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April 11, 2021

Subsequent Injures Benefit Trust Fund
Department of Industrial Relations
Division of Workers' Compensation
1750 Howe Avenue, Suite 370
Sacramento, California 95825-3367

Workers Defenders Law Group
8018 E. Santa Ana Canyon, Ste. 100-215
Anaheim Hills, CA 92808
Attn: Natalia Foley, Esq.

In Reference:	**Lev, Semen**
Social Security #:	XXX-XX-1468
Date of Birth:	September 11, 1960
Date of Injury:	CT: January 2, 2020 – April 20, 2020
Employer:	Store2Door, Inc.
Occupation:	Deli Worker
WCAB	ADJ13204860
SIF Case No:	Pending
Date of Examination:	March 26, 2021

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. Lev at the request of Workers Defenders Law Group to help determine whether or not Mr. Lev qualifies for benefits from the Subsequent Injuries

Benefits Trust Fund. Specifically, Workers Defenders Law Group requested that I evaluate any pre-existing psychological disability and any psychological disability following his subsequent injury.

Before the examination, Mr. Lev was admonished that confidentiality and privilege normally extended to the psychologist-examinee relationship were waived for the purposes of this evaluation. Mr. Lev 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. Lev 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 per written request.
- ✓ 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	2 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	**24 hours**	**15 minutes**

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

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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: January 2, 2020 – April 20, 2020.

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. Lev's disability history prior to the date of his subsequent work injury.

Identifying Information:

Mr. Lev is a 60-year-old married Caucasian male who is currently "disabled" and receives VI benefits, which is his current source of income. He is not currently working since COVID-19. Interpreting service was not provided, as Mr. Lev was English speaking. Mr. Lev's employment duties as a Deli Worker included: preparing food, sandwiches, salads, and coffee. He also cleaned up, moved boxes, and baked bread and cookies.

According to his medical record of PTP's Initial Eval Report by Dr. Mayya Kravchenko, D.C. at Eric E. Gofnung Chiropractic Corporation dated 05/29/20 for the date of injury (DOI): CT: January 2, 2020 – April 20, 2020, Mr. Lev stated he carried an excessive workload and had no lunch or rest breaks. His job included prolonged standing, running back and forth, repetitive movements while reaching, bending, gripping, grasping, pulling, pushing, lifting, and carrying while performing job duties. He put away heavy boxes of vegetables, meats, and other merchandise. He used a machine to slice deli-meats.

History of Childhood Events:

Mr. Lev was born and raised in Kiev, Ukraine (formerly the Union of Soviet Socialist Republics (USSR), currently called Ukraine). He was raised by both parents. His father worked as a mechanic in a printing company while his mother worked as a statistician. He has no brothers and one sister. Mr. Lev was the older child.

He reported his family was not close; everyone did their own thing. He reported there was violence taking place in the home and there was too much confusion and unpredictability. His childhood feelings were "sad and angry." He never felt good enough for his father and reported his father "beat" him. He reported he was very angry and would kill animals and fight with other children. He was in poor health as a child. He reported being physically abused by his father as a child from the age of three or four years to 14 years of age when his parents divorced. He reported verbal abuse as a child, because he grew up in a Jewish family and nobody wanted to be his friend or play with him. He was often bitten and verbally abused by his peers. He reported sexual abuse over a period of eight years while imprisoned in a Russian jail for political beliefs beginning at the age of 21 years. He reported these experiences still affect him, stating, "If someone screams at me or abuse me verbally, I get depressed. I have no friends. I have communication problems. Sometimes I feel tired."

Mr. Lev first experienced emotional difficulties in his life when he was a child. He was a child prodigy in music and had a very promising future in violin, but reported his father was "on me 24/7" and he had a miserable childhood as a Jew in Ukraine. He reported always living under the influence of his parents' expectations.

Academic History:

Educationally, the examinee reported doing poorly in school. He reported often getting into trouble at school and having difficulty defending himself, which interfered with his learning. He graduated from high school. He denied ever having any history of learning disabilities. Behaviorally, the examinee reported spending time in several mental institutions and being diagnosed with

depression, panic disorder for fighting while attending school.

The examinee attended college and majored in music. He obtained a Bachelor's degree in Violin study. He has not attended any type of vocational school or taken classes in a technical college that would allow him to obtain a state license of any kind.

Military Service:

The examinee reported serving six months in the USSR army and was medically discharged after being struck with a metal pipe by a fellow combatant.

Relationship History (before and after subsequent injury):

Mr. Lev had one serious relationship in his lifetime that lasted for six months. He was first married in 1980 and his wife divorced him while he was imprisoned. He is uncertain why she left. His second marriage is lasting for fifteen years. Before the subsequent injury, he was happy in his relationship for the first 15 years of marriage to his second wife, stating, "And then it went downhill." After the subsequent injury, he is not currently happy in his relationship and reported his wife claims he cannot do anything right. She is unhappy with him and would have divorced him if they did not have a son together. He is not able to work and his wife is working, which angers her. He reported, "I have no friends and I have immigration problems. Sometimes I feel like my wife hates me. It makes me feel very sad that she is not happy with me."

Mr. Lev has two sons, ages 14 and 35. He reported he has no relationship with his 35-year-old son as they do not like each other. The estrangement does not make him feel sad. He reported his son always told him what to do and told him he was the worst father, but he did nothing to his son.

Mr. Lev resides in Northridge, 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:

Prior to the subsequent injury, Mr. Lev worked for the following employers:

Employer	Date Started	Date Left	Position Held	Reason for Leaving
World Service Office	1995	2006	Translator	Laid off
New Clare Recovery	2007	2015	Demonstrator	Unrecalled

The examinee represented he had a stable work history. He had been content in his occupational choices. He reported he has worked for approximately two different companies in his career. He denied ever being fired from a previous employer for cause. He collected unemployment benefits (E.D.D.) in 2015-2017. Prior to this workers' compensation claim, he has received disability benefits.

According to the medical record of PTP's Initial Eval Report by Dr. Mayya Kravchenko, D.C. at

Eric E. Gofnung Chiropractic Corporation dated 05/29/20, Mr. Lev has worked at more than two companies in his lifetime. Prior to Store2Door, he worked for Adult Day Care Center, doing entertainment for two months. Before that, he was self-employed as a seller on Amazon for one year. Before Amazon, he was employed by a company as an appliance technician for approximately one year. Before he was a technician, he was teaching music to kids providing private lessons for many years.

Medical History (before and after subsequent injury):

Mr. Lev admitted prior history of a hernia before the subsequent injury. He had a vision disturbance beginning in 2016. He has history of a chronic viral infection before the injury as well as a history of migraines. There is a family history of diabetes (mother) and high blood pressure. There is no history of an involvement in a serious automobile accident requiring emergency treatment. He sustained a head injury while imprisoned in a Russian jail. Before the subsequent injury, he has never been medically disabled, but he had prior non-work related injuries.

After the subsequent injury, he developed medical problems of neck pain and back pain. He cannot feel his right hand. He is unable to have sexual relations. He reported a bleeding disorder occurring after the subsequent injury. He reported he is seeing a psychiatrist and will be seeing a doctor for low blood count.

Prior to the current industrial injury, the examinee indicated that he was in reasonably good health. He did not use sick leave excessively during his employment.

According to the medical record of Application for Adjudication undated, with (DOI): June 26, 2017, Mr. Lev slept while transferring an air-conditioning unit to a co-worker, fell through a hole in the ceiling, injuring the entire area between the legs, including his crotch, reproductive organs, the whole front part of the body, stomach, chest, ribs, jaw, head, and knocking out most of his front teeth. He was employed by HVA Control Inc as an Air-Conditioner-Technician at the time.

According to the medical record of WC Claim Form dated 07/05/17 for DOI: 06/17/17, the examinee sustained a dog bite and stress when installing air-conditioning at the property of company's client.

According to the medical record of Dr's 1st Report by Dr. Harold Iseke, D.C. dated 07/10/17 for DOI: SI: 06/17/17 and SI: 06/26/17. On 06/17/17, while performing usual and customary duties as an air conditioning installer, Mr. Lev sustained injuries to his left lower leg. He was working in a customer's home when the owner's dog got loose and bit him on the left leg, causing immediate puncture wounds, bleeding, and pain. It was witnessed by the owner of the company. He was provided alcohol to clean the area and a bandage to cover the wound. The owner of the AC company told Mr. Lev not to pursue medical treatment or legal action or he will lose his job. The examinee still had pain in the left leg and developed a phobia to dogs every time he was near one, he would get nervous and scared. This was something he never experienced prior to the injury.

On 06/26/17, while performing his usual and customary duties as an air conditioning installer, Mr. Lev sustained injuries to his head, face, mouth, neck, and back. He was in an attic walking on a narrow 2x4. He turned to grab a heavy box and slipped, landed on his inner groin and scrotum

with his two legs on each side of the beam, and then fell forward slamming his face into the 2x4. He lost three of his front lower teeth and believed he lost consciousness, because he could not remember how he got off the 2x4. His coworkers took him outside to the curb to rest, then they took him home to rest. No medical treatment was offered or provided. Mr. Lev woke up in severe pain in his head, face, mouth, neck, and back and called in sick for the next three days hoping his pain would improve. However, pain got progressively worse. He could not eat due to the pain in his mouth. He went to urgent care and was referred to a dentist and to the emergency room (ER).

