form 122
Rev. February 2009