Lecture 2:
Rating Psychiatric Impairment in California Workers' Compensation

Presented by:
Suzanne Zaffino, M.B.A., W.C.C.P.

1

1

Permanent Disability Overview

- The State of California Department of Industrial Relations, Division of Workers' Compensation (DWC), defines "disability" as, "A physical or mental ***impairment*** that limits your life activities. A condition that makes engaging in physical, social and work activities difficult".
- For workers who have suffered compensable workplace injuries, disability can be considered temporary or permanent. This presentation focuses on permanent disability arising from workplace injuries.

2

2

Permanent Disability Overview

- A disability is said to be permanent when it exists after reasonable medical treatment has been provided, and the condition causing that disability has stabilized. In workers' compensation disability evaluations, that point of stability is termed "maximal medical improvement", and is defined as the point where the condition:
  - "is well stabilized and unlikely to change substantially in the next year, with or without medical treatment".
    (*2005 Schedule for Rating Permanent Disability - PDRS)*

3

3

Permanent Disability Overview

- For dates of injury with more than one area of the body or more than one organ system affected, once all areas of injury have reached maximal medical improvement, the injured worker is said to be permanent and stationary for that date of injury.
- Once a permanent and stationary status has been achieved for a date of injury, the extent of permanent disability can be assessed. The evaluating, describing and quantifying of these disabilities is undertaken by treating physicians, disability evaluators, as well as medical-legal evaluators serving as Qualified and Agreed Medical Evaluators.

4

4

Impairment Rating vs. Permanent Disability Rating

- For injuries occurring in the workplace, the legislature has established methodologies for evaluating physicians to describe these permanent physical or mental impairments such that they can be converted to monetary awards that compensate injured workers for the reduced earning capacity caused by the workplace injury.
- When physician evaluators apply the prescribed methodologies, the product of this is the ***whole person impairment rating.*** Impairment percentages, while derived to define the effect of an injury on a particular body part, region or organ system are useful in defining disability for workers' compensation purposes only as they relate to the effect of the particular body part or organ system injury on the person as a whole. Thus, impairments used in the workers' compensation arena are expressed as whole person impairments.

5

5

Impairment Rating vs. Permanent Disability Rating

- Once the physician evaluator has derived the whole person impairment rating, that impairment rating is considered in the context of the injured worker's pre-injury occupation and their age, and adjusted to reflect the relative impact of the particular physical or mental impairment on that occupation, as well as the number of years that the injured worker is expected to compete in the open labor market after the injury.
- The product of this analysis, which is performed by professional raters within the DWC, is the final rating of the injury and is formally referred to as the ***permanent disability rating.***
- The final permanent disability rating is then used to calculate a monetary award for the injured worker.

6

6

Permanent Disability, the AMA Guides and the GAF

- Statutorily in California, the evaluation of permanent disability from workplace injuries is governed by the 2005 Schedule for Rating Permanent Disability (PDRS).
- This publication dictates that the American Medical Association Guides to the Evaluation of Permanent Impairment, 5th Edition, (The Guides) is to be used by evaluating physicians to describe and quantify physical impairments caused by workplace injuries.

7

7

Permanent Disability, the AMA Guides and the GAF

- For psychiatric injuries, the pertinent chapter of the Guides is Chapter 14, Mental and Behavioral Disorders.
- This chapter describes methods for evaluating mental and behavioral impairment that are helpful to the medical-legal evaluator in assessing workplace injuries and describing the effects of an injury on the individual's useful functioning.
- However, while the chapter provides very detailed methodology for the impairment evaluation, the authors stopped short of providing any definitive numerical impairment value that would be the quantitative product of the assessment, writing; "The use of percentages implies a certainty that does not exist".
- And while the authors felt strongly that mental impairment could not be accurately rated by a numeric value, they tied their evaluation methodology to the Diagnostic and Statistical Manual of Mental Disorders, Fourth Edition, or the DSM-IV, which on its Axis V, provides just that - a numeric score that is descriptive of the injured worker's mental impairment caused by a workplace injury.

8

8

Permanent Disability, the AMA Guides and the GAF

- This numeric score on Axis V of the DSM-IV is the Global Assessment of Functioning score, or the GAF.
- Therefore, by a somewhat roundabout way, Chapter 14 of The Guides does in fact provide that which the authors themselves stopped short of providing; a numeric value that may be translated to a whole person impairment that can then be combined with impairment from other body systems and body regions to derive a total whole person impairment rating for a particular date of injury.
- Coming full circle, the 2005 PDRS also expressly states that "psychiatric impairment shall be evaluated by the physician using the Global Assessment of Function (GAF) scale". The 2005 PDRS provides an equivalency table equating GAF scores to percentages of whole person impairment.

9

9

Permanent Disability, the AMA Guides and the GAF

- Nothing in The Guides or the 2005 PDRS prevents the evaluator from employing more than one methodology for describing an injured worker's permanent disability from an injury as long as a GAF score is provided.
- Discussion of work restrictions, reduced capacity, and permanent functional limitations are all pertinent and can provide useful supplemental information to assist the legal community in weighing the sufficiency and accuracy of a provided impairment rating.
- Opinions and conclusions that are internally consistent across varied measures of the injured worker's mental and behavioral disorder will consistently reach the threshold of substantial medical evidence.

10

10

The Global Assessment of Functioning – History

- The Global Assessment of Functioning (GAF) is a numeric scale rating that is designed to rate the social, *occupational* and psychological functioning of adults, or how well or adaptively an individual is meeting various "problems-in-living".
- The roots of the current GAF date back to 1949, when a research group at the Menninger Foundation began to collect data under the direction of Dr. Lester Luborsky. Dr. Luborsky had observed that there was no standardized way to determine a patient's mental health, even though his researchers had observed that case histories written by clinicians tended to include an initial evaluation of an individual's degree of health versus sickness. Dr. Luborsky undertook to develop a reliable and valid measure to quantify that process and published the Health-Sickness Rating Scale (HSRS), in 1962.

11

11

The Global Assessment of Functioning – History

- Initially, the developers designed their scale primarily as a tool to help clinicians design an appropriate treatment plan by giving an initial estimate of mental health. The scale was thus also useful in tracking treatment outcomes and the developers realized that use of numbers provided a more precise measure of health-sickness than words alone. The final scale employed both words and a numeric value and this quantification aided in establishing the HSRS as a powerful research tool.

12

12

The Global Assessment of Functioning – History

- Much like the current GAF, the HSRS is built around a central line going from 0 to 100. In the HSRS, a score of 100 represents an "ideal state of complete functioning integration, resiliency in the face of stress, happiness and social effectiveness"; while a score of 0 is defined as "Any condition which if unattended would quickly result in the patient's death, but not necessarily by his own hand." Moving along the scale, scores fall into groups with nodal descriptors corresponding to scale points.
- The HSRS was slightly revised to become the Global Assessment Scale (GAS) in 1976 and that scale became the Global Assessment of Functioning, which was introduced as Axis V of the DSM III in 1980.

  (Information adapted from Research and Psychotherapy, The Vital Link; Lester Luborsky and Ellen Luborsky)
- This presentation will discuss both the AMA Guides as it pertains to the evaluation of psychiatric injuries, and the use of the Global Assessment of Functioning in rating workplace mental injury.

13

13

The AMA Guides Chapter 14 Mental and Behavioral Disorders

- As stated briefly earlier in this presentation, Chapter 14 of the Guides does not provide numeric ratings. The authors themselves recognize, and in the opening of the chapter concede, that the chapter focuses more on the "process of performing a mental and behavioral impairment assessment".

14

14

The AMA Guides Chapter 14 Mental and Behavioral Disorders

Principles of Assessment and Diagnostic Considerations

- It is important for the evaluator to be aware of the following principles of assessment and diagnostic considerations when considering the evaluation of mental and behavior disorders:

  1. A clear diagnosis is required to assess permanent mental or behavioral impairment, and this diagnosis needs to be established according to the DSM-IV criteria.

  2. The evaluator should recognize that motivation to improve may be a key factor in the severity and extent of an injured worker's impairment. Identifiable problems with motivation to improve after an injury may arise from both the illness itself, as well as from secondary factors, including secondary gain. This is especially pertinent when evaluating workplace injuries.

15

15

The AMA Guides Chapter 14
Mental and Behavioral Disorders

Principles of Assessment and Diagnostic Considerations (cont'd)

3. The evaluator should recognize that an individual's level of functioning may vary considerably over time. It is therefore preferable to have evidence of functioning over a sufficiently long period of time before the date of the disability evaluation. Such information can come from both medical records and employment records.

4. The use of well-standardized psychological tests may improve diagnostic acumen and help establish the existence of a mental disorder.