The examinee was worried about the cost and called the owner of the company to ask for help. The owner got upset and verbally harassed him, then terminated him over the phone. Mr. Lev continued with constant pain in his mouth, neck, back, abdomen/groin, and lower lower leg. Diagnosis (Dx): 1) Acute stress reaction. 2) Chronic pain due to trauma. 3) Complete loss of teeth due to trauma, class I. 4) Radiculopathy, cervical region. 5) Other specified disorders of male genital organs. 6) Unspecified abdominal pain. 7) Unspecified abnormalities of gait and mobility, Unspecified injury of head, initial encounter. 8) Sprain of ligaments of L/S, initial encounter. 9) Bitten by dog, initial encounter.

Current Medications:	Dosage	Frequency	Date Began
Mirtazapine	30 mg	1 x a day	~2017 (3-4 years)
Clonazepam	2 mg	3 x a day	~2015(5-6 years)

Mr. Lev admitted he becomes irritable and experiences withdrawal symptoms if he misses a medication for a day or two. He uses other peoples' medications to manage his pain.

Medical/Psychological Conditions and Incidences (before subsequent injury(ies)

5 years old:	Death of his grandmother
3-14 years old:	Physically/verbally/emotionally abused by his dad
14 years old:	Parents divorced
Childhood years:	Feelings of anger and sadness, killed animals, and miserable childhood
School years:	Nobody wanted to be his friend or play with him, often bitten and verbally abused by his peers, and fought with other children as well
School years:	Often got into trouble at school, which interfered with his learning
School years:	Spent time in several mental institutions and diagnosed with depression and panic disorder for fighting while attending school
1980:	Married first wife and she divorced him while he was imprisoned
21 years old:	Sexually abused in Russia jail for eight years
20s:	Served six months in the USSR army and was medically discharged after being struck with a metal pipe by a fellow combatant

Unknown:	Been with second wife for fifteen years, first 15 years of marriage happy
58 years old:	Loss of his mother
After 06/17/2017:	Developed a fear of dogs due to industrial injury

Medical/Psychological Conditions and Incidences (after subsequent injury(ies)

After injury:	His current wife is not happy with him and threatens to divorce him
After injury:	Developed medical problems of neck pain and back pain, cannot feel his right hand, and unable to have sexual relations. Also developed a bleeding disorder and is seeing a psychiatrist.

Surgery (before subsequent injury(ies)
None

Surgery (after subsequent injury(ies)
None

Mental Health History (before and after subsequent injury):

Mr. Lev participated in outpatient counseling. He admitted seeing a psychiatrist for seven years prior to the subsequent injury. He admitted receiving medications designed to relieve emotional symptoms before his subsequent injury, but does not recall the names of the medications. He reported a history of depression with daily symptoms. The examinee denied a history of suicidal gestures or attempts before or after the subsequent injury. He reported he often wakes in the middle of the night and has difficulty sleeping because he recalls his military experiences in dreams and feels like he is ready to die.

After the subsequent injury, he reported becoming more depressed and feeling constant headaches. He reported periods where he felt worsening of symptoms, and related that sometimes he has no energy and does not want to see anyone. The examinee denied having suicidal thoughts. He reported a family history of mental illness (mother, details unknown).

Mr. Lev received psychological/psychiatric treatment for the subsequent injury, but did not recall the names or details of the initial treating psychiatrist. He reported he is now seeing Dr. Buss. He is taking medications prescribed by Dr. Buss. He quoted, “Sometimes I feel okay; sometimes very down and don’t want to see nobody. All I have is my son and he loves me. He’s the only reason that keeps me alive. No suicidal thoughts after the injury either. I just want to get well.”

Current Psychological Symptoms:

Mr. Lev feels sad or depressed at this time and reports he feels like he is worthless. He had a depressed mood most of each day for the past two weeks. He describes he does not have friends and his wife screams at him. He had a decreased interest in most activities most of each day for the past two weeks. He had feelings of worthlessness or low self-esteem for most of each day for the past two weeks “all the time.” He has felt fatigue or loss of energy for most of each day for the

past two weeks and reports he has no friends. He had problems with thinking, problems concentrating, and difficulty making decisions for most of each day for the past two weeks.

Over the past three months his level of depression has stayed the same. He has lost 45 pounds since the subsequent injury, going from a weight of approximately 210 pounds to his current weight of 165 pounds. He reports his appetite has changed and he only eats once a day in the morning. He has a change in his sleep since his subsequent injury. He reports waking up in the middle of the night 3 to 4 times and staying in bed in the morning, stating, "It's hard to wake up."

He feels anxious and worried at this time and first noticed this approximately two years ago. He has excessive worry or anxiety more days than not for the last six months. He worries about how he will pay for everything and worries that he cannot find a job. He has difficulty controlling worry more days than not for the last six months. He reports when he starts thinking, sometimes it is hard to stop and it escalates until he ends up with anxiety. He has experienced feeling restless more days than not for the last six months. He reports he cannot stand or sit still and walks around the room or will lie down. He has experienced anxiety causing fatigue more days than not for the last six months. He describes his relationship with his wife is bad and she threatens to divorce him, giving him more anxiety. He has experienced anxiety causing irritability more days than not for the last six months. He reports it has become very hard to even watch a movie or do something for a long period of time. He has experienced anxiety causing problems concentrating more days than not for the last six months. He has experienced anxiety causing problems sleeping more days than not for the last six months. He stated, "I'm afraid of everything. It becomes a nightmare to cope with life. I can't find any work."

He felt as if he had anxiety or panic-type symptoms at this time. He experiences his heart pounding or racing. He experiences breaking out suddenly in a sweat. He experiences trembling or shaking in his body. He experiences dizziness or lightheadedness every day. He has experienced discomfort or tightness in his chest. He reports sometimes he feels he cannot get enough air in his lungs. He has experienced nausea or abdominal distress not related to medication. He has experienced fear of losing control or going crazy. He reports he feels this way often and goes to bed to "try to get normal and I sleep long." He has experienced fear of dying, not a fear of having a heart attack, but a fear he may die soon. He has experienced chills or hot flushes. He stated, "I have hot flashes and I hate it. Feels bad. I'm afraid that I will become homeless and sleep on the street." He has anxiety and panic-type symptoms every day.

Since the subsequent injury, he reports he has experienced these anxiety or panic-type symptoms daily for two to three years and states they are getting worse. He has experienced a fear of places or situations where getting help or escape might be difficult for approximately two years. For at least one month following experienced the symptoms, he felt persistent concern about having another one and felt worried about having a heart attack or "going crazy."

Substance Abuse History (before and after subsequent injury):

Before the subsequent injury, Mr. Lev did not drink alcohol or use alcohol excessively, nor did he do so after the subsequent injury. Before the subsequent injury, he smoked 15 to 20 cigarettes per week. After the subsequent injury, he reported he no longer smokes cigarettes. Before the subsequent injury, he did not use marijuana. After the subsequent injury, he does not use

marijuana. Before the subsequent injury, he did not use any other drugs, nor did he do so after the subsequent injury. He denied any history of a substance abuse problem. He denied misusing prescriptive medications in the recent or remote past.

Legal History:

The examinee reported he was arrested at age 40 years for theft and spent two weeks in jail. He admitted being incarcerated for eight years while living in Russia for political reasons "a long time ago." 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 never received disability benefits. The examinee is uncertain if this is his first workers' compensation suit.

History of Crisis or Abuse:

The examinee reported being subjected to childhood physical abuse by his father and sexual abuse as a young adult while incarcerated in Russia (Siberia). Between the ages of 21 to 32 years, the examinee was exposed to violence and serious emotional abuse while incarcerated. He reported, "I was in jail and they don't like Jewish people." There is no record of the examinee ever being exposed to a natural disaster (e.g., fire, hurricane, etc.) that could have resulted in the development of a posttraumatic stress condition. The examinee reported suffering the loss of his mother when he was 58 years old, and his grandmother when he was 5 years old, both of which he reported still affect him as he misses both individuals.

