

PSYCHOLOGICAL HEALTH CENTER

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QUALIFIED MEDICAL EVALUATOR

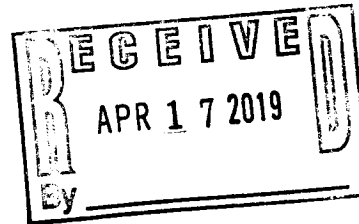
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IN IMPERIAL COUNTY:
1503 N. Imperial Ave. #103
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August 27, 2018

Attn: Taylor Sutherland, Adjuster at Zurich
Fax: (707) 646-2711



Re: George Soohoo
Claim: 06380832
DOI: 07/06/18
DOB: 11/28/53
Employer: CA Dept. of Corrections & Rehabilitation

Psychological Consultation and Treatment Recommendations

Dear Gentlepersons:

Thank you for the opportunity to provide a consultation report on the above named claimant. As relevant parties are aware, on 08/10/18 I received written authorization to conduct a consultation report and psychological testing on Dr. Soohoo. On 08/27/18 Dr. Soohoo was seen for an intake and assessment in my San Diego office taking one hour. The rationale for this face to face time is due to obtaining an extensive history of injury, to determine the course of symptoms, present level of impairment, the multiple factors and stressors complicating function, industrial treatment, and to review further care and treatment options. Psychological testing was administered on 08/27/18 under supervision and consisted of the Minnesota Multiphasic Personality Inventory-2 and Epworth Sleepiness Scale. The total testing time took 3.0 hours for administration, and 2.0 hours for scoring and interpretation. A review of records on 08/27/18 required one hour prior to and after the face to face meeting with the claimant. By way of a rationale, a portion of the time spent cross checking for internal consistency and discrepancies and then typing it in this report.

Billing Rationale: Note that the following consultation is not a regular clinical evaluation and it is a consultation for a workers' compensation case involving extraordinary circumstances and involves decision making of high complexity. This evaluation involves personally interviewing the claimant, taking a careful and precise history of complex factors consisting of but not limited to a comprehensive history of illness and injury, present and prior work history, current

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between the lock and keys. Another dental assistant filed an EEO against Dr. Soohoo for "yelling at her", Denying these allegations. He adds that he had written her up several times, most recently for disobeying a directive about overtime. When a position opened up Dr. Soohoo did not consider her qualified and so he did not recommend her for the position. This dental assistant later claimed retaliation by Dr. Soohoo. However, Describing the dental assistant as "showing up late and taking a long time to work and in collusion after me", the precipitating event occurred at a training conducted by Dr. Soohoo regarding new software to be learned at work. Including retaliation in her complaint this dental assistant claims Dr. Soohoo "yelled at her". Waiting 9 plus months for the outcome from Internal affairs, Dr. Soohoo states charges of "verbal abuse and retaliation were met" and substantiated by the investigation. The CEO, CO and Dr. Soohoo was informed of this by the CEO and he "was walked off and they took my keys and cell phone". Escorted off the property, Dr. Soohoo describes his reaction as embarrassed and being disrespected", Placed on administrative leave, Dr. Soohoo's blood pressure is reported as 180/96 and he went to his primary physician who increased the dosage of his medication. Off work for a week, Dr. Soohoo is working at a different prison performing duties related to audits and training, and with no direct interaction with staff. Currently Dr. Soohoo does not report significant problems with either his work function or with interpersonal relationships. at a different prison on modified duty. Pursuant to LC 5402 this psychological evaluation was authorized to address issues related to industrial psychological causation, disability, and treatment.