5. Attention must be given to the effects of medication on the injured worker's signs, symptoms, and ability to function, particularly when the medication decreases the injured worker's symptoms. In such cases, the evaluator must consider the impairment that still exists despite the medication and understand the partial representation of the impairment's severity.

16

16

The AMA Guides Chapter 14
Mental and Behavioral Disorders

Principles of Assessment and Diagnostic Considerations (cont'd)

6. In other cases, while the effects of psychoactive medications may be beneficent to the condition being treated, there may be impact on motivation, affect and level of activity and these side-effects must also be considered in the overall assessment and rating.

7. Rehabilitation is considered an essential condition in the treatment of mental disorders; however, even where total remission is not possible, a worthwhile outcome may be demonstrated by moving the injured worker's functioning to a higher level and thus effecting a smaller impairment.

17

17

The AMA Guides Chapter 14
Mental and Behavioral Disorders

Motivation

Careful attention should be given to the assessment of motivation because lack of motivation may be hard to distinguish from mental impairment. Motivation is a link between impairment and disability and for some, poor motivation is a major cause of poor functioning. Considerations in assessing motivation include:

1. Is the lack of motivation a sign of an illness such as depression or schizophrenia?
2. Is the lack of motivation the result of fear of losing entitlement or other benefits of being ill?
3. Is the lack of motivation a side-effect of neuroleptic medication?
4. Is the lack of motivation due to conscious malingering?
5. Is the lack of motivation a consequence of demoralization of persons with any chronic illness?
6. Is the lack of motivation due to social network support for illness?

18

18

The AMA Guides Chapter 14
Mental and Behavioral Disorders

Methodology of Evaluating Psychiatric Impairment

While the authors of Chapter 14 of the Guides express concern over the use of percentages to define mental impairment, they do define four main categories that assess many areas of function, and then link an individual's functioning in these categories to five classes of impairment ranging from no impairment to extreme impairment.

Assessing an injured worker's impairment in activities that fit into these four main categories supports an overall discussion of impairment caused by a workplace injury. Therefore, it is recommended that the psychiatric medical-legal evaluator assess the injured worker's extent of functioning in all four categories.

These categories are:

1. Activities of Daily Living
2. Social Functioning
3. Concentration, Persistence and Pace
4. Deterioration or Decompensation on Complex or Work like Settings

19

19

The AMA Guides Chapter 14
Mental and Behavioral Disorders

Activities of Daily Living

The Activities of Daily Living to be assessed are the same as used in all chapters of the AMA Guides, and are found in Table 1-2 on page 4.

Activities of daily living include:

- self-care and personal hygiene
- sexual functioning
- sleep
- eating, preparing food, shopping
- communication, speaking and writing
- maintaining one's posture standing and sitting
- caring for the home and personal finances
- walking, travelling and moving about (using public transport)
- recreational and social activities

20

20

The AMA Guides Chapter 14
Mental and Behavioral Disorders

Activities of Daily Living

- It is important for the evaluator to consider the injured worker's ability to function in these activities independent of supervision or direction.
- In addition, the evaluator should assess for appropriateness, effectiveness and sustainability when considering an injured workers' competency in performing these activities.
- Further, any identified or suspected limitation must be investigated to the extent that those caused by the diagnosed mental disorder(s) can be distinguished from those caused by other factors such as physical injury or financial constraints. When considering the rating of mental impairment, only limitations due to the mental disorder(s) are considered relevant.
- Once the inventory of the injured worker's limitations in Activities of Daily Living has been completed and the evaluator is considering rating the impairment in one of the five classes of impairment, the evaluator is cautioned to consider not simply the number of activities that are limited, but also the overall degree of limitation or combination of limitations present in the injured worker.

21

21

The AMA Guides Chapter 14
Mental and Behavioral Disorders

Social Functioning

- The assessment of social functioning involves the evaluator's consideration of the injured worker's capacity and/or limitation in a range of social situations and settings.
- Social functioning relates to the following:
  - ability to get along with family/ friends/neighbors/ general public
  - ability to respond appropriately to people in authority
  - ability to co-operate with co-workers
  - ability to initiate social contact
  - and ability to participate in group activities

22

22

The AMA Guides Chapter 14
Mental and Behavioral Disorders

Social Functioning

- In the work setting, the injured worker may have particular social functioning demands, including interacting with the public, performing in a subordinate role, and working effectively as part of a team.
- The overall degree of interference with a particular aspect or combination of aspects of social functioning is as significant as the number of aspects in which social functioning is impaired.
- Impairment in social functioning may be demonstrated by a history of legal trouble, altercations, disciplinary action in school, lack of interpersonal relationships, and social isolation.
- Specifically in the workplace it may be evidenced by a history of write-ups, suspensions or other disciplinary actions, and/or firings.

23

23

The AMA Guides Chapter 14
Mental and Behavioral Disorders

Social Functioning

- Strength in social functioning is demonstrated by such things as initiation of social contact, cooperation and social maturity.
- Specifically in the workplace, it may be seen in the injured worker's ability to effectively communicate with coworkers and customers, to effectively carry out the plans and requests of supervisors, as well as to effectively interact and participate in group activities.
- Specific examples of the injured workers' impaired social functioning are useful in supporting the placement into an impairment class and strengthens the opinions and conclusions.

24

24

The AMA Guides Chapter 14
Mental and Behavioral Disorders

Concentration, Persistence, and Pace

- Concentration, persistence, and pace are needed to perform many activities of daily living, including task completion. Task completion refers to the ability to sustain focused attention long enough to permit the timely completion of tasks commonly found in activities of daily living and/or work settings.
- Major impairments in concentration, persistence and pace can often be assessed through direct psychiatric examination or psychological testing. However, mental status examination and psychological testing alone should not be considered adequate to fully describe the individual's concentration and sustained ability to perform work tasks.

25

25

The AMA Guides Chapter 14
Mental and Behavioral Disorders

Concentration, Persistence, and Pace

- Assessing concentration, persistence and pace looks at how an individual:
- Works with or near others without being distracted
- Sustains an ordinary routine without special supervision
- Carries out detailed instructions
- Maintains attention and concentration for specific tasks
- Makes simple work-related decisions
- Performs activities within a given schedule
- Maintains regular attendance and is punctual within customary tolerances
- Completes a normal workday and workweek without interruptions from psychologically based symptoms

26

26

The AMA Guides Chapter 14
Mental and Behavioral Disorders

Deterioration or Decompensation in Complex or Work like Settings:

- Deterioration or decompensation in complex or work like settings relates to an individual's failure to adapt to 'normal' stressful circumstances.
- This may be evidenced by:
  - Showing a negative response to stress
  - Decompensating in work situations
  - Failing to understand and follow instructions over extended periods
  - Being unable to regularly attend work or maintain consistent standard of work
  - Being unable to ask necessary questions, adapt to changes
  - Being unaware of hazards
  - Being unable to make plans independently

27

27

The AMA Guides Chapter 14
Mental and Behavioral Disorders

Deterioration or Decompensation in Complex or Work like Settings:

- In the face of such "normal" stressful circumstances, the individual may withdraw from the situation or experience exacerbation of signs and symptoms of a mental disorder; that is, he or she may decompensate and have difficulty maintaining performance of activities of daily living, continuance of social relationships and completion of tasks.
- Stresses common to the work environment include attendance, making decisions, scheduling, completing tasks and interacting with supervisors and peers.

28

28

The AMA Guides Chapter 14
Mental and Behavioral Disorders

Deterioration or Decompensation in Complex or Work like Settings:

- In the medical-legal evaluation, it is recommended that you provide examples of the injured worker's decompensation, as well as the particular stressors that might have brought it about.
- The evaluator should fully understand the standard of stress that is applied to the particular workplace setting. For instance, the standard of stress for an injured worker whose usual and customary occupation is a barista should be understood by the medical-legal evaluator to be quite different than the standard of stress for an injured worker whose usual and customary occupation is a police officer.
- The evaluator should recognize when the assessment and consideration of an injured worker's impairments in this particular category dictate the need for prophylactic work restrictions preluding certain tasks or work settings.

29

29

The AMA Guides Chapter 14
Mental and Behavioral Disorders

An injured worker's capacity or functioning in each of these four main categories of functioning is then rated individually on a five-point scale, where:

- A score of 1 means that the injured worker has no impairment in that function;
- A score of 2 means the injured worker has a mild impairment in that function and they can carry out most useful functioning of the particular task;
- A score of 3 means that the injured worker has a moderate impairment in that function, and they can carry out some, but not all useful functioning of the particular task;
- A score of 4 means that the injured worker has a marked impairment in that task, and they are significantly impeded in useful functioning in that particular task;
- And a score of 5 means that the injured worker has an extreme impairment in the task, and they cannot carry out any useful functioning in that particular task.