BEFORE the LAST Work Injury (also known as Subsequent Injury), Mr. Lev did not have difficulty in any areas of functioning; such as self-care, communication, physical activity, sensory function, household activity, travel, and sexual function. He had difficulty in the area of 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?	**5-7 hours**	How many hours total were you able to sleep at night?		**5-7 hours**
If you indicated difficulties in this area, please describe how these difficulties make you feel:				

<u>Description of Pre-Existing Injury(ies):</u>

5 years old: Death of his grandmother
3-14 years old: Physically/verbally/emotionally abused by his dad
14 years old: Parents divorced

Childhood years:	Feelings of anger and sadness, killed animals, and miserable childhood
School years:	Nobody wanted to be his friend or play with him, often bitten and verbally abused by his peers, and fought with other children as well
School years:	Often got into trouble at school, which interfered with his learning
School years:	Spent time in several mental institutions and diagnosed with depression and panic disorder for fighting while attending school
1980:	Married first wife and she divorced him while he was imprisoned
21 years old:	Sexually abused in Russia jail for eight years
20s:	Served six months in the USSR army and was medically discharged after being struck with a metal pipe by a fellow combatant
Unknown:	Been with second wife for fifteen years, first 15 years of marriage happy
58 years old:	Loss of his mother
After 06/17/2017:	Developed a fear of dogs due to industrial injury

Periods of TTD from Pre-Existing:
None

Pre-existing Psych Symptoms:
Depression
Posttraumatic Stress Disorder
Sleep disorder, insomnia type
Specific phobia of dogs
Physical child abuse
Childhood issues with peers
Problems of acculturation
Incarceration
Sexual abuse as an adult
Marital problems

PRE-EXISTING PSYCHIATRIC DIAGNOSES

AXIS I: **EPISODE OF MENTAL/CLINICAL DISORDER**
Major Depression, Single Episode, Moderate (296.00)
Posttraumatic Stress Disorder (309.81)
Sleep Disorder Due to a General Medical Condition, Insomnia Type (327.01)
Specific Phobia, Animal Type (300.29)

Physical Abuse of Child (V61.21)
Child or Adolescent Antisocial Behavior (V71.02)
Acculturation Problem (V62.4)
Adult Antisocial Behavior (V71.01)
Sexual Abuse of Adult (V62.83)
Partner Relational Problem (V61.10)

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: Physical abuse by his father, depression related to abuse, inpatient mental health institutions during school years, incarceration of eight years, sexual abuse as an adult, and marital issues.

AXIS V: GLOBAL ASSESSMENT OF FUNCTIONING (GAF)
Current - _55_

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. Lev experienced symptoms of depression and impairment of his functional abilities. I conclude Mr. Lev experienced moderate work limiting impairments on a psychological basis prior to the subsequent industrial injury of CT: January 2, 2020 – April 20, 2020. The following issues contributed to his pre-existing psychological disability:

Mr. Lev has been experiencing depression since he was 3-14 years old when he was verbally and physically abused by his father. He grew up having no friends and was picked on constantly. As a result, he engaged in multiple fights in school, interfering with his ability to study. Due to his behavioral issues of fighting with his peers, he was sent to the mental institutions throughout his school years, interfering with his attendance in school. When he turned 21 years old, he was incarcerated in the Russia jail for eight years regarding political issues. While incarcerated, he was sexually assaulted for the entire eight years. He was previously injured at a job in which a dog bit him, causing him to be afraid of canines. He has been married to his current wife, but after 15

years of marriage, it has "gone downhill."

Based on this clinical picture and the impact on his functioning, it is my opinion that Mr. Lev met criteria for Major Depression, Single Episode, Moderate; Posttraumatic Stress Disorder; Sleep Disorder Due to a General Medical Condition, Insomnia Type; Specific Phobia, Animal Type; Physical Abuse of Child; Child or Adolescent Antisocial Behavior; Acculturation Problem; Adult Antisocial Behavior; Sexual Abuse of Adult; and Partner Relational Problem.

Additionally, his GAF score was 55 - which is equivalent to a WPI of 23%. 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 that these disorders significantly impacted Mr. Lev's occupational functioning causing pre-existing labor disablement, evidenced by his inability to work while he was incarcerated and pre-existing psychological disorders unrelated to industrial employment. Mr. Lev'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 injury of CT: January 2, 2020 – April 20, 2020. Consequently, the following actual psychological work restrictions existed prior to the subsequent injury:

- **Due to his symptoms of depression, Mr. Lev 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. Lev in a sensitive manner due to his fragile self-esteem.**
- **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. Lev taking normal breaks and a lunch.**
- **No assignment of excessive job pressures such as multiple, frequent deadlines, or**

frequently working with difficult people.

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

SUBSEQUENT INDUSTRIAL INJURY

History of Subsequent Injury:

What follows is a narrative of Mr. Lev's subsequent injury, the resulting psychiatric disability, and existing work restrictions. Mr. Lev worked at Store2Door beginning January 2, 2020 and last worked on April 2, 2020. Mr. Lev injured himself on CT: January 2, 2020 – April 20, 2020 while employed as a Deli Worker. He injured his back, bilateral shoulders/arms, hands, knees, and ankles. He reported the following:

CT: January 2, 2020 to April 20, 2020:
"I hurt my lower back due to position of the bikes during riding. Lifting job and R/D riding. Had to pull luggage and bicycles a lot when traveling. Climbing in and out of vans, getting on and off bikes. I would also get cold and hot."

[Author's comment: *His report of the injury related to CT: January 2, 2020 to April 20, 2020 is not congruent with the medical records*].

According to the medical record of PTP's Initial Eval Report by Dr. Mayya Kravchenko, D.C. at Eric E. Gofnung Chiropractic Corporation dated 05/29/20 for the DOI: CT: 01/02/20 to 04/20/20, Mr. Lev Pt stated while working at usual and customary duties, he sustained injury to his back, B/L shoulders/arms, hands, knees, and ankles. He also attributed the injuries due to prolonged standing, running back and forth, which caused him to develop B/L knees and right ankle/foot as well as repetitive movements while reaching, bending, gripping, grasping, pulling, pushing, lifting, and carrying while performing job duties. He worked with persistent pain and discomfort until 04/2020. Dx: 1) L/S myofasciitis. 2) Lumbar facet-induced versus discogenic pain. 3) Lumbar radiculitis, right, r/o. 4) R shoulder tenosynovitis/bursitis. 5) R shoulder impingement syndrome, r/o. 6) B/L wrist tenosynovitis. 7) Right CTS, r/o. 8) Knee and lower leg s/s, right. 9) Internal derangement of R knee, r/o. 10) Tenosynovitis of R lower leg gastrocnemius, tibialis anterior and peroneal. 11) R ankle and foot tenosynovitis. 12) R CTS, r/o. 13) Anxiety and depression. Causation: Work-related injury secondary to CT: from 01/02/20 – 04/20/20.

After the injury, he could not work. He had been searching for jobs with no luck. Mr. Lev did not receive any positive feedback prior to the injury. He was working up to 50 hours per day, six days per week, and making $12 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.

Mr. Lev's treatment consisted of physical therapy, chiropractic treatment, and acupuncture. These treatments were "kind of helpful." He experiences the most pain in his back at a pain level of 7, neck at a pain level of 6, head at a pain level of 7, and groin at a pain level of 5 (on a scale of 0-

10, 10 being the most severe pain). He experiences pain often and the pain travels to his legs. He did not receive surgery for this injury.

Mr. Lev reported the onset of depressive symptoms sometime after the injury of 2017 from a prior specific injury. He admitted "feeling like someone is in the room with him, but does not see or hear anybody." He reported:

"At nighttime I feel like somebody is standing behind the curtains and a month after the injury, I can't recall which one, a feeling, but not seeing. I check and no one is there. This happens when I feel stress no matter what."
He could not recall the dates or frequency of the vague hallucinations he described.

ACTIVITIES OF DAILY LIVING CHECKLIST

Mr. Lev sometimes has no interest in his appearance or shaving. He often has problems sleeping at night because he cannot stop thinking or worrying. He sometimes does not feel rested in the morning and sometimes feels sleepy during the daytime. He sometimes cannot prepare meals for himself, forgets to turn off the stove or close the refrigerator, cannot seem to organize or clean the house, and cannot focus to repair things around the house. He indicates he often lacks the desire to have sexual relations.

SOCIAL FUNCTIONING

He sometimes lacks the cognitive stamina to be involved with friends and family. He sometimes does not want to initiate social contact with friends and family.

RECREATIONAL ACTIVITIES

Mr. Lev indicates he often cannot concentrate long enough to do his normal hobbies. He often has no interest in attending social gatherings, meetings, or church events. He often cannot concentrate on art projects, music activities or building projects, and cannot muster the energy or concentration to play board games, cards, or video games. He states he cannot concentrate on one thing long enough to finish it but is afraid to stop and does not know how to leave it.

CONCENTRATION

He often cannot seem to remember what his doctors instruct him to do. He often loses important papers given to him by doctors or the insurance company. He often is unable to complete a project near others without being distracted. His day is often interrupted by his psychological symptoms. He often gets confused when paying for items at a store. He often loses his wallet, keys or cell phone, or forget where he parked his car. He sometimes misplaces important financial papers or documents.

ADAPTIVE FUNCTIONING

The examinee often starts to fall asleep if he reads something for more than a few minutes and loses interest when watching television and stops watching the show. He often loses interest in

communicating with others by email, text, or phone and often has lost interest in reading the newspaper or watching the news on tv. He often has stopped attending normal events and communicating activities (e.g. church, social clubs, volunteer events, visiting relatives, etc.).