Review of Medical Records:

- 08/13/18 Doctor's First Report of Occupational Injury or Illness by Lynne DeBoskey Ph.D. Adjustment Disorder. F43.; TPD psychologically for 60 days; no direct patient care and restricted from working at CIM facility.
- 08/10/18 Authorization for a psych consult with testing from Adjuster.
- 06/28/18 Kaiser Permanente Records, Gregory Berdy MD PCP
- 09/13/00 Kaiser Permanente Records, Gregory Berdy MD PCP: post nasal drip, hyperlipidemia, hypertension, diabetes, obesity, adult obstructive sleep apnea, loratadine, sodium bicarbonate, flunisolide, losartan-hydrochlorothiazide, clopidogrel, amlodipine, fenofibrate, lovastatin, albuterol, metformin, qvar

Subjective Complaints: Psychological Complaints: Denying suicidal or homicidal ideation, Dr. Soohoo complains of depression, crying spells, anxiety, worry, ruminating, concentration problems, guilt, anger, irritability, withdrawal, hopeless and helpless, reduced motivation. Dr. Soohoo receives 3-4 hours of interrupted sleep.

Physical Complaints: Standing 5' 3" and weighing 185 pounds, Dr. Soohoo reports headaches, feeling flushed, neck, hand and back pain.

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attention. Memory for immediate, recent, and remote events is intact. Intelligence appears in the above average range as measured by his education and use of abstraction, conceptualization, and vocabulary. Maintaining a subdued demeanor, Dr. Soohoo describes his mood as depressed and anxious. Dr. Soohoo exhibits adequate frustration tolerance throughout the examination. He does not exhibit any angry reactions or problems with impulse control. Judgment is unremarkable. Insight is poor.

Testing Rationale: It was necessary to administer this comprehensive test battery to achieve an objective measure of the present behavioral, cognitive, and emotional functioning of Dr. Soohoo.

The Minnesota Multiphasic Personality Inventory-2 (MMPI-2): Dr. Soohoo produces a *valid* profile. Lacking in psychological insight, this profile type needs to be seen by others in a favorable light. Validity scores are: L(61), F (82), K (45).

Clinical scores: 1 (92), 2 (74), 3 (89), 4 (72), 6 (101), 7 (98), 8 (79), 9 (62), and 10 (62). *ci* Referred to as a "working conversion", scores suggests depression (expressed as mood swings e.g., periods of tearfulness, irritable outbursts, feelings of malaise, reduced motivation and difficulty starting and completing tasks). moderate levels of anxiety, a heightened degree of "nervous energy" and manic like defenses; which is contributing to distractibility, occasional problems with mental focus, persistence, anxiety attacks, and a reduced frustration tolerance mood swings. Not sleeping well, obsessive ruminations interfere with concentration, staying organized in his/her thoughts, more frequent and intense emotional outbursts and anxiety/panic attacks, and anxiety-related somatic and neuro-vegetative complaints. Suggesting high levels of somatization, this person is vulnerable to periods when repressed emotional distress breaks through in such force that he/she experiences significant personality deterioration (*similar to what precipitated this referral and consistent with a stress-related exacerbation of blood pressure problems and the stress-related exacerbation of anxiety related somatic complaints listed on Axis III of this report*).

Regarding long term personality characteristics, this person is unable to process information that is emotionally charged and so adversarial interpersonal interactions may be expressed passively aggressively; meaning that emotional distress is indirectly, and by being brooding, sullen, faultfinding, irritable, feeling easily threatened, unappreciated, bogged down, and unfairly demanded upon; which precipitates more uncontrollable emotional outbursts. When confronted with conflict situations and/or accumulated stress, this person feels easily threatened, personally injured, enraged, trapped and victimized. Harboring considerable degree of anger and feeling paranoid, aggrieved and misunderstood (which is often well rationalized afterwards), this person is having difficulty sublimating repressed anger but will typically simply attempt to "forge on" by applying him/herself to basic tasks conscientiously.

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The Beck Depression Inventory (BDI): Dr. Soohoo's score on the BDI (score = 39) indicates that he is symptomatic indicative of a severely depressed mood.

The Beck Anxiety Inventory (BDI): Dr. Soohoo's score on the BDI (score = 28) indicates that he is reporting symptoms indicative of a minimal to severely anxious mood.