30

30

The AMA Guides Chapter 14
Mental and Behavioral Disorders

When scoring the injured worker's capacity, remember:

- It is useful to consider several different tasks within each of the four main categories, and rate each individually.
- The evaluator should then consider the ratings for each task within the category and arrive at a single rating score for the injured worker's functioning in that category.
- When the evaluator has done this for all tasks in the four main categories of useful function, the 4 ratings are considered in the aggregate, and the evaluator determines a final level of impairment due to mental disorders.

31

31

The AMA Guides Chapter 14
Mental and Behavioral Disorders

The final levels of impairment are identified in Table 14-1 of the AMA Guides, page 363, as follows:

Class 1. No Impairment
Class 2. Mild Permanent Impairment
Class 3. Moderate Permanent Impairment
Class 4. Marked Permanent Impairment
Class 5. Extreme Permanent Impairment

32

32

Application of the GAF

The GAF consists of 10 deciles or levels. Overall, the GAF considers psychological, social, and occupational functioning on a hypothetical continuum of mental health to mental illness.

When using the GAF, the evaluator should not consider any impairment in functioning that is due to physical or environmental limitations.

When deriving a GAF score for the injured worker the medical-legal evaluator should follow these steps:

1. Start at the top level of the GAF and evaluate each range by asking "Is either the individual's symptom severity OR level of functioning worse than what is indicated in that range description?"
2. Keep moving down the scale until the range that best matches the patient's symptom severity or level of functioning is reached, whichever is worse.

33

33

Application of the GAF

When deriving a GAF score for the injured worker the medical-legal evaluator should follow these steps (continued):

3. Double check the result by looking at the next lower range, which should be too severe on both symptom severity and level of functioning. Describe why this level is too low for the injured worker being evaluated.

4. Go back and also describe why the level above your chosen level is too high for the injured worker being evaluated.

5. Once a class or level has been determined, the specific GAF in the range provided for that level must be chosen. In choosing the appropriate impairment within a chosen class or level, the evaluator must consider whether the individual is functioning at the higher or lower end of the 10-point range that is provided for each class or level.

6. Once the final GAF score has been determined through this methodology, then the evaluator converts the GAF score to whole person impairment by use of the defined Table.

34

34

Deciles of the GAF Scale

The following are the deciles of the GAF scale, and the descriptors for each level of functioning:

100 - 91: Superior functioning in a wide range of activities and facing life's problems; no symptoms.

90 - 81: Absent or minimal symptoms, good functioning in all areas, interested and involved in a wide range of activities. Socially effective, generally satisfied with life, no more than everyday problems or concerns.

80 - 71: If symptoms are present, they are transient and expectable reactions to psychosocial stressors; no more than slight impairment in social, occupational or school functioning.

70 - 61: Some mild symptoms OR some difficulty in social, occupational, or school functioning, but generally functioning pretty well, has some meaningful interpersonal relationships.

60 - 51: Moderate symptoms OR moderate difficulty in social, occupational, or school functioning.

50 - 41: Serious symptoms OR any serious impairment in social, occupational, or school functioning.

40 - 31: Some impairment in reality testing or communication OR major impairment in several areas, such as work or school, family relations, judgment, thinking, or mood.

30 - 21: Behavior is considerably influenced by delusions or hallucinations OR serious impairment in communication or judgment OR inability to function in almost all areas.

20 - 11: Some danger of hurting self or others OR occasionally fails to maintain minimal personal hygiene OR gross impairment in communication.

10 - 1: Persistent danger of severely hurting self or others OR persistent inability to maintain minimal personal hygiene OR serious suicidal act with clear expectation of death.

0: Inadequate information.

35

35

GAF	WPI	GAF	WPI	GAF	WPI
1	90	31	69	51	29
2 - 3	89	32	67	52	27
4	88	33	65	53	26
5 - 6	87	34	63	54	24
7	86	35	61	55	23
8	85	36	59	56	21
9 - 10	84	37	57	57	20
11	83	38	55	58	18
12 – 13	82	39	53	59	17
14	81	40	51	60	15
15 – 16	80	41	48	61	14
17	79	42	46	62	12
18 – 19	78	43	44	63	11
20	77	44	42	64	9
21 – 22	76	45	40	65	8
23	75	46	38	66	6
24	74	47	36	67	5
25 – 26	73	48	34	68	3
27	72	49	32	69	2
28 – 29	71	50	30	70 - 100	0
30	70				

36

36

IMPAIRMENT RATING CASE EXAMPLES

37

37

Case Example #1
Impairment rating with agreement in symptoms and level of functioning

Facts of the case:

- The applicant is a 40-year old bus operator who developed physical complaints of back pain from prolonged sitting and neck pain from driving busses without power steering.
- Through his history and the medical records it was found that he had experienced back and neck pain for more than eight years before seeking care.
- The applicant also developed anxiety and depression after being involved in a traffic accident where a pedestrian was injured and he felt responsible because the accident occurred while he was distracted by his back pain.

38

38

Case Example #1
Agreement in Symptoms and Functioning(continued)

Facts of the case (continued):

- One year after the traffic accident, the applicant filed a claim for both physical injury and psychological injury. By this point his pain was more and more of a distraction and he felt that his anxiety about driving and possibly causing another accident was making it difficult to do his job.
- He was treated for his neck and back by an orthopedic surgeon who took him off work.
- He was treated for his psychological complaints with individual psychotherapy and pharmacological management.

39

39

Case Example #1
Agreement in Symptoms and Functioning(continued)

Facts of the case (continued):

- Six months after commencing treatment, he underwent surgery to his neck. There was no improvement. He had pain management to address chronic pain in both the neck and the low back. His low back improved but he felt that his neck never got any better. He was considered permanent and stationary two-years after commencing treatment.
- He never returned to work and accepted an early retirement through his employer, at monthly pension that was less than he would have received had he not chosen the early retirement.
- The applicant was referred for a psychiatric Qualified Medical Evaluation.

40

40

Case Example #1
Agreement in Symptoms and Functioning(continued)

Presenting Complaints at the QME included:

- Constant feeling of sadness and depression with social isolation from both friends and family members
- Anger toward his employer for not providing better equipment such as more comfortable seats and power-steering busses
- Bouts of depression lasting for days at a time without respite;
- Disturbed sleep secondary to anxiety;
- Occasional nightmares about the traffic accident;
- Frequent guilt about the traffic accident;
- Anxiety about his future, his health and his finances;
- Poor concentration with forgetting names, dates, appointments, what he wanted to do or say;
- Inability to remember instructions from his wife

41

41

Case Example #1
Agreement in Symptoms and Functioning(continued)

- He also continued to have chronic pain in his neck and back, which also contributed to his psychiatric symptoms.
- He reported that he accepted the early retirement because he could not see himself ever being successful in the workplace again. He based this on his ongoing anger which made it difficult to establish working relationships with superiors; his bouts of depression which affected self-care, grooming, and his ability to be at a job every day; his disturbed sleep which would make it difficult for him to be at work every day; and his anxiety which made it very difficult for him to deal with stressful situations.

42

42

Case Example #1
Agreement in Symptoms and Functioning(continued)

- His score on the BAI indicated moderate anxiety.
- His score on the HAI indicated mild anxiety.
- His score on the BDI indicated moderate depression.
- His score on the HDI indicated moderate depression.
- His MMPI-2 revealed a valid profile suggesting intense anxiety, numerous somatic concerns, low morale and a depressed mood, preoccupation with feeling guilty and unworthy, regret and unhappiness about his life, and worry about the future.

43

43

Case Example #1
Agreement in Symptoms and Functioning(continued)

On mental status examination:

- The applicant was well groomed;
- He walked slowly and exhibited some signs of pain;
- He was cooperative with the evaluation and testing;
- He was a moderate historian with difficulty remembering specific dates and chronology;
- Speech was spontaneous with no evidence of dysarthria;
- The applicant maintained good eye contact;
- Thought process was linear;
- His thought content was significant for passive suicidal ideation without intent or plan;

44

44

Case Example #1
Agreement in Symptoms and Functioning(continued)

On mental status examination:

- Applicant denied symptoms of auditory or visual hallucination, or homicidal ideation;
- Affect was restricted throughout the interview;
- He was well related overall however he did appear quite dysphoric;
- He was oriented times four;
- Memory, focus, and concentration were grossly intact;
- General information skills appeared to fall in the average sphere of vocabulary and use of language and conversation;
- Insight and judgement appeared mildly impaired.

45

45

Case Example #1
Agreement in Symptoms and Functioning(continued)

- The applicant was found to be moderately credible by the psychiatric QME.
- The applicant was assigned the following diagnoses:
  - Axis I Adjustment Disorder with Mixed Anxiety and Depressed Mood, Chronic
  - Axis II No diagnosis
  - Axis III Description of Physical Disorders Deferred to Orthopedic
  - Axis IV Loss of Employment, Chronic pain
  - Axis V CURRENT GAF: 57 with corresponding WPI of 20%

46

46

Case Example #1
Agreement in Symptoms and Functioning(continued)

The evaluator, on Axis V, selected a GAF of 57

The evaluator follows the following steps in choosing the appropriate GAF:

1. The evaluator starts at the top level of the GAF and evaluates each decile by asking if the applicant's symptom severity OR level of functioning are worse than described.