STRESS TOLERANCE

The examinee 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. Lev is a 60-year-old married Caucasian male who is 5'8" tall and weighs 169 pounds. He appeared to look his stated age and presented with acceptable personal hygiene. He was dressed casual in a blue and green plaid long sleeve shirt and dark blue jeans. He was wearing a blue mask for the current pandemic. His hair was short, light brown and white, and buzzed. He had a short goatee.

Manner of Relating
Mr. Lev 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. Lev related in a rather distressed manner indicative of someone who is emotionally overwhelmed at this time. He appeared malaised and endorsed psychomotor retardation. He was cooperative with the evaluation process and completed the psychosocial questionnaires with relevant detail.

Psychomotor Activities
His movements were noted to be **fluid,** as he seemed to have **no difficulty in walking** from the waiting room to my office. I did not observe him to have any difficulty sitting down into a chair at the beginning of the interview or rising from the chair at the end of our session.

Speech and Language
Mr. Lev 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 Cognition
Mr. Lev 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 excellent abstract reasoning. Orientation in all spheres was impaired. Ability to concentrate was impaired. Long-term memory was intact. His short-term memory was impaired.

Thought Content and Processes
Mr. Lev 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 most noteworthy for his depressive affect indicative of his underlying significant depressed state.

Impulse Control
Mr. Lev **denied** the presence of any **suicidal ideations**-whether they are passive or active in nature. He also showed no propensity towards aggressive behavior. He comes to have **adequate self-control**.

PSYCHOLOGICAL TESTS ADMINISTERED AND RESULTS

- Beck Depression Inventory-II (BDI-II)
- Beck Anxiety Inventory (BAI)
- Epworth Sleepiness Scale (ESS)
- Hamilton Rating Scale for Depression (HAM-D)
- Hamilton Anxiety Rating Scale (HAM-A)
- Montreal Cognitive Assessment (MOCA)
- Fear Avoidance Beliefs Questionnaire (FABQ)
- Modified Somatic Perceptions Questionnaire (MSPQ)
- Pain Catastrophizing Scale (PCS)
- Pain Drawing (PD)
- Activities of Daily Living
- AMA Guides to the Evaluation of Permanent Impairment, 5th Edition, Chapter 18 (18-4, Page 576)

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. Lev obtained a score of 44, 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 3 indicating that there is likely to be no 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 44, 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	3
Looking at TV	2
Sitting inactive in a public place	2
When a passenger in a car for 1 hour with no breaks	2
Lying down to rest in the afternoon	3
Sitting & talking to someone	0
Sitting quietly after lunch with no alcohol	2
In a car while stopped for a few minutes in traffic	1

Total Score = 15

The examinee received a score of 15, reflecting that he may be excessively sleepy depending on the situation.

Prior to the subsequent injury, it took him 1 hour to fall asleep and he slept for 5-7 hours at night and woke up at night two times. After the subsequent injury of CT: January 2, 2020 – April 20, 2020, it takes him 2-3 hours to fall asleep and he sleeps for 2-3 hours each night. He wakes up 5-6 times at night. He states he does not know why he wakes up so much.

HAMILTON DEPRESSION RATING SCALE (HAM-D)

The test was developed by Dr. Hamilton and is not a "self-rating" test. Rather, applicants discuss their responses with the physician who rates their degree of depression and/or anxiety. Both are considered the most objective measure of an applicant's degree of depression and/or anxiety. Scores to determine the degree of depression and anxiety vary by clinician. The Hamilton Rating Scale for Depression is the most commonly used psychiatric test in psychiatric pharmacologic management and in research studies because of its objectivity. This test emphasizes vegetative depressive symptoms – such as sleep, appetite, and sexual disturbance – in contrast to the Beck Depression Inventory which emphasizes affective, cognitive and vegetative symptoms.

The Hamilton Rating Scale for Depression is used extensively to measure clinical improvement in levels of depression, and an antidepressant is considered efficacious if it results in 50% reduction in the applicant's scores on this test.

TOTAL SCORE	RANGE
0 – 7	None/Minimal Depression
8 – 13	Mild
14 – 18	Moderate
19 - 22	Severe
23+	Very Severe

On the HDRS, Mr. Lev obtained a score of 37, thereby placing him in the very severe range of clinical depression.

It is important to note that the HAM-D results are consistent with his interview demeanor.

HAMILTON ANXIETY RATING SCALE (HAM-A)

The **Hamilton Anxiety Rating Scale** (**HAM-A**) is a psychological questionnaire used by clinicians to rate the severity of a patient's anxiety. The scale consists of 14 items designed to assess the severity of a patient's anxiety. Each of the 14 items contains a number of symptoms, and each group of symptoms is rated on a scale of zero to four, with four being the most severe. All of these scores are used to compute an overarching score that indicates a person's anxiety severity. The scale is intended for adults, adolescents, and children.

Each item is scored independently based on a five-point, ratio scale. A rating of 0 indicates that the feeling is not present in the patient. A rating of 1 indicates mild prevalence of the feeling in the patient. A rating of 2 indicates moderate prevalence of the feeling in the patient. A rating of 3 indicates severe prevalence of the feeling in the patient. A rating of 4 indicates a very severe prevalence of the feeling in the patient. To implement the Hamilton Anxiety Rating Scale, the clinician proceeds through the fourteen items, evaluating each criterion independently in form of the five-point scale described above.

Upon the completion of the evaluation, the clinician compiles a total, composite score based upon the summation of each of the 14 individually rated items. This calculation will yield a comprehensive score in the range of 0 to 56.

TOTAL SCORE	RANGE
0 – 7	None/Minimal Anxiety
8 – 17	Mild
18 – 24	Moderate
25+	Severe

The examinee obtained a total score of 47, which is suggestive of a severe anxious state.

MONTREAL COGNITIVE ASSESSMENT (MoCA)

The Montreal Cognitive Assessment, MoCA, was created in 1996 (Copyright Z. Nasreddine MD). It was validated by: Ziad S. Nasreddine, Natalie A. Phillips, Valerie Bedirian, Simon

Charbonneau, Victor Whitehead, Isabelle Collin, Jeffrey L. Cummings and Howard Chertkow, The Montreal Cognitive Assessment, MoCA: A Brief Screening Tool for Mild Cognitive Impairment. J Am Geriatr Soc, 2005, 53:695-9. The MoCA test is a one-page 30-point test administered in 10 minutes. The test and administration instructions are freely accessible for clinicians at **www.mocatest.org**. The test is available in 34 languages or dialects. There are 3 alternate forms in English, designed for use in longitudinal settings.

The MoCA assesses several cognitive domains. The short-term memory recall task (5 points) involves two learning trials of five nouns and delayed recall after approximately 5 minutes. Visuospatial abilities are assessed using a clock-drawing task (3 points) and a three-dimensional cube copy (1 point). Multiple aspects of executive functions are assessed using an alternation task adapted from the trail-making B task (1 point), a phonemic fluency task (1 point), and a two-item verbal abstraction task (2 points). Attention, concentration and working memory are evaluated using a sustained attention task (target detection using tapping; 1 point), a serial subtraction task. (3 points), and digits forward and backward (1 point each). Language is assessed using a three-item confrontation naming task with low-familiarity animals (lion, camel, rhinoceros; 3 points), repetition of two syntactically complex sentences (2 points), and the aforementioned fluency task.

MOCA SCORES

	Normal Controls (NC)	**Mild Cognitive Impairment (MCI)**	**Alzheimer's Disease (AD)**
Number of Subjects	90	94	93
MoCA Average Score	27.4	22.1	16.2
MoCA Standard Deviation	2.2	3.1	4.8
MoCA score range	25.2 - 29.6	19.0 – 25.2	21.0 – 11.4
Suggested cut-off score	≥26	<26	<26ψ

Although the average MoCA score for the AD group is much lower that the MCI group, there is overlap between them. The suggested MoCA cut-off score is thus the same for both. The distinction between AD and MCI is mostly dependent on the presence of associated functional impairment and not on a specific score on the MoCA test.

(MOCA Score is below 27;
Slight Behavioral Processing Difficulties Observed)

The MOCA has a maximum score of 30. A score of 26 or greater is considered normal. The examinee's cognitive performance on the MOCA was below the cut off score of 27. He received a total score of 15. This finding suggests that there may very well be some cognitive deficits that are interfering with his ability to sustain concentration, attend to task, and retain information. In examining his MOCA performance, the following cognitive processing areas showed the greatest deficits.

1. **Visuospatial/executive** skills are assessed using a clock-drawing task, trail-making B task,

and copying the three-dimensional cube task. Visuospatial/executive skills revealed deficits in executive functions in cube copying and clock-drawing tasks. He received a score of **3** out of 5 for the Visuospatial/executive domain.

2. **Attention** was noted to be strained as he was unable to repeat 5 digits forward. He could not repeat 3 digits forward. He received a score of **1** out of 2. Attention was noted to be strained for the task of tapping his hand at the sound of the letter A. He received a score of **0** out of 1.