The Wahler Physical Symptoms Inventory (WPSI): The WPSI is an instrument that measures the degree of physical or somatic complaints endorsed by an individual. Designed specifically to include those complaints considered to be exclusively somatic in composition, it is often used to determine whether physical complaints are suggestive of a somatoform disorder or exaggeration of physical functioning. Dr. Soohoo's mean score of 2.55 is elevated when compared with a sample of disability claimants (mean score of male disability claimants = 1.78; SD = 0.79). In all, the results indicate that Dr. Soohoo's physical symptoms are largely explained by his medical condition but that other factors may be playing a role in the severity, exacerbation, and maintenance of the symptoms impacting him.

The Pain Disability Report (PDR): Dr. Soohoo was instructed to rate his physical symptoms on the PDR as to the degree that he feels his symptoms are impairing. With scores of '5', '6', or '7' indicating *severe activity impairment*, his pain is scored at its worst during the last week as 8 on a 0 to 10 scale. His pain is scored on average during the last week as 7 on a 0 to 10 scale. His pain is scored at its least during the last week as 3 on a 0 to 10 scale.

The Epworth Sleepiness Scale: Dr. Soohoo's score of '6' is not indicative of a sleep disturbance in the form of an inability to remain awake during the day.

Diagnosis: Dr. Soohoo meets the diagnosis for the following mental disorder as noted in the DSM-5, the Diagnostic and Statistics Manual of the American Psychiatric Association: *Although Axis II-Axis V of the DSM-IV-TR are discontinued in the DSM-5, they are included below for purposes of addressing issues specific to this claimant's industrial claim.*

- | | | |
|----------|--------|---|
| Axis I | F43.23 | Adjustment Disorder with anxiety and depression |
| | Z56.9 | Occupational Problem |
| | G47.0 | Sleep Disorder |
| | F54 | Stress Related Physiological Response and Psychological Factor/Coping Style Affecting Medical Condition on Axis III |
| Axis II | | No Personality Disorder Indicated; exacerbation of personality traits negatively impacting Axis I |
| Axis III | | Per the medical records: |
| Axis IV | | Psychosocial and Environmental Problems: |
| | | <u>Problems with primary support group - mild</u> |
| | | <u>Occupational problems - mild to moderate</u> |

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Economic problems- minimal

Problems with access to health care services- minimal

Problems related to interaction with the legal system/crime-
 minimal

Other psychosocial and environmental problems- minimal

GAF = 65

Axis V

Diagnostic Discussion: Axis I is for reporting all the various mental disorders or conditions in the DSM-5 classification and also includes conditions not reaching a clinical level of significance but that are a focus of treatment (for example, an Occupational and/or Phase of Life Difficulty). Axis II is for reporting personality disorders and mental retardation. It can be used for noting prominent maladaptive personality features and defensive mechanisms. Axis III is for reporting current general medical conditions that are potentially relevant to the understanding or management of the individual's mental disorder. Axis IV is for reporting psychosocial environmental problems that may affect diagnosis, treatment, and prognosis for the treatment of mental disorders or the focus of treatment (Axis I and Axis II). Finally, Axis V is for reporting the claimant's global assessment of functioning (GAF) on a 100-point scale. Minimally adequate functioning is 70 or above; below 70 notes mild, moderate, or severe impairments in work, leisure, interpersonal, or cognitive functioning.

Diagnostic Criteria for Adjustment Disorders

- A. The development of emotional or behavioral symptoms in response to an identifiable stressor(s) occurring within 3 months of the onset of the stressor(s).
- B. These symptoms or behaviors are clinically significant as evidenced by either of the following:
 - (1) marked distress that is in excess of what would be expected from exposure to the stressor
 - (2) significant impairment in social or occupational (academic) functioning
- C. The stress-related disturbance does not meet the criteria for another specific Axis I disorder and is not merely an exacerbation of a preexisting Axis I or Axis II disorder.
- D. The symptoms do not represent Bereavement.
- E. Once the stressor (or its consequences) has terminated, the symptoms do not persist for more than an additional 6 months.