47

47

Case Example #1
Agreement in Symptoms and Functioning(continued)

100 - 91 Decile

- Symptoms: This decile considers that the applicant has no symptoms. In this case example, the fact that the applicant has symptoms means that the applicant's symptoms are worse than contemplated in this decile; therefore this is not the appropriate GAF decile for the applicant on a symptom severity basis.
- Functioning: Functioning in this decile is defined as superior across a wide range of activities. The applicant's functioning is far less than superior. He has disturbed sleep. He described bouts of depression affecting self-care and grooming. He would be unlikely to establish effective working relationships with superiors in a work setting. And he would likely miss work more often than acceptable. As such, the applicant's functioning is worse than the functioning contemplated in this decile therefore this is not the appropriate GAF decile for the applicant on a functional impairment basis.
- ***Both*** his symptoms ***and*** his functioning are worse than what is described for this decile.

48

48

Case Example #1
Agreement in Symptoms and Functioning(continued)

2. The evaluator then moves down the scale until the range that best matches the applicant's symptom severity or level of functioning is reached, ***whichever is worse.***

The 90 - 81 Decile

- Symptoms: This decile considers that the applicant has absent or minimal symptoms. In this case example, the applicant has symptoms, and therefore does not meet the criterion of no symptoms. Further, the symptoms are considered more than minimal due to the constancy of sadness and depression causing social isolation, ongoing anger, and frequent anxiety with disturbed sleep. The applicant's symptoms are worse than contemplated in this decile; therefore this is not the appropriate GAF decile for the applicant on a symptom severity basis.

49

49

Case Example #1
Agreement in Symptoms and Functioning(continued)

The 90 - 81 Decile

- Functioning: Functioning in this decile is defined as good in all areas; being interested and involved in a wide range of activities, socially effective; and having no more than everyday problems or concerns. The applicant's functioning is far less than described for this decile. He is not interested in activities and socially isolates. He is not socially effective and has difficulty relating to those perceived as superiors. He has anxiety and worry over his health and future that is far greater than would be characterized as everyday problems and concerns. As such, the applicant's functioning is worse than the functioning contemplated in this decile therefore this is not the appropriate GAF decile for the applicant on a functional impairment basis.
- ***Both*** his symptoms ***and*** his functioning are worse than what is described for this decile. The evaluator moves down the scale.

50

50

Case Example #1
Agreement in Symptoms and Functioning(continued)

The 80 - 71 Decile

- Symptoms: This decile considers that if the applicant has symptoms at all, they are "transient and expectable reactions to psychosocial stressors". In this case example, while the applicant does have symptoms, clearly they are not transient as the diagnosed condition is chronic. Further, the symptoms described by the applicant would not be considered expectable reactions as the symptom severity displayed by the applicant is not demonstrated across the population of individuals experiencing chronic pain, and/or less than favorable work outcomes. The applicant's symptoms are worse than contemplated in this decile; therefore this is not the appropriate GAF decile for the applicant on a symptom severity basis

51

51

Case Example #1
Agreement in Symptoms and Functioning(continued)

The 80 - 71 Decile

- Functioning: This decile contemplates no more than slight impairment in social, occupational or school functioning. This applicant's functioning is far less than described for this decile. He socially isolates, which is greater than a slight impairment. He has difficulty with supervisors, and this would translate to greater than a slight impairment in occupational functioning. His occupational functioning would also be more than slightly impaired by anger, and likely by anxiety leading to inability to adapt to changing circumstances. As such, the applicant's functioning is worse than the functioning contemplated in this decile. Therefore this is not the appropriate GAF decile for the applicant on a functional impairment basis.

- ***Both*** his symptoms ***and*** his functioning are worse than what is described for this decile. The evaluator moves down the scale.

52

52

Case Example #1
Agreement in Symptoms and Functioning(continued)

The 70 - 61 Decile

- Symptoms: This decile considers that the applicant has some mild symptoms. In this case example, the applicant's symptoms are not considered mild by the evaluator, based on both the chronicity of the symptoms and the constancy of the symptoms. The applicant is affected by his symptoms in nearly every activity of his day, including sleep, and is unable to escape or gain respite from his symptoms. The applicant's symptoms are worse than contemplated in this decile; therefore this is not the appropriate GAF decile for the applicant on a symptom severity basis.

53

53

Case Example #1
Agreement in Symptoms and Functioning(continued)

The 70 - 61 Decile

- Functioning: This decile contemplates that the applicant would have some difficulty in social, occupational, or school functioning, but would be generally functioning pretty well. In this case, he is not generally functioning pretty well. He isolates even from family. He accepted a retirement package including a financial disincentive because he no longer wanted to face the workplace. His inability to adapt to changing circumstances and/or stressful situations, and lack of motivation due to his depression prevent this applicant from functioning generally well in his current daily life. As such, the applicant's functioning is worse than the functioning contemplated in this decile therefore this is not the appropriate GAF decile for the applicant on a functional impairment basis.

- ***Both*** his symptoms ***and*** his functioning are worse than what is described for this decile. The evaluator moves down the scale.

54

54

Case Example #1
Agreement in Symptoms and Functioning(continued)

The 60 - 51 Decile

- Symptoms: This decile considers moderate symptoms. The evaluator considers the applicant's symptoms to be moderate based on his ability to effectively participate in the evaluation process and lack of signs of total withdrawal from life's events. For instance, the applicant described having difficulty remembering instructions from his wife; however, he maintained his relationship with his wife and did at times try to assist her with some routine errands and tasks. His willingness to do this was intermittent at best, and more often than not he chose to just remain home and do nothing. This decile was considered by the evaluator to be consistent with his symptoms.

55

55

Case Example #1
Agreement in Symptoms and Functioning(continued)

The 60 - 51 Decile

- Functioning: This decile contemplates moderate difficulty in social, occupational, or school functioning. The evaluator considers the applicant to have moderate difficulty in functioning as evidenced by socially isolating, inability to control his anger and animosity toward supervisors and others perceived to be in a superior role, and lack of desire to be a part of the daily household routine with his wife, despite the evaluation revealing the wife to be quite supportive of the applicant. This decile was considered by the evaluator to be consistent with the applicant's level of functioning.
- ***Both*** his symptoms ***and*** his functioning are considered to be accurately described in this decile
- The 60 - 51 decile is chosen based on both symptom severity and level of functioning.

56

56

Case Example #1
Agreement in Symptoms and Functioning(continued)

3. The evaluator then double checks the result by looking at the next lower range, which should be too severe on both symptom severity and level of functioning.

The 50 - 41 Decile

- Symptoms: This decile considers that the applicant has serious symptoms. In this case, the applicant is not felt to have serious symptoms. The applicant is not showing any signs of self-destructive behavior and did not display symptoms that hindered the effective evaluation of his injury. The applicant's symptoms were considered less than described for this decile.

57

57

Case Example #1
Agreement in Symptoms and Functioning(continued)

The 50 - 41 Decile

- Functioning: This level is accurate when there is any serious impairment in social, occupational, or school functioning. In this case, the applicant does not have serious impairment in functioning. He maintains appropriate behavior and participates effectively in the evaluation process. He completes necessary testing in a reasonable period of time. And while he may choose not to participate in the daily family routine with his wife, he has capability of that level of function. The applicant's functioning is better than described for this decile.

- ***Both*** his symptoms ***and*** his functioning are better than what is described in this decile supporting the evaluator's choice of the decile above this one as the accurate choice.

58

58

Case Example #1
Agreement in Symptoms and Functioning(continued)

4. The evaluator goes back and also describes why the level above the chosen decile is too high for this applicant.

- Again, the 70 - 61 decile was not considered accurate based on the applicant having greater than mild symptoms evidenced by both the chronicity of the symptoms and the constancy of the symptoms and the effect of the symptoms on nearly every activity of his day; as well as the applicant not considered to be "generally functioning pretty well" as evidenced by isolating and inability to adapt to changing circumstances and/or stressful situations.

59

59

Case Example #1
Agreement in Symptoms and Functioning(continued)

5. Now that the evaluator has determined the correct decile, the specific GAF in the range provided for that level is considered. In choosing the appropriate GAF within the chosen decile, the evaluator considers whether the applicant is functioning at the higher or lower end of the 10-point range provided for that decile.

In this case, the evaluator chooses the GAF of 57, indicating that the applicant is closer to reaching a higher decile than he is to falling to a lower decile.