3. **Language** skills revealed deficit in verbal fluency as he was unable to generate more than (11) words beginning with a certain letter of the alphabet (F) in a specified time period. He generated **7 words.** This deficit could infer a problem in sustaining concentration as he may fatigue easily. Language deficit was also assessed using a three-item naming task with low-familiarity animals and repetition of two syntactically complex sentences. Naming skills revealed deficit in a three-item confrontation-naming task with low-familiarity animals, in which he received a score of **2** out of 3. Language skills revealed deficit in repetition of two syntactically complex sentences. He received a score of **0** out of 2.

4. **Abstraction** abilities were assessed to be poor as he had difficulty in comprehending how discrete items could be alike. This finding could infer a difficulty in complex problem-solving abilities. He received a score of **0** out of 2.

5. **Delayed Recall (Short-term memory recall)** was weak as evidenced by the fact that he could only recall **0** items out of 5 items (e.g. face, velvet, etc.) after a five-minute time delay.

6. **Orientation** to time and place was evaluated and examinee could not name the day or city of the interview. He received a score of **4** out of 6.

FEAR AVOIDANCE BELIEFS QUESTIONNAIRE (FABQ)

The role of fear avoidance beliefs in the development of long-term disability has been gaining importance in recent years. It is important that this psychological factor is assessed so that treatment can address unhelpful beliefs that may contribute to the development or maintenance of disability. The FABQ is a reliable and valid measurement that was developed by Waddell to investigate fear- avoidance beliefs and predict those who have a high pain avoidance behavior. Clinically, these people may need to be supervised more than those that confront their pain.

The FABQ consists of 2 subscales, which are reflected in the division of the outcome form into 2 separate sections. The first subscale (items 1-5) is the Physical Activity subscale (FABQPA), and the second subscale (items 6-16) is the Work subscale (FABQW). Each subscale is graded separately by summing the responses respective scale items (0-6 for each item); for scoring purposes, only 4 of the physical activity scale items are scored (24 possible points) and only 7 of the work items (42 possible points). A low FABQPA score (less than 19) and FABQW (less than 15) were one of 5 variables in a clinical prediction rule that increased the probability of positive outcomes for individuals with low back pain.

Scoring the Physical Activity subscale (FABQPA)
Sum items 2,3,4, and 5= 24 Total
Scoring the Work subscale (FABQW)
Sum items 6,7,9,10,11,12, and 15= 42 Total

Mr. Lev obtained an **FABQPA** score of **24** and an **FABQW** score of **42**. Based on Mr. Lev's scores, he is demonstrating significant fear beliefs about pain and has decreased probability of positive outcomes.

MODIFIED SOMATIC PERCEPTIONS QUESTIONNAIRE

The MSPQ is a 13 item self-report scale for patients with chronic pain or disabilities. It can help identify somatic complaints that may be associated with psychological responses such as anxiety or depression. The higher the score, the more marked the general somatic symptoms. The number of perceptions at each intensity level can help gauge the number of limiting symptoms. A person with significant somatic complaints would be a candidate for psychological interventions to aid coping.

Each item is scored on a scale from zero (0) to three (3). Patients who produce a score of 12 or greater (maximum score is 39) are at risk for a prolonged recovery. The questionnaire contains a total of 22 items, but only 13 are used to calculate the score. The remaining items are included to reduce the possibility of a response bias. The higher the score, the more hypersensitive the examinee is to bodily sensations, processes, and discomfort.

Mr. Lev received a raw score of 39, which reflects risk for a prolonged recovery and a likely pattern of somatic hypersensitivity.

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. Lev received a raw score of 41 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. Lev'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.

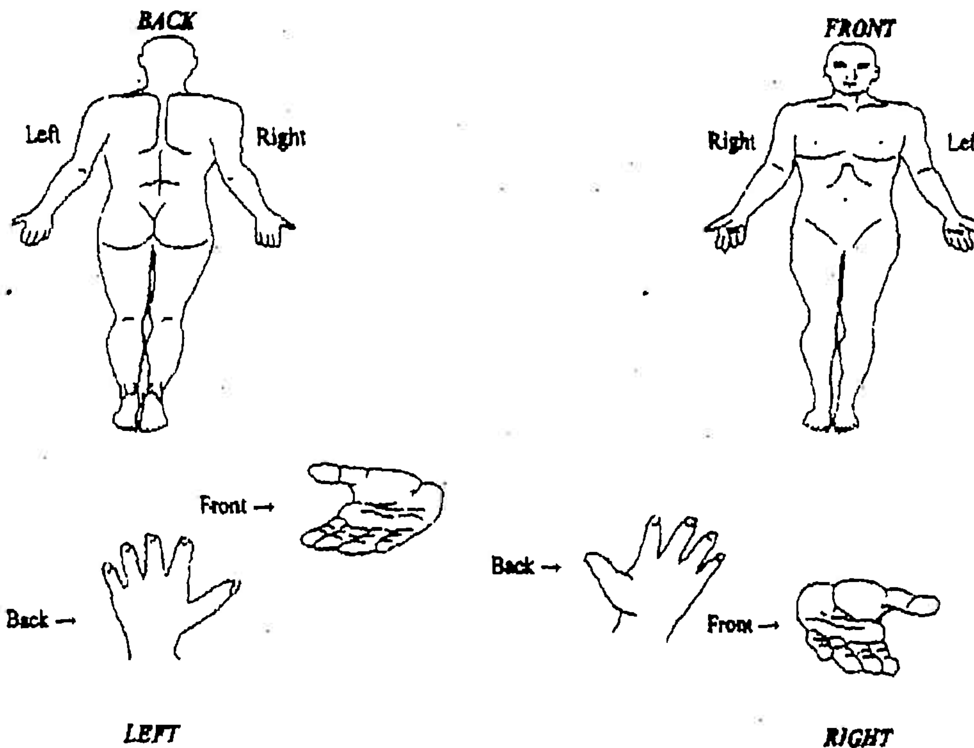
"I particularly hurt here" indicators (each category scores one point).

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, none of these domains were found.



On the front portion of this form, Mr. Lev complains of pain in the right collarbone and groin. On the back portion of this form, he complains of pain across the lower neck/upper shoulders. On the hand portion of this form, he has no complaints. In the last two months, his condition has fluctuated but overall has stayed about the same.

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 fair historian.

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TABLE 18-4, PAGE 576

I. **Pain (Self-Report of Severity)**

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 activities

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

Mr. Lev'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. Lev'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. Lev's pain behavior:

- ✓ He grimaced in obvious pain several times during the interview.

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

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. Lev 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**
Dysthymic Disorder (300.4)
Psychotic Disorder Not Otherwise Specified (298.9)
Generalized Anxiety Disorder, Moderate (300.02)
Panic Disorder without Agoraphobia (300.01)
Specific Phobia, Animal Type (300.29)
Posttraumatic Stress Disorder (309.81)
Pain Disorder Associated with Both Psychological Factors and a General Medical Condition (307.89)
Insomnia Related to Anxious Disorder (327.02)
Male Hypoactive Sexual Desire Disorder (608.89)
Other Specified Sexual Dysfunction (302.79)
Relationship Distress with Spouse (V61.10)
Parent-Child Relational Problem (V61.20)

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: Marital issues, estranged relationship with my older son, and delusional or hallucinations of someone nearby.

AXIS V: **GLOBAL ASSESSMENT OF FUNCTIONING (GAF)**
Current - 49

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

Dysthymic Disorder
Taking into consideration the available information, Mr. Lev's cluster of symptoms would best be categorized as a mood disorder. According to the DSM 5, the essential features of Dysthymic Disorder (DD) include a total of six (6) symptoms, of which an examinee must endorse at least two (2). Additionally, the depressed mood must be present for most of the day, for more days than not, for at least two years. These symptoms must persist for two years and represent a change from their previous level of functioning. Following his injury, Mr. Lev reported the following symptoms:

- "I feel sad or depressed at this time and feel worthless. I have depressed mood most of each day. I do not have friends and my wife screams at me. I have a decreased interest in most activities. I have feelings of worthlessness or low self-esteem all the time. I have felt fatigue or loss of energy. I have problems with thinking, problems concentrating, and difficulty making decisions. I have lost 45 pounds since the subsequent injury, going from a weight of approximately 210 pounds to his current weight of 165 pounds. My appetite changed and I only eat once a day in the morning. I have been feeling depressed everyday since I was a kid."

Psychotic Disorder Not Otherwise Specified
According to the DSM 5, the diagnostic criteria for Mr. Lev's cluster of symptoms cause clinically significant distress or impairment in social, occupational, or other important areas of functioning, but do not meet full criteria for any of the disorders in the schizophrenia spectrum and other psychotic disorders diagnostic class. There is insufficient information to make a more specific diagnosis. Following his injury, Mr. Lev reported the following symptoms:

- "I feel someone standing in the room with me sometimes, but I don't see or hear anyone. This began years ago, but I don't remember when."

Generalized Anxiety Disorder

Taking into consideration the available information, Mr. Lev'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. Lev reported the following symptoms:

- "I feel anxious and worried at this time and first noticed this approximately two years ago. I have excessive worry or anxiety more days than not for the last six months. I worry about how I will pay for everything and worry that I cannot find a job. I have difficulty controlling worry more days than not for the last six months. When I start thinking, sometimes it is hard to stop and it escalates until I end up with anxiety. I have experienced feeling restless more days than not for the last six months. I cannot stand or sit still and walk around the room or will lie down. I have experienced anxiety causing fatigue more days than not for the last six months.