Stress Related Physiological Response and Psychological Factor/Coping Style Affecting Medical Condition

- A. A medical symptom or condition (other than a mental disorder) is present.
- B. Psychological or behavioral factors adversely affect the medical condition in one of the following ways:
 1. The factors have influenced the course of the medical condition as shown by a close temporal association between the psychological factors and the development or exacerbation of, or delayed recovery from, the medical condition.
 2. The factors interfere with the treatment of the medical condition (e.g., poor adherence).
 3. The factors constitute additional well-established health risks for the individual.

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4. The factors influence the underlying pathophysiology, precipitating or exacerbating symptoms or necessitating medical attention.
- C. The psychological and behavioral factors in Criterion B are not better explained by another mental disorder (e.g., panic disorder, major depressive disorder, posttraumatic stress disorder.)

Axis I Discussion: The above diagnoses are consistent with Dr. Soohoo's reported complaints, medical records, and reported history of the injury, which, in turn matches his clinical life history, mental status examination, and psychological testing.

Axis II Discussion: Axis II is for reporting personality disorders and mental retardation. It can be used for noting prominent maladaptive personality features and defensive mechanisms. The diagnosis of Personality Disorders (Axis II) requires "an evaluation of an individual's long-term functioning, and the particular personality features must be evident by early childhood. The personality traits that define these disorders must also be distinguished from characteristics that emerge in response to specific situational stressors or more transient mental states." Based on available data, there is insufficient evidence that Dr. Soohoo suffers from a long-standing personality disorder.

Credibility: Credible, Dr. Soohoo's presentation and sincerity, complaints, mental status, test results, and behavioral presentation are congruent. There is no indication of any progressive mental and/or thought disorder. There is no evidence of homicidal ideation, hallucinations, delusions or paranoia, or behavioral loss of control. There is no indication of intentional exaggeration or amplification of problems, or any indication of intentional histrionic or exaggerated affect. Based on results from this consultation, Dr. Soohoo's emotional response to at work on 7/6/18 is psychologically reasonable.

Final Discussion; George Soohoo, a 64 year old Supervising Dentist, is alleging an industrial injury to the psyche on 07/06/18 due to work stress from perceived unfair disciplinary action against him that resulted in a transfer to a different work site. Hired in August 2007 at the Chino Prison, Dr. Soohoo has been with the CA Department of Corrections since 1994, this psychological evaluation was authorized to address issues related to industrial psychological causation, disability, and treatment.

Regarding industrial psychological causation of Dr. Soohoo's injury to the psyche, results from this evaluation indicate that actual events of Dr. Soohoo's employment predominantly caused on 7/6/18 the development of an Adjustment Disorder and his current period of psychological disability. Although determining the objective reality of Dr. Soohoo's allegations of work stress are left up to the Trier of Fact, available data shows a temporal relationship between his current period of psychological disability and Dr. Soohoo's industrial exposure on 7/6/18. Discussed previously, Dr. Soohoo denies any history of significance in terms of psychological or psychiatric treatment, or mental disturbances. On this issue, historical data does not reveal evidence of a work-related disability due to a psychological disorder and/or characterological pathology. Regarding

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on industrial factors, Dr. Soohoo denies financial, marital, family of origin, or other life stressors over the last several years. Taken together, there is substantial evidence that pre-injury Dr. Soohoo has demonstrated satisfactory function in his personal life and interpersonal relationships; which supports the finding that industrial factors reach the level of preponderance required for industrial causation. Although the above supports the finding that industrial factors reach the level of preponderance required for industrial causation of Dr. Soohoo's 7/6/18 claim, *this is not an opinion of industrial psychological compensability. This is because LC3208.3 specifies that if a psychological injury was substantially caused by non discriminatory, good faith personnel action, then an alleged work injury may not be psychologically compensable. Given that this is a factual and legal issue, it will need to be determined by a Trier of Fact.* Although determining the objective reality of workplace events during the timeframe at issue is left up to the Trier of Fact, employee/personnel actions *more than* substantially caused (35% to 40%) Dr. Soohoo's current period of psychological disability.