- Symptoms: The evaluator finds that motivation is a force in maintaining the applicant's symptoms and considers the somewhat volitional nature of his social isolation despite a very supportive wife and believes that these factors likely mean he is closer to mild symptoms rather than serious symptoms; all the while believing that the applicant's symptoms as he experiences them are well within the confines of moderate psychological symptoms.

60

60

Case Example #1
Agreement in Symptoms and Functioning(continued)

- Functioning: The evaluator considers that the applicant made the choice to accept the early retirement despite financial detriment, which was considered somewhat of a proactive measure in that had he not done so, he might have had greater functional impairment and/or symptom severity. The evaluator cited a strong support system from the applicant's family, positive response to psychiatric treatment, and some improvement in his physical condition all preventing him from experiencing greater problems with his functioning, pointing to a higher score in the given range.

6. Now that the final GAF score has been determined through this process, the evaluator converts the GAF score to whole person impairment by use of the defined Table:

- The derived GAF of 57 has a corresponding WPI of 20%, which is the final impairment rating for the psychiatric injury.

61

61

Case Example #1
Agreement in Symptoms and Functioning(continued)

In addition to deriving a whole person impairment percentage through the GAF, the evaluator also used the methods described in Chapter 14 of The Guides to discuss impairment under the four defined categories:

- For Activities of Daily Living, the applicant was considered to have mild impairment (score of 2) in self-care; whereas he was considered to have a moderate impairment (score of 3) in communication, physical activity, travel and sleep. Overall score was moderate impairment with a score of 3.

- For Social Functioning, he was considered to have no impairment (score of 1) in maintaining socially appropriate behavior and maintaining basic standards of neatness and cleanliness; mild impairment (score of 2) in getting along with others and showing cooperative behavior; and moderate impairment (score of 3) in initiating social contact, communicating clearly with others, participating in group activities, accepting instructions, and getting along with co-workers and peers. Overall score was moderate impairment with a score of 3.

62

62

Case Example #1
Agreement in Symptoms and Functioning(continued)

- For Memory, Concentration and Pace, the applicant was considered to have mild impairment (score of 2) in working near others without distraction, keeping an ordinary routine, and making simple decisions; whereas he had moderate impairment (score of 3) in comprehension, ability to carry out detailed instructions, maintenance of concentration necessary to complete tasks and maintenance of regular attendance and punctuality. Overall score was moderate impairment with a score of 3.

63

63

Case Example #1
Agreement in Symptoms and Functioning(continued)

- In Deterioration or Decompensation in Complex or Worklike Settings, the applicant had no impairment (score of 1) on awareness of normal hazards; mild impairment (score of 2) with performing activities on schedule, and ability to use public transportation; with moderate impairment (score of 3) with judgement, withdrawing from complex situations, ability to adapt to changing work settings, and making plans independent of others. Overall score was moderate impairment with a score of 3.

The evaluator assigns an overall moderate permanent impairment according to Table 14-1 of The Guides.

64

64

Case Example #2: Disparity in Symptoms and Level of Functioning; Symptoms Outweigh Functioning

- The applicant in this case is a married 42-year-old female who was employed as a sales consultant for a company selling tour packages. The applicant is claiming psychiatric injury due to alleged continuous harassment at the workplace, specifically due to stress and pressure from her manager causing psychiatric injury on a cumulative trauma basis. Through her history and review of the medical records, it was found that applicant had worked without difficulty for the employer for a period of 6 years before a new manager was hired.

65

65

Case Example #2: Disparity in Symptoms and Level of Functioning; Symptoms Outweigh Functioning

- This new manager had an aggressive style and threatened firings.
- He changed the commission structure to something the applicant and her coworkers believed to be unrealistic and predatory to the clients they served, and the applicant feared this would affect her income and her relationship with her clients, some of whom were clients she had served for years. This caused significantly more stress.
- Six months after the new manager started work, the applicant started experiencing physical manifestations of stress including breaking out in hives and hot flashes, which sent her to the emergency room.
- The work environment deteriorated, and the applicant described coworkers verbally fighting at staff meetings and the manager yelling at the staff almost constantly. The applicant believed that everyone in the department was nervous and upset.
- The manager began firing sales consultants about eight months after he began working for the company, which caused more work for the remaining consultants.

66

66

Case Example #2: Disparity in Symptoms and Level of Functioning; Symptoms Outweigh Functioning

- As a result of the hostile work environment and constant pressure from the new manager, the applicant felt unable to give appropriate attention to her clients, which caused a specific incident where a client made a claim that she sold them a package that they did not authorize.
- This event caused the applicant to seek psychological care and she was taken off work and did not return to work for this employer.
- She consulted an attorney and filed a claim. Two months later, she was terminated for "abandoning her job". She felt stress at not having a job.
- She was referred to a psychologist who initiated weekly treatment for diagnoses of Major Depressive Disorder, Generalized Anxiety Disorder, Insomnia due to Generalized Anxiety Disorder, and Stress Related Physiological Response affecting GI distress, headaches and dermatological condition.

67

67

Case Example #2: Disparity in Symptoms and Level of Functioning; Symptoms Outweigh Functioning

- She also had appropriate pharmacological treatment through once monthly psychiatric visits.
- The applicant continued with treatment for approximately three months, then abruptly discontinued treatment. There was no MMI evaluation by the treating psychologist.
- Subsequent employment working at a local elementary school in the attendance office was reported, beginning eight months after she stopped working for the employer of injury. She was making a lot less money in this occupation but was very happy to be working again.

68

68

Case Example #2: Disparity in Symptoms and Level of Functioning; Symptoms Outweigh Functioning

The applicant was referred for psychiatric Qualified Medical Evaluation. Her presenting complaints included:

- Sleep disturbance with difficulty falling asleep and staying asleep;
- Makes plans that she did not follow through with;
- Feeling numb;
- Feeling more depressed than anxious;
- She continued to have physical reaction to stress, including hot flashes and hives;
- She believed her fear of being exposed to stress caused her to avoid many situations;
- She only had very infrequent panic attacks;
- She had some difficulty with focus/concentration and believed she was more forgetful;
- She reported feeling sad, angry and irritable, lashing out at her husband and children and then feeling bad for doing so;
- She dealt with stress eating and periods of not eating.

69

69

Case Example #2: Disparity in Symptoms and Level of Functioning; Symptoms Outweigh Functioning

- Despite her ongoing symptoms:
  - She continued to work at the school in her new occupation as an attendance secretary.
  - She reported that while the job did not feel challenging to her, she was happy to be working again which she felt was more important to her at the time. She felt that job was a good, safe choice for her at present.
- The evaluator noted that if the applicant continued to be successful in the current occupation, she may desire to return to more challenging occupations in the future. The evaluator did emphasize that the applicant was not interested in discussing or considering this possibility at the time of the evaluation.
- There was no past psychiatric history identified in the evaluation.

70

70

Case Example #2: Disparity in Symptoms and Level of Functioning; Symptoms Outweigh Functioning

- Her score on the BAI indicated severe anxiety.
- Her score on the HAI indicated moderate anxiety.
- Her score on the BDI indicated severe depression.
- Her score on the HDI indicated moderate depression.
- On her MMPI-2, she endorsed a number of psychological symptoms in a generally frank and open manner. She felt nervous, tense, and unhappy, and was quite worried. She also appeared to be quite indifferent to many of the things she once enjoyed and believed she was no longer able to function well in life. She had a preoccupation with feeling guilty and unworthy and seemed plagued by anxiety and worry about the future. The MMPI-2 indicated that she had difficulty managing routine affairs and the items she endorsed suggested a poor memory and concentration problems. She appeared immobilized and withdrawn with no energy for life.

71

71

Case Example #2: Disparity in Symptoms and Level of Functioning; Symptoms Outweigh Functioning

On mental status examination:

- The applicant was casually groomed, without makeup;
- She maintained a reasonable pace walking to the examination room;
- She was cooperative, attentive, and maintained good eye contact;
- She had some difficulty remembering specific dates and chronological order of some events;
- Speech was spontaneous and fluent with no evidence of dysarthria, and of normal rate, volume, and tone;
- Her thought process was linear. Her thought content was significant for passive suicidal ideation without intent or plan;
- There was no homicidal ideation nor were there auditory or visual hallucinations;
- There was generally no evidence of any psychosis;

72

72

Case Example #2: Disparity in Symptoms and Level of Functioning; Symptoms Outweigh Functioning

- On mental status examination (continued):
  - Her affect was restricted throughout the interview with periods of tearfulness when discussing more intense moments dealing with her depression and anxiety;
  - She suffered from hot flashes during the interview;
  - She was well related overall however she did appear quite dysphoric;
  - In terms of mood she described herself as feeling very depressed;
  - She was oriented times four. Memory, focus, and concentration were grossly intact;
  - General information skills appeared to fall in the average sphere of vocabulary and use of language and conversation;
  - Her insight and judgment appeared intact as well.
- The applicant was found to be moderately credible by the psychiatric QME. The results of the MMPI-2 were emphasized, which noted that she endorsed psychological symptoms in a generally frank and open manner and was felt to be a valid indication of her present personality functioning.