- "My relationship with my wife is bad and she threatens to divorce me, giving me more anxiety. I have experienced anxiety causing irritability more days than not for the last six months. It has become very hard to even watch a movie or do something for a long period of time. I have experienced anxiety causing problems concentrating more days than not for the last six months. I have experienced anxiety causing problems sleeping more days than not for the last six months. I'm afraid of everything. It becomes a nightmare to cope with life. I can't find any work."

Panic Disorder without Agoraphobia

Taking into consideration the available information, Mr. Lev's cluster of symptoms would best be categorized as an anxiety disorder. According to the DSM 5, the essential features of Panic Disorder without Agoraphobia include recurrent unexpected panic attacks and an abrupt surge of intense fear or intense discomfort that reaches a peak within minutes. A total of four (4) or more symptoms of the 13, must be met. Additionally, these symptoms must persist for a 6-month period and represent a change from their previous level of functioning. Following his injury, Mr. Lev reported the following symptoms:

- "I have felt as if I had anxiety or panic-type symptoms at this time. I feel my heart pounding or racing. I break out suddenly in a sweat. I feel trembling or shaking in my body. I experience dizziness or lightheadedness every day. I feel discomfort or tightness in my chest. Sometimes I feel I cannot get enough air in my lungs. I have experienced nausea or abdominal distress not related to medication. I have experienced fear of losing control or going crazy. I feel this way often and go to bed to try to get normal and I sleep long. I have fear of dying, not a fear of having a heart attack, but a fear I may die soon. I get chills or hot flushes. I have hot flashes and I hate it. Feels bad. I'm afraid that I will become homeless and sleep on the street.

- "These symptoms are getting worse. I have experienced a fear of places or situations where getting help or escape might be difficult for approximately two years. For at least one

month following experienced the symptoms, I felt persistent concern about having another one and felt worried about having a heart attack or going crazy."

Specific Phobia, Animal Type

Taking into consideration the available information, Mr. Lev's cluster of symptoms would best be categorized as a specific phobia. According to the DSM 5, the diagnostic criteria for specific phobia include marked fear or anxiety about a specific object or situation, the object or situation is actively avoided, the fear or anxiety is out of proportion to the actual danger posed, the fear or anxiety lasts for more than 6 months, and must cause marked distress or interpersonal difficulty. Following his injury, Mr. Lev reported the following symptoms:

- "Since my injury in 2017, I am very scared of dogs. I get nervous being close to one."

Posttraumatic Stress Disorder

Taking into consideration the available information, Mr. Lev's cluster of symptoms would best be categorized as a trauma- and stressor-related disorder. According to the DSM 5, the diagnostic criteria for Posttraumatic Stress Disorder (PTSD) include a history of exposure to a traumatic event that meets specific stipulations and symptoms from each of four symptom clusters: intrusion, avoidance, negative alterations in cognitions and mood, and alterations in arousal and reactivity. Additionally, these symptoms must persist for more than one month and represent a change from their previous level of functioning. Following his injury, Mr. Lev reported the following symptoms:

- "I experience flashbacks of when I was beat up in jail and sexually assaulted for 8 years. I experience intrusive thoughts about traumatic events of the incidents in jail. I have recurrent distressing dreams or nightmares of the events. I cannot watch any shows that have sex scenes in them. I experience distress when exposed to cues that remind me of the events."

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

Taking into consideration the available information, Mr. Lev'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 injury, Mr. Lev reported the following symptoms:

- "I have not had surgery for this subsequent injury and I feel a lot of pain every day. I had all types of medical treatments, but I'm still in pain."

Insomnia Related to Anxious Disorder

Taking into consideration the available information, Mr. Lev's cluster of symptoms would best be categorized as a sleep-wake disorder. According to the DSM 5, the essential features of Insomnia Related to Anxious Disorder include sleeplessness (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 injury, Mr. Lev reported the following symptoms:

- "I have a change in my sleep since my subsequent injury. I wake up in the middle of the night 3 to 4 times and stay in bed in the morning, because it's hard to wake up."
- "Prior to the subsequent injury, it took me 1 hour to fall asleep and I slept for 5-7 hours at night and woke up at night two times. After the subsequent injury of CT: January 2, 2020 – April 20, 2020, it takes me 2-3 hours to fall asleep and I sleep for 2-3 hours each night. I wake up 5-6 times at night. I do not know why I wake up so much."

<u>Sexual Dysfunction Due to a General Medical Condition</u>
Taking into consideration the available information, Mr. Lev'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 injury, Mr. Lev reported the following symptoms:

- "I have no sexual desire. I have pain in my neck, back, and joint areas during sexual intimacy. I went from having sex all the time to none."

<u>Other Specified Sexual Dysfunction</u>
Taking into consideration the available information, Mr. Lev's cluster of symptoms would best be categorized as a sexual dysfunction disorder. According to the DSM 5, the essential features of this category applies to presentations in which symptoms characteristic of a sexual dysfunction cause clinically significant distress in the individual predominate, but do not meet the full criteria for any of the disorders in the sexual dysfunctions diagnostic class. Mr. Lev meets this disorder, in which he has a specific reason of pain during intimate relations. Following his injury, Mr. Lev reported the following symptoms:

- "I have pain in my genitals if I try to have sex."

<u>Relationship Distress with Spouse</u>
Taking into consideration the available information, Mr. Lev's cluster of symptoms would best be categorized as Other Problems Related to Primary Support Group. According to the DSM 5, the essential features of Relationship Distress with Spouse is to address the quality after intimate spouse or partner relationships or when the quality of the relationship is affecting the course, prognosis, or treatment of a mental or other medical disorder. Typically, the relationship distress is associated with impaired functioning in behavioral, cognitive, or affective domains. Examples of behavioral problems include conflict resolution difficulty, withdrawal, and overinvolvement. Cognitive problems can manifest as chronic negative attributions of the other's intentions or dismissal of the partner's positive behaviors. Affective problems would include chronic sadness, apathy, and/or anger about the other partner. Following his injury, Mr. Lev reported the following symptoms:

- "The first 15 years of marriage we were happy. My marriage has gotten worse after my last injury. My wife hates me and wants to divorce me."

Parent-Child Relational Problem

Taking into consideration the available information, Mr. Lev's cluster of symptoms would best be categorized as Problems Related to Family Upbringing. According to the DSM 5, the essential features of Parent-Child Relational Problem is to address the quality of the parent-child relationship or when the quality of the relationship is affecting the course, prognosis, or treatment of a mental or other medical disorder. Typically, the relationship distress is associated with impaired functioning in behavioral, cognitive, or affective domains. Examples of behavioral problems include inadequate parental control and avoidance without resolution of problems. Cognitive problems can include negative attributions of the other's intentions, hostility toward or scapegoating of the other, and unwarranted feelings of estrangement. Affective problems may include feelings of sadness, apathy, or anger about the other individual in the relationship. Following his injury, Mr. Lev reported the following symptoms:

- "I don't like my older son. We've never had a good relationship since he was a kid. I never did anything to him and I don't know why he doesn't like me. We don't talk and haven't spoken for many years and I don't care to. I don't feel sad. At least my younger son loves me."

SUBSEQUENT INJURY IMPAIRMENT RATING

ANALYSIS AND EXPLANATION OF MR. LEV'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

<u>If yes, please describe/provide examples:</u>
"I want to be at home in my room in bed and no one bothering me. I lost interest in life."

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

<u>If yes, please describe/provide examples:</u>
"I have home problems. My wife screams at me."

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:
"I don't care what others say about me. I know it will never be like before."

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

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:
"I'm a very moody person and my mood drives me crazy and I have no desires."

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

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:
"I don't want to see nobody because they tell me how to live and I can't do it and get upset."

EMOTIONAL AND OCCUPATIONAL FUNCTIONS	LEVEL OF IMPAIRMENT			
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	Strongly Agree	Agree✓	Disagree	Strongly Disagree

interact with people.				
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✓

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? **"Late in the afternoon."**
2. How often would you take a shower or bath? **"Not often"**
3. How many hours a day did you work on average? **No answer**
4. Did you participate in any exercise or sports team? **"No"** If yes, please describe
5. What types of activities did you do after you finished work? **"I want to go do something, but I never do."**
6. What would you normally do for fun during the week? **"I stay in bed most of the time. watching movies"**
7. What time did you typically go to bed during the week? **"I go to bed early, but I can't sleep for a long time."**

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? **"Afternoon"**
2. What was a typical weekend day for you like? **"I stay at home or walk with my dog or go to garage sale."**
3. What type of social activities was normal for you to do on the weekends? **"Only if we have birthdays."**
4. If you were sexually active shortly before the injury, how often was it normal for you to engage in sexual activity? **"Often and now I can't have sex. My wife doesn't want me."**

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? **"After 12"**
2. How often do you take a shower or bath? **"Once every 3-5 days"**
3. How do you spend most of your weekdays? **"Watching tv"**
4. Do you participate in any exercise or sports at this time? **"No"** If yes, please describe
5. What time do you typically go to bed? **"Early but can't sleep"**
6. What do you normally do for fun/socializing during the week? **"I have no more friends"**

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

1. What time do you typically wake up? **"If I want to eat I can't and go to bed"**
2. How do you spend a typical weekend day? **"Watching tv"**
3. What type of social activities are you doing on the weekend at this time? **No answer**
4. Are you sexually active at this time? **"No"** If so, how many times on average is it normal for you to engage in sexual activity?