AOE Determinations: Causation and Threshold of Psychological Compensability

Discussion: Dr. Soohoo's injury to the psyche on 7/6/18. Within the realm of psychological probability, **85%** of Dr. Soohoo's psyche injury is predominantly from actual events of Dr. Soohoo's employment causing the development of an Adjustment Disorder on 7/6/18. Regarding a rationale, also previously discussed is a temporal relationship between Dr. Soohoo's current period of psychological disability and actual acts of Dr. Soohoo's employment on 7/6/18. Furthermore, a review of pre-injury mental health, employment and psychosocial history supports findings of industrial psychological causation. Specifically, there is insufficient evidence of any work-related disability due to a psychological disorder, characterological pathology or life stressors impinging on Dr. Soohoo during the time at issue. However, also within the realm of psychological probability, results from this evaluation indicate that **15%** of Dr. Soohoo's current period of psychological disability stems from destabilizing contribution of aggravated maladaptive characterological traits combining with a pre-existing sleep disorder and non industrial medical conditions to produce overtly impairing anxiety and depression that negative impacts an adequate adjustment in the work place.

Disability Status: Dr. Soohoo is temporarily partially disabled psychologically with the work restriction of no patient care and he is precluded to work at CIM for 60 days.

Objective Factors: Consistent with a GAF of 65 there is evidence of mild impairment in the claimant's pre-injury pattern of appropriate pacing, persistence, and carrying out leisure activities. Associated features include anxiety and depression, psychomotor agitation/retardation, insomnia, lethargy, periods of brooding, reduced motivation, a lessened adaptability, frustration tolerance, feelings of malaise, and a heightened sense of vulnerability, a hypersensitivity to and an anticipation of dreadful occurrences.

Apportionment: not relevant at this time.

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Qualified Injured Worker: not relevant at this time.

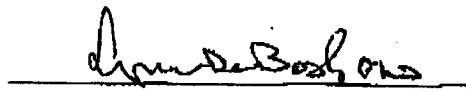
Treatment Recommendations: In compliance with the California's Medical Treatment Utilization Schedule (MTUS) and ACOEM Practice Guidelines, I recommend six individual cognitive behavioral therapy sessions (CPT code 90837) with a re-evaluation (CPT code 90791) upon completion of the initial sessions) to assess treatment progress and modify goals accordingly. This treatment is necessary to stabilize Dr. Soohoo psychologically and assist in a successful return to work experience.

Additional Scientific Evidence:

Return to work	Recommended. While depressed individuals have frequently requested leave from the workplace, this is not the best way in which to help the depressed employee. It is true that a person may temporarily become impaired so that a short-term leave, such as a week or two may be required. However, there is no empirical evidence to indicate that long-term leave is beneficial to the depressed person. In fact, when looking at the research for physical concerns and injuries, a person frequently becomes depressed when unable to complete normal, everyday activities.
Work & Disability Mentality	Recommended as indicated below. A recent high quality study documents a significant and clear dose-response relationship between stress (amount of combat) and serious productivity loss and disability among US troops in Iraq. Stress in business may not be nearly as dramatic as PTSD in US troops, but it may have similar effects. (Hoge-NEJM, 2004) See also <u>Return to work. ODG Capabilities & Activity Modifications for Restricted Work:</u>

Disclosure: 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, 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. I further declare under penalty of perjury that except for the above, I personally performed the evaluation of the patient or, in case of a supplemental report, I personally performed the cognitive services necessary to produce the report, on 08/27/182615 Camino del Rio S. #202 San Diego, CA 92108. Except as otherwise stated herein, the evaluation was performed and the time spent performing the evaluation was in compliance with the guidelines, if any, established by the Industrial Medical Council or the administrative director pursuant to paragraph (5) of subdivision (j) of section 139.2 or section 5307.6 of the California Labor Code. I further declare under penalty of perjury that I have not violated the provisions of California Labor Code Section 139.3 with regard to the evaluation of this patient or the preparation of this report. Signed this 7th day of September 2018, in San Diego County.

Lynne DeBoskey, Ph.D.
Psychologist PSY 11397



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