73

73

Case Example #2: Disparity in Symptoms and Level of Functioning; Symptoms Outweigh Functioning

- The applicant was assigned the following diagnoses:
  - Axis I Generalized Anxiety Disorder; Major Depressive Disorder, Single Episode, Moderate
  - Axis II No diagnosis
  - Axis III Headaches, Hypertension, Hot flashes, Dermatological problems
  - Axis IV Loss of wages with subsequent employment, health, economic and marital issues
  - Axis V CURRENT GAF: 58 with corresponding WPI of 18%

74

74

Case Example #2: Disparity in Symptoms and Level of Functioning; Symptoms Outweigh Functioning

- The evaluator, on Axis V, selected a GAF of 58
- The evaluator follows the following steps in choosing the appropriate GAF:

  1. The evaluator starts at the top level of the GAF and evaluates each decile by asking if the applicant's symptom severity OR level of functioning are worse than described.

75

75

Case Example #2: Disparity in Symptoms and Level of Functioning; Symptoms Outweigh Functioning

100 - 91 Decile

- Symptoms: This decile considers that the applicant has no symptoms. In this case example, the fact that the applicant has symptoms means that the applicant's symptoms are worse than contemplated in this decile; therefore, this is not the appropriate GAF decile for the applicant on a symptom severity basis.
- Functioning: Functioning in this decile is defined as superior across a wide range of activities. The applicant's functioning is far less than superior. She has disturbed sleep. She has fear of exposure to stressful situations preventing her from effective much less superior functioning. She has anger affecting social functioning. As such, the applicant's functioning is worse than the functioning contemplated in this decile; therefore, this is not the appropriate GAF decile for the applicant on a functional impairment basis.
- ***Both*** her symptoms ***and*** her functioning are worse than what is described for this decile.

76

76

Case Example #2: Disparity in Symptoms and Level of Functioning; Symptoms Outweigh Functioning

2. The evaluator then moves down the scale until the range that best matches the applicant's symptom severity or level of functioning is reached, ***whichever is worse.***

The 90 - 81 Decile

- Symptoms: This decile considers that the applicant has absent or minimal symptoms. In this case example, the applicant has symptoms, and therefore does not meet the criterion of no symptoms. Further, the symptoms are considered more than minimal due to the physical manifestations, ongoing anger even toward her husband and children, and fear of stressful situations affecting many if not all decisions in her daily life. The applicant's symptoms are worse than contemplated in this decile; therefore this is not the appropriate GAF decile for the applicant on a symptom severity basis.

77

77

Case Example #2: Disparity in Symptoms and Level of Functioning; Symptoms Outweigh Functioning

- Functioning: Functioning in this decile is defined as good in all areas; being interested and involved in a wide range of activities, socially effective; and having no more than everyday problems or concerns. The applicant's functioning is far less than described for this decile. She is irritable with her family. She is avoidant of any situation that might be considered stressful or might become stressful. She is effective in a work environment that she herself considers to be a sheltered environment, but she is still not socially effective as she has not made friends or invested herself in the workplace. She has stress eating that would point to a level of anxiety or concern over situations that would be greater than would be characterized as everyday problems and concerns. As such, the applicant's functioning is worse than the functioning contemplated in this decile. Therefore, this is not the appropriate GAF decile for the applicant on a functional impairment basis.
- ***Both*** her symptoms ***and*** her functioning are worse than what is described for this decile. The evaluator moves down the scale.

78

78

Case Example #2: Disparity in Symptoms and Level of Functioning; Symptoms Outweigh Functioning

The 80 - 71 Decile

- Symptoms: This decile considers that if the applicant has symptoms at all, they are "transient and expectable reactions to psychosocial stressors". In this case example, the applicant's symptoms are clearly not transient and expectable reactions as she continues to be plagued by difficulty sleeping, a feeling of being numb, and fear. These symptoms have constancy to the degree that they have influenced her choice of current occupation and cause her to avoid many situations. The applicant's symptoms are worse than contemplated in this decile; therefore this is not the appropriate GAF decile for the applicant on a symptom severity basis.

79

79

Case Example #2: Disparity in Symptoms and Level of Functioning; Symptoms Outweigh Functioning

The 80 - 71 Decile

- Functioning: This decile contemplates no more than slight impairment in social, occupational or school functioning. This applicant's functioning is far less than described for this decile. She continues to avoid any situation that might cause conflict or stress. And while she has returned to work, she specifically chose an occupation that would present no more than simple and routine demands despite many years of working successfully in a high-pressure and very competitive sales job. The evaluator believes her functioning would be adversely affected if she were faced with any more than the routine demands she has become accustomed to. As such, the applicant's functioning is worse than contemplated in this decile; therefore this is not the appropriate GAF decile for the applicant on a functional impairment basis.
- ***Both*** her symptoms ***and*** her functioning are worse than what is described for this decile. The evaluator moves down the scale.

80

80

Case Example #2: Disparity in Symptoms and Level of Functioning; Symptoms Outweigh Functioning

The 70 - 61 Decile

- Symptoms: This decile considers that the applicant has some mild symptoms. In this case example, the applicant's symptoms are not considered mild by the evaluator as they continue to affect every choice in her daily life. As a result, she feels numb and depressed. She is angry much of the time, even with her family. The evaluator considers the avoidance tactics employed by the applicant to be indicative of ongoing symptoms that are clearly greater than mild. The applicant's symptoms are worse than contemplated in this decile; therefore this is not the appropriate GAF decile for the applicant on a symptom severity basis.

81

81

Case Example #2: Disparity in Symptoms and Level of Functioning; Symptoms Outweigh Functioning

The 70 - 61 Decile

- Functioning: This decile contemplates the applicant would have some difficulty in social, occupational, or school functioning, but would be generally functioning pretty well. In this case, the applicant is considered by the evaluator to be generally functioning pretty well. She believed that returning to work was important for her psychiatric well-being, and the evaluator felt she would use the current job to regain confidence in herself and hopefully seek more challenging employment in the future. Even if she chose to remain in the current occupation, she was generally functioning well in that job and was able to meet the demands of the job. This decile was considered by the evaluator to be consistent with the applicant's level of functioning.
- ***Only*** her symptoms were considered worse than what is described for this decile.
- Since her symptoms are considered worse than what is described in this decile, the evaluator continues to the next lower decile.

82

82

Case Example #2: Disparity in Symptoms and Level of Functioning; Symptoms Outweigh Functioning

The 60 - 51 Decile

- Symptoms: This decile considers moderate symptoms. The evaluator considers the applicant's symptoms to be moderate because they continue to dictate most if not all of her daily choices. She demonstrated a flat affect on mental status examination and when pushed, she did acknowledge that she felt a great loss when she was terminated from her sales occupation and the personal sense of accomplishment it afforded her in being successful in a challenging industry. Despite symptoms, she was able to participate effectively in the evaluation process. This decile was considered by the evaluator to be consistent with her symptoms.

83

83

Case Example #2: Disparity in Symptoms and Level of Functioning; Symptoms Outweigh Functioning

The 60 - 51 Decile

- Functioning: This decile contemplates moderate difficulty in social, occupational, or school functioning. The evaluator again considers the applicant's functioning and again finds her to have only mild difficulty in occupational functioning, believing this decile to be too extreme in describing her level of functioning. Despite lack of challenge in her current occupation, the evaluator does consider her ability to maintain attendance standards and function effectively in her current workplace despite a good deal of exposure to people. The applicant's level of functioning is therefore not considered to be moderately impaired, and her functioning is considered to be better than described for this decile.
- ***Only*** her symptoms are considered to be accurately described in this decile, with the decile considered to be too severe for her level of functioning.

84

84

Case Example #2: Disparity in Symptoms and Level of Functioning; Symptoms Outweigh Functioning

The 60 - 51 Decile

- Since her symptoms are considered to be accurately described by this decile while her functioning was already considered to be accurately described at a higher decile, this 60 - 51 decile is chosen based on symptom severity, which is worse than the level of functioning in this applicant.

85

85

Case Example #2: Disparity in Symptoms and Level of Functioning; Symptoms Outweigh Functioning

3. The evaluator then double checks the result by looking at the next lower decile, which is found to be too severe on both symptom severity and level of functioning.

The 50 - 41 Decile

- Symptoms: This decile considers that the applicant has serious symptoms. In this case, the applicant is not felt to have serious symptoms. There are no signs of self-destructive behavior; no suicidal or homicidal thoughts and both her insight and her judgement are intact. She does not display any symptoms that hinder the effective evaluation of her injury. The applicant's symptoms are considered less than described for this decile.