5. If you are not active, or less active, when did you notice this change? **"3-5 years ago"**
6. What do you think caused this change? **Illegible**

AFTER or BECAUSE of the SUBSEQUENT INJURY, Mr. Lev indicated difficulties or limitations in areas below.

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: **"I feel like I will never be like I used to."**			

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: **Illegible**			

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:			

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: **"Make me feel worthless."**			

Travel CURRENTLY			**No Difficulties**	
	Riding as a passenger	If you have trouble sitting, approximately how long can you remain seated at a time?		**10-15 mins**
	Driving	If you have trouble driving, approximately how long can you drive before needing to rest?		**1 hour**
	Handling/lifting luggage	Approximately how many times per year do you travel AFTER the Subsequent Injury?		**0 times**
	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:				

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

"I don't feel like it."					
Sleep Function CURRENTLY				**No Difficulties**	
	Falling asleep		**Yes**	Sleeping on the right side	
	Staying asleep		**No**	Sleeping on the left side	
Yes	Interrupted/restless sleep		**No**	Sleeping on the back	
Yes	Sleeping too much		**No**	Sleeping on the stomach	
Yes	Daytime fatigue or sleepiness		Have you ever taken any medications to help you sleep AFTER the Subsequent Injury?		
How many hours can you typically sleep at a time without waking up during the night?		**2-3 hours**	How many hours total are you able to sleep at night?		**5-6 hours**
If you indicated difficulties in this area, please describe how these difficulties make you feel: **"I want to sleep in the daytime and stay in bed."**					

Collectively, the above outlined impairments suggest that Mr. Lev 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. Lev is not gravely disabled, but has not otherwise specified hallucinations. He does not have suicidal ideations. These descriptions are for individuals who fall in the serious symptom category. Due 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. Lev'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 symptom severity and functional impairment (i.e., BDI, BAI, and etc.). Mr. Lev describes limited social interactions as a consequence of both his physical limitations and psychological status following the industrial injury.

Thus, after careful consideration of all of the information contained in this report, Mr. Lev's score is placed at the level of 49, which translates to a Whole Person Impairment (WPI) of 32%.

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. Lev 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 15/24 is equal to excessive sleepiness, or class 2 impairment. Note that he has a pre-existing sleep disorder. **Based upon his chronic sleep dysfunction, and his Epworth Sleepiness Scale score of 15, the level of his current sleep 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.**

- He reported, "I have a change in my sleep since my subsequent injury. I wake up in the middle of the night 3 to 4 times and stay in bed in the morning, because it's hard to wake up. Prior to the subsequent injury, it took me 1 hour to fall asleep and I slept for 5-7 hours at night and woke up at night two times. After the subsequent injury of CT: January 2, 2020 – April 20, 2020, it takes me 2-3 hours to fall asleep and I sleep for 2-3 hours each night. I wake up 5-6 times at night. I do not know why I wake up so much."

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. Lev 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. Lev reportedly has no sexual desire. He has pain in his back, neck, genital, and joint areas during sexual intimacy. He went from having sex all the time to none.

Based upon his moderate sexual dysfunction of Class 2 impairment, the level of his current sexual impairment is equal to an 18% 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. Lev injured himself at Store2Door, Inc. on CT: January 2, 2020 – April 20, 2020 while employed as a Deli Worker. Specifically, he sustained injury to his back, bilateral shoulders/arms, hands, knees, and ankles while performing repetitive movements of reaching, bending, gripping, grasping, pulling, pushing, lifting, and carrying while performing his job duties. He attributed the injury due to prolonged standing, running back and forth, which caused him to develop bilateral knees and right ankle/foot. As a result of this subsequent injury, Mr. Lev developed psychiatric symptoms. My evaluation on March 26, 2021 consisted of a clinical interview, mental status exam, review of medical records, and psychological testing. The results of my evaluation found that Mr. Lev currently suffers from Dysthymic Disorder; Psychotic Disorder Not Otherwise Specified; Generalized Anxiety Disorder, Moderate; Panic Disorder without Agoraphobia; Specific Phobia, Animal Type; Posttraumatic Stress Disorder; Pain Disorder Associated with Both Psychological Factors and a General Medical Condition; Insomnia Related to Anxious Disorder; Male Hypoactive Sexual Desire Disorder; Other Specified Sexual Dysfunction; Relationship Distress with Spouse; and Parent-Child Relational Problem.

These disorders and his functional limitations qualified him for a GAF of 49 - which is equivalent to a WPI of 32%.

Mr. Lev has been diagnosed with Insomnia Related to Anxious Disorder 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 15/24 is equal to excessive sleepiness, or class 2 impairment. **Based upon his chronic sleep dysfunction that arose out of his subsequent injury, the level of his sleep impairment is equal to a 13% disability rating.**

Mr. Lev has been diagnosed with Male Hypoactive Sexual Desire Disorder and Other Specified Sexual Dysfunction 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 no sexual desire, pain in his back, neck, genital, and joint areas during sexual intimacy, and reduction of sex all the time 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 an 18% disability rating. Based on his history, his condition is attributable to compensable consequences of orthopedic issues.**

It is my opinion that Mr. Lev's subsequent psychiatric injury was predominantly caused by the actual events of employment. I reason that, given the longitudinal nature of Mr. Lev'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. Lev's prior GAF score of 55 equates to a WPI of 23%. Following his subsequent injury, his psychiatric condition deteriorated significantly. The increase in depressive and anxiety symptoms resulted in a decrease of his GAF to 49 - which means his disability increased by 9% to 32%. 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./MS. XX'S PSYCHIATRIC DISABILITY IS NOW PERMANENT AND STATIONARY.

Mr. Lev'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, anxiety, trauma, panic attacks, and phobia).**
- **Flexible schedule to accommodate Mr. Lev's need for weekly psychotherapy.**
- **Flexible schedule to accommodate Mr. Lev'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, anxiety and trauma, Mr. Lev 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. Lev's struggles.**
- **Time to reconnect with co-workers given Mr. Lev's deteriorated social skills (resulting from his depressive symptoms of social withdrawal).**
- **Frequent feedback on performance by an understanding supervisor to accommodate Mr. Lev'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. Lev had a pre-existing psychiatric disability that was permanent and stationary, ratable, and work limiting. His rating was as follows:

Preexisting Psychiatric Impairment: 23% WPI from GAF of 55

I believe that Mr. Lev'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 not due solely to the subsequent injury, as he has non-industrial factors that may be independent of his subsequent injury. Mr. Lev's current psychiatric disability rating is as follows:

Current Psychiatric Impairment: 32% WPI from GAF of 49

The subtraction method is applied: 32% WPI minus 23 % WPI = 9%
9% WPI apportioned to the Subsequent Injury

PRE-EXISTING DISABILITY	SUBSEQUENT DISABILITY
Psychiatric disability - 23%	Psychiatric disability increased by 9% to 32%

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. Lev'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. Lev, 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."

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. This document was signed in Huntington Park, Los Angeles County.

Signed this 12th day of April, 2021.

Respectfully,

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

Attached: Review of medical records

REVIEW OF MEDICAL RECORDS:
LEV, Semen
DOB: 09/11/60

Pages Reviewed: 211

WC Claim Form, Undated, w/DOI: CT: 01/02/20-04/20/20. Both hand, lower back, ankles and knees.

Application for Adjudication undated, w/DOI: 06/26/17. Pt slept while transferring air-conditioning unit to the co-worker, fell through a hole in the ceiling, injuring the entire area between the legs, including crotch, reproductive organs, the whole front part of the body, stomach, chest, ribs, jaw, head, knocking out most of the front teeth. Employed by HVA Control Inc as an Air-conditioner-technician.

Application for Adjudication dated 05/05/20, w/DOI: CT: 01/02/20-04/20/20. Stress and strain due to repetitive movement over period of time injured back, shoulders, arms, knees, hands, ankle. UE, nervous system-stress. Employed by Store2Door Inc as Deli Person.

WC Claim Form 07/05/17, w/DOI: 06/26/17. Pt slept while transferring air-conditioning unit to the co-worker, fell through a hole in the ceiling, injuring the entire-area between the legs, including crotch, reproductive organs, the whole front part of the body, stomach, chest, ribs, jaw, head, knocking out most of the front teeth.

WC Claim Form 07/05/17, w/DOI: 06/17/17. Dog bite and stress when installing air-conditioning at the property of company's client.

Application for Adjudication dated 07/06/17, w/DOI: 06/17/17. Pt was installing air-conditioning unit at the premises of the client, and client's dog bit pt's L leg. Dog bite and stress. Leg, Nervous system – psych. Employed by HVA Control Inc as a air-conditioning technician.

Compromise and Release dated 08/01/20, w/DOI: CT: 01/02/20-04/20/20. Back, UE, knee, ankle and stress. Employed by Store2Door as a Deli Worker. Settlement amount $15,000.00.

07/10/17 - Dr's 1st Rpt by Harold Iseke, DC. DOI: 06/17/17; CT: 06/26/17. On 06/17/17, while performing usual and customary duties as an air conditioning installer. Pt sustained injuries to left lower leg. He was working in a customer's home when the owner's dog got loose and bit pt on L leg, causing immediate puncture wounds, bleeding, and pain. It was witnessed by the owner of the company. He was provided alcohol to clean the area and a bandage to cover wound. The owner of the AC company told pt not to pursue and medical treatment or legal action or he will lose his job. Pt states he still has pain in L leg and has developed a phobia to dogs, every time he is near one he gets nervous and scared. Something he never experienced prior to the injury. On 06/26/17, while performing his usual and customary duties as an air conditioning installer. Pt sustained injuries to head, face, mouth, neck, and back. He was in an attic walking on a narrow 2x4. Pt turned to grab a heavy box and slipped, he landed on his inner groin and scrotum with his 2 legs on each side of the beam and then fell forward slamming his face into the 2x4. Pt lost 3 of his front lower teeth

and believes he lost consciousness because he can't remember how he got off the 2x4. His coworkers took him outside to the curb to rest. Then they took him home to rest. No medical treatment was offered or provided. Pt woke up in severe pain in head, face, mouth, neck and back and called in sick for the next 3 days hoping is pain would improve. However, pain got progressively worse. He could not eat due to the pain in mouth. He went to urgent care and referred to a dentist and to ER. Pt was worried about the cost and called the owner of the company to ask for help. The owner got upset and verbally harassed him then terminated him over the phone. C/o constant pain in mouth, neck, back, abdomen/groin and L lower leg. Dx: 1) Acute stress reaction. 2) Chronic pain due to trauma. 3) Complete loss of teeth due to trauma, class I. 4) Radiculopathy, cervical region. 5) Other specified disorders of male genital organs. 6) Unspecified abdominal pain. 7) Unspecified abnormalities of gait and mobility, Unspecified injury of head, initial encounter. 8) Sprain of ligaments of L/S, initial encounter. 9) Bitten by dog, initial encounter. Plan: Requested orthopedic and psych eval, CT scan, MRI. Referred to Hernia specialist. Referred to acupuncture, physiotherapy and shockwave therapy. Regular work from 08/21/17.

05/29/20 – PTP's Initial Eval Rpt by Mayya Kravchenko, DC at Eric E. Gofnung Chiropractic Corp. DOI: CT: CT: 01/02/20 to 04/20/20. Pt states that while working at usual and customary duties, sustained injury to back, B/L shoulders/arms, hands, knees, and ankles, which he developed in the course of his employment due to CT from 01/02/20 – 04/02/20. He explains the business was short-staffed. He carried an excessive workload and had no lunch or rest breaks. He worked up to 45 hours per week. He also attributes the injuries due to prolonged standing, running back and forth, which caused him to develop B/L knees and R ankle/foot as well as repetitive movements while reaching, bending, gripping, grasping, pulling, pushing, lifting, and carrying while performing job duties. He put away heavy boxes of vegetables, meats, and other merchandise, which caused him to develop pain in low back, B/L shoulders and hands. He used a machine to slice deli-meats. He relates the gloves he used would slip off, causing him to burn his hands when he was cooking and baking on several occasions. Continued working with increasing pain and discomfort. Managed his pain with OTC meds. Worked with persistent pain and discomfort until 04/2020. Pt has had no medical care for this work-related injury. He began working for Store2Door in 01/2020. Information regarding medical provider networks and their rights if they are injured was not posted in their place of work on the walls in a common area. Upon being hired, they were not provided information relating to medical provider networks and their rights if injured at work. Upon reporting their injury, they were not provided information pertaining to medical provider networks and their rights if injured at work. Denies working for any new employer. Prior Work History: Prior to Store2Door, worked for Adult Day Care Center, doing entertainment for 2 months. Prior, he was self-employed as a seller on Amazon for 1 year. Prior, employed by a company as an appliance technician for about one year. Prior to that teaching music to kids private lessons for many years. CC: B/L shoulder (R>L): Pain is moderate to severe, and symptoms occur frequently. Experiences weakness and a restricted ROM of the shoulder. Has N/T in both shoulders, arms, hands, and fingers with dominant symptoms in RUE. N/T in hands and fingers awaken him at night. Has difficulty falling asleep and awakens throughout the night due to the pain and discomfort. B/L Hands: Pain is moderate, and the symptoms occur frequently in B/L hand and fingers. Has difficulty sleeping and awakens with N/T and pain, and discomfort. Lower Back: Pain is moderate, and the symptoms occur frequently in lower back, which increases

becoming sharp and stabbing. Pain radiates down buttocks and back of thighs. C/o of muscle spasms, pain and difficulty with intimate relations/sexual activity due to increased pain. Awakens from sleep as a result of LBP. Self restricts by limiting his activities. Walks with a limp due to low back symptoms. Pain meds provides improvement, but remains symptomatic. B/L Knees (R>L): Pain is moderate, and symptoms occur frequently in both knees. There is popping and grinding in both knees and experiences buckling episodes. He has lost his balance as a result of the buckling. When he kneels or squats, pain is aggravated. R Ankle/Foot: Pain is moderate and symptoms occur frequently in R ankle and foot. There is slight swelling and cracking of ankles. He cannot hop, jump, or run due to pain. Limps while walking and ambulating. Psyche: Pt has continuous episodes of anxiety, stress, and depression due to chronic pain and disability status. Denies suicidal ideation. Has difficulty sleeping, often obtaining a few hours of sleep at a time. Worries over his medical condition and the future. Pt's condition has worsened due to a lack of medical treatment and ADLs. Current Meds: Taking Ibuprofen 500 mg. ROS: Remarkable for anxiety, depressed mood and stress. ADLs: As a result of the industrially-related injury, pt states has difficulty with standing, sitting, reclining, grasping or gripping, lifting, and manipulating small items, riding in a car, driving a vehicle, restful night sleep pattern, and sexual function, with a rating of 3/5. Family Hx: Mother is deceased from natural causes. Father is 86 and is in good health. Has one healthy sister. Social Hx: Married, and has one child. Pt has completed 11th grade. Consumes no alcohol and smokes 2-3 cigarettes per day. Does not exercise or participate in sports activities. No hobbies. PE: Well-developed, well-nourished, and well-proportioned. Appears to be alert, cooperative and oriented x3. Dx: 1) L/S myofasciitis. 2) Lumbar facet-induced versus discogenic pain. 3) Lumbar radiculitis, right, r/o. 4) R shoulder tenosynovitis/bursitis. 5) R shoulder impingement syndrome, r/o. 6) B/L wrist tenosynovitis. 7) Right CTS, r/o. 8) Knee and lower leg s/s, right. 9) Internal derangement of R knee, r/o. 10) Tenosynovitis of R lower leg gastrocnemius, tibialis anterior and peroneal. 11) R ankle and foot tenosynovitis. 12) R CTS, r/o. 13) Anxiety and depression. Causation: Work-related injury secondary to CT from 01/02/20 – 04/20/20. Plan: Requested chiropractic and PT for L/S, R shoulder, R wrist, R knee and R ankle and foot, x-rays of L/S, R shoulder, R wrist, R knee and R ankle, MRI of C/S, L/S and R knee, NCV/EMG of UE, psychiatric/psychological consultation to address anxiety and depression. Modified duty with no lifting in excess of 20 lbs. No repeated bending and twisting. No repeated or forceful grasping, torquing, pulling, pushing with R hand. No repeated squatting, kneeling, or climbing. If modified duty is not provided, then TTD.

NP/rpc

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: Lev, Semen v Store2Door, Inc.
(employee name) *(claims administrator name, or if none employer)*

Claim No.: ______________ **EAMS or WCAB Case No. (if any):** ADJ13204860

I, MARIA MORENO, declare:
(Print Name)

1. I am over the age of 18 and not a party to this action.
2. My business address is: 1680 PLUM LANE, 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	04/15/21	Subsequent Injuries Benefit Trust Fund Department of Industrial Relations Division of Workers' Compensation [illegible] Howe Avenue [illegible]
A	04/15/21	Workers Defenders Law Group 8018 E. Santa Ana Canyon, Ste. 100-215 Anaheim Hills, CA 92[illegible]
A		

I declare under penalty of perjury under the laws of the State of California that the foregoing is true and correct. Date: 4/15/21

Maria Moreno — *(signature of declarant)*

Maria Moreno — *(print name)*

QME Form 122
Rev. February 2009