86

86

Case Example #2: Disparity in Symptoms and Level of Functioning; Symptoms Outweigh Functioning

The 50 - 41 Decile

- Functioning: This decile is accurate when there is any serious impairment in social, occupational, or school functioning. In this case, the applicant does not have serious impairment in functioning, and as noted previously, she is not even considered to have moderate impairment in her functioning. The applicant's functioning is better than described for this decile.
- ***Both*** her symptoms ***and*** her functioning are better than what is described in this decile.
- The prior decile of 60 - 51 is thus established as the accurate decile for the applicant.

87

87

Case Example #2: Disparity in Symptoms and Level of Functioning; Symptoms Outweigh Functioning

4. The evaluator goes back and also describes why the level above the chosen decile is too high for this applicant.

- Again, the 70 - 61 decile was not considered accurate because it only accurately described the applicant's level of functioning, not her symptom severity. She was considered to have greater than mild symptoms because her symptoms continued to effect much if not all of her daily life and many of her daily activities were dictated by her fear and anxiety.
- The instructions for determining the appropriate GAF instructs the evaluator to continue down the table until the evaluator finds the decile that best matches the applicant's symptom severity OR level of functioning, whichever is worse. In this case, this level above the chosen final decile was accurate ***only*** for the applicant's level of functioning and therefore could not be the final chosen decile according to the instructions.

88

88

Case Example #2: Disparity in Symptoms and Level of Functioning; Symptoms Outweigh Functioning

5. Now that the evaluator has determined the correct decile, the specific GAF in the range provided for that level is considered. In choosing the appropriate GAF within the chosen decile, the evaluator considers whether the applicant is functioning at the higher or lower end of the 10-point range provided for that decile.

- In this case, the evaluator chooses the GAF of 58, indicating that she is within reach of a higher decile due to her functioning which is considered to be accurately described by a higher decile; however, she has symptom severity that is still well-defined by this decile.

89

89

Case Example #2: Disparity in Symptoms and Level of Functioning; Symptoms Outweigh Functioning

- Symptoms: The evaluator believes that the applicant's symptoms, while moderate, do not represent a lower GAF within this decile because she does have the support of her family and she has recognized the importance of the work environment in her life. She believes that she is managing her symptoms to the best of her ability in order to preserve her current level of functioning at work, which causes the evaluator to believe her symptoms are closer to being considered mild than they are to being considered serious. However, these opinions are tempered by the evaluator's stronger belief that the applicant remains quite invested in her symptoms which causes those symptoms to be maintained well within the moderate level.

90

90

Case Example #2: Disparity in Symptoms and Level of Functioning; Symptoms Outweigh Functioning

- Functioning: The evaluator again believes that the applicant's functioning is accurately described by the 70 - 61 decile, which would dictate a higher GAF. However, the evaluator considers that she is functioning below her optimal level and chooses this GAF based in part on the belief that she would be capable of higher functioning if she were not held back by the significant investment she has made to her symptom complex. It was again emphasized that if the applicant continued to do well in her job, she may improve to the point where she might seek more challenging employment, which would likely be evidence of improvement in her symptoms. At present, she had no desire to consider this, which pointed to the evaluator's conclusion that the applicant's symptoms were dictating her level of function and were therefore the overriding factor in her impairment and the choice of GAF.

91

91

Case Example #2: Disparity in Symptoms and Level of Functioning; Symptoms Outweigh Functioning

6. Now that the final GAF score has been determined through this methodology, the evaluator converts the GAF score to whole person impairment by use of the defined Table.

- The derived GAF of 58 has a corresponding WPI of 18%, which is the final impairment rating.

92

92

Case Example #2: Disparity in Symptoms and Level of Functioning; Symptoms Outweigh Functioning

In addition to deriving a whole person impairment percentage through the GAF, the evaluator also uses the methods described in Chapter 14 of The Guides to discuss impairment under the four defined categories:

- For Activities of Daily Living, the applicant was considered to have no impairment (score of 1) in self-care and personal hygiene and communicating in writing; whereas she was considered to have a mild impairment (score of 2) in sexual functioning, and recreational and social activities; and moderate impairment (score of 3) in sleep, and caring for the personal home and finances. Her overall score was mild impairment with a score of 2.
- For Social Functioning, she was considered to have no impairment (score of 1) in maintaining socially appropriate behavior, and maintaining basic standards of neatness and cleanliness; mild impairment (score of 2) in getting along with co-workers and peers, and moderate impairment (score of 3) in initiating social contact, participating in group activities, in ability to respond appropriately to people in authority; in communicating clearly with others and in accepting instructions. Overall score was moderate with a score of 3.

93

93

Case Example #2: Disparity in Symptoms and Level of Functioning; Symptoms Outweigh Functioning

- For Memory, Concentration and Pace, the applicant was considered to have no impairment (score of 1) in working near others without distraction, keeping an ordinary routine, maintenance of regular attendance and punctuality, and making simple decisions; mild impairment (score of 2) in maintenance of concentration necessary to complete tasks; whereas she had moderate impairment (score of 3) in comprehension, and ability to carry out detailed instructions. Overall score was mild impairment with a score of 2.
- In Deterioration or Decompensation in Complex or Work Life Settings, the applicant had no impairment (score of 1) on awareness of normal hazards, performing activities on schedule; mild impairment (score of 2) in being able to make plans independently and in judgment; and moderate impairment (score of 3) in withdrawing from complex situations, showing negative response to stress, and in ability to adapt to changing work settings. Overall score was moderate impairment with a score of 3.
- The evaluator assigns an overall moderate permanent impairment according to Table 14-1 of The Guides.

94

94

Case Example #3: Disparity in Symptoms and Level of Functioning; Functioning Outweighs Symptoms

- The applicant is a 60-year-old married male who is claiming psychiatric injury stemming from continuous trauma and specific orthopedic injuries to several body parts, including his shoulders, upper extremities, and lower extremities while he was working for the subject employer as a welder.

95

95

Case Example #3: Disparity in Symptoms and Level of Functioning; Functioning Outweighs Symptoms

- The first physical injury was to the ankle, which required surgery.
- His second physical injury involved his left ring finger when it was struck with a heavy metal hammer, crushing the distal tip and nail. Treatment was successful without amputation.
- He also suffered injury to his right thumb when a piece of metal became lodged in the thumb and had to be surgically removed.
- He suffered another physical injury to the left knee when he rose from a kneeling position and twisted and pivoted on the leg. Surgery was required.
- The specific physical injuries had been accepted and he was provided with treatment for each injury. He had returned to work after each injury; first working light duty but soon after returning to his full job duties.

96

96

Case Example #3: Disparity in Symptoms and Level of Functioning; Functioning Outweighs Symptoms

- As a result of these numerous physical injuries the applicant worked with increasing chronic pain, contributing to difficulty sleeping and lower level of energy. He controlled his pain with over-the-counter medication and tried his best to continue in his full unrestricted capacity.
- Ultimately, he began to feel effects of stress from trying to work in pain. He reported the development of stress to his primary treating orthopedist.
- Approximately one year after the left knee injury, the applicant was laid off due to "slow work". He was told that he would be called back to work in a few months; however, he was never called back to work.
- He became depressed at the loss of his job of over 25 years. He began to worry about his future and his ability to pay his bills and support his family.

97

97

Case Example #3: Disparity in Symptoms and Level of Functioning; Functioning Outweighs Symptoms

- He became irritable and agitated, developed sleep disturbance and had difficulty focusing and concentrating.
- His physical complaints worsened, as did his diabetes. He developed stress eating, leading to gaining about 20 pounds in weight.
- He stopped attending church functions which had previously been a source of great pleasure for him.
- Initially the applicant refused treatment and isolated.
- Over time, he felt less angry about being laid off and his depression lessened. He began to feel that he wanted to again enjoy his family, his church activities and his hobbies.
- He was successful in losing the weight he had gained. He began to sleep better.

98

98

Case Example #3: Disparity in Symptoms and Level of Functioning; Functioning Outweighs Symptoms

- After this, the applicant was amenable to seeking treatment with a psychologist and commenced a course of treatment.
- He refused psychotropic medications but was provided medication for sleep.
- He was treated for eight months with benefit but stopped treatment despite recommendation to continue by his doctor.
- The applicant was encouraged by his family and his psychologist to return to the workforce. He attempted to find work and went to several interviews but was unable to trust what he was told about the job or the company. He found himself to be distrustful of the people conducting the interviews and became critical of the jobs he was offered.

99

99

Case Example #3: Disparity in Symptoms and Level of Functioning; Functioning Outweighs Symptoms

- The applicant did accept a job approximately three months after completing therapy, as a "working foreman" at a welding company.
- His duties were about half welding and half supervisory which the applicant felt would accommodate his physical limitations.
- However, he soon became disillusioned with the new workplace and constantly compared the work environment to his prior employer.
- He claimed that his subordinates did not respect him because of his physical limitations; however, he was unable to describe any specific instances of this.
- He started missing work.
- The applicant worked for this employer for a period of six months and then voluntarily resigned his position, stating that he was looking for a better fit.

100

100

Case Example #3: Disparity in Symptoms and Level of Functioning; Functioning Outweighs Symptoms

- He had not returned to the workforce since that time.
- He continued to participate in family, social and church activities, stating that he found these activities to be where he wanted to focus his attention.
- The applicant was referred for psychiatric Qualified Medical Evaluation.

101

101

Case Example #3: Disparity in Symptoms and Level of Functioning; Functioning Outweighs Symptoms

- His presenting complaints included:
  - Chronic pain in the right thumb, left ankle and left knee requiring continuous use of pain medication.
  - Some worry about his future and his ability to remain in the workforce.
  - Some distrust of people in supervisory or superior roles.
  - Some difficulty focusing and concentrating secondary to pain.
  - Some loss of confidence in workplace settings.
- Past history revealed counseling when the applicant was 30 years of age as a result of marital issues.

102

102

Case Example #3: Disparity in Symptoms and Level of Functioning; Functioning Outweighs Symptoms

- When completing the BAI and HAI, the applicant reported that he did not understand the meaning of many of the questions; however, he scored mild anxiety on both inventories.
- His score on the BDI indicated no depression.
- His score on the HDI indicated moderate depression.
- His MMPI-2 profile was invalid due to extreme item endorsement, which was considered to be the result of problems with comprehension due to only 2 or 3 years of elementary education, and essential illiteracy of the applicant who has impairment in both reading and writing. The applicant had been afforded assistance in completing the questions; however, his level of understanding did not allow appropriate responses on many questions.

103

103

Case Example #3: Disparity in Symptoms and Level of Functioning; Functioning Outweighs Symptoms

- Credibility was not considered to be at issue with the applicant.
- The evaluator believed that the applicant had improved with the treatment that had been provided to him. The evaluator did discuss the possibility of returning to work with the applicant, who assured that he was still trying to find "the right fit". He remained unable to give a good example of why the past job was not a good fit.
- He did have ongoing physical pain and the evaluator believed that the applicant was not particularly well-suited to dealing with chronic pain.

104

104

Case Example #3: Disparity in Symptoms and Level of Functioning; Functioning Outweighs Symptoms

On mental status examination:

- The applicant was well groomed and dressed casually.
- He was cooperative, attentive, and maintained good eye contact during the course of the interview.
- He did display some pain postures such as rubbing his left knee.
- He was a moderate historian.
- He had some difficulty remembering specific dates as well as the chronological order of some events, although the evaluator did not believe that the applicant made much of an effort in trying to recall events when prompted with information from other medical reports.
- His speech was spontaneous and fluent without evidence of dysarthria and was of normal rate, volume, and tone in general.
- His thought process was linear.
- There was no suicidal ideation.

105

105

Case Example #3: Disparity in Symptoms and Level of Functioning; Functioning Outweighs Symptoms

On mental status examination (continued):

- There was no homicidal ideation.
- There were no auditory or visual hallucinations.
- There was generally no evidence of any psychosis.
- His affect was restricted.
- He was well related overall.
- In terms of mood he described himself as feeling well with only slight worry and no feeling of depression.
- He was oriented x 4. Memory, focus, and concentration were grossly intact.
- General information skills appeared to fall in the below average sphere of vocabulary and use of language and conversation.
- His insight and judgment appeared intact as well.

106

106

Case Example #3: Disparity in Symptoms and Level of Functioning; Functioning Outweighs Symptoms

- The applicant was assigned the following diagnoses:
  - Axis I Major Depressive Disorder, Single Episode, Mild, In Partial Remission
  - Axis II No Diagnosis
  - Axis III Chronic pain due to orthopedic injuries
  - Axis IV Loss of wages with inability to sustain employment
  - Axis V CURRENT GAF: 65 corresponding to WPI of 8%

107

107

Case Example #3: Disparity in Symptoms and Level of Functioning; Functioning Outweighs Symptoms

- The evaluator, on Axis V, chose GAF of 65.
- The evaluator follows the following steps in choosing the appropriate GAF:
  1. The evaluator starts at the top level of the GAF and evaluates each decile by asking if the applicant's symptom severity OR level of functioning are worse than described.

108

108

Case Example #3: Disparity in Symptoms and Level of Functioning; Functioning Outweighs Symptoms

100 - 91 Decile

- Symptoms: This decile considers that the applicant has no symptoms. In this case example, the fact that the applicant has symptoms means that the applicant's symptoms are worse than contemplated in this decile; therefore this is not the appropriate GAF decile for the applicant on a symptom severity basis.
- Functioning: Functioning in this decile is defined as superior across a wide range of activities. The applicant's functioning is far less than superior. He was unable to sustain employment and has little motivation to find employment. As such, the applicant's functioning is worse than the functioning contemplated in this decile therefore this is not the appropriate GAF decile for the applicant on a functional impairment basis.
- ***Both*** his symptoms ***and*** his functioning are worse than what is described for this decile.

109

109

Case Example #3: Disparity in Symptoms and Level of Functioning; Functioning Outweighs Symptoms

2. The evaluator then moves down the scale until the range that best matches the applicant's symptom severity or level of functioning is reached, ***whichever is worse.***

The 90 - 81 Decile

- Symptoms: This decile considers that the applicant has absent or minimal symptoms. In this case example, the applicant has symptoms, and therefore does not meet the criterion of no symptoms. Further, the symptoms are considered more than minimal primarily due to the loss of confidence in workplace settings. The applicant's symptoms are worse than contemplated in this decile; therefore this is not the appropriate GAF decile for the applicant on a symptom severity basis.

110

110

Case Example #3: Disparity in Symptoms and Level of Functioning; Functioning Outweighs Symptoms

- Functioning: Functioning in this decile is defined as good in all areas; being interested and involved in a wide range of activities, socially effective, and having no more than everyday problems or concerns. The applicant's functioning is less than described for this decile. He has been unable to successfully return to the workplace and does have worry about the possibility that he will become unable to compete in the open labor market secondary to his physical injury. The evaluator believes that his worry about inability to be effective in a job is greater than would be characterized as everyday problems and concerns. As such, the applicant's functioning is worse than the functioning contemplated in this decile; therefore this is not the appropriate GAF decile for the applicant on a functional impairment basis.
- ***Both*** his symptoms ***and*** his functioning are worse than what is described for this decile. The evaluator moves down the scale.

111

111

Case Example #3: Disparity in Symptoms and Level of Functioning; Functioning Outweighs Symptoms

The 80 - 71 Decile

- Symptoms: This decile considers that if the applicant has symptoms at all, they are "transient and expectable reactions to psychosocial stressors". In this case example, the applicant's symptoms have improved significantly with time and treatment. He reports only mild symptoms including some distrust of superiors and some worry about his future which the evaluator finds to be slight. The applicant's symptoms are considered by the evaluator to be transient and normal reactions at this time and therefore this is considered to be the appropriate GAF decile for the applicant on a symptom severity basis.

112

112

Case Example #3: Disparity in Symptoms and Level of Functioning; Functioning Outweighs Symptoms

The 80 - 71 Decile

- Functioning: This decile contemplates no more than slight impairment in social, occupational or school functioning. This applicant's functioning is less than described for this decile. While he did return to the workforce, he was unhappy there and ultimately resigned, giving only vague reasons, denying any specific instances of difficulty in meeting demands, and denying any pain component to his resignation; all signaling to the evaluator that the applicant has greater than slight impairment in functioning. As such, the applicant's functioning is considered to be worse than the functioning contemplated in this decile, and therefore this is not the appropriate GAF decile for the applicant on a functional impairment basis.

- ***Only*** his functioning is worse than what is described for this decile. Because the appropriate level has not yet been found for the applicant's functioning, the evaluator moves down the scale.

113

113

Case Example #3: Disparity in Symptoms and Level of Functioning; Functioning Outweighs Symptoms

The 70 - 61 Decile

- Symptoms: This decile considers that the applicant has some mild symptoms. In this case example, the applicant's symptoms are considered only transient and normal reactions by the evaluator and therefore the symptoms are less than mild. As such, this decile is considered by the evaluator to be too severe for his symptoms.

114

114

Case Example #3: Disparity in Symptoms and Level of Functioning; Functioning Outweighs Symptoms

The 70 - 61 Decile

- Functioning: This decile contemplates that the applicant would have some difficulty in social, occupational, or school functioning, but would be generally functioning pretty well. In this case, the evaluator believes that overall, the applicant is generally functioning pretty well. While he has voluntarily resigned an employment that appeared to be a good fit with regard to accommodating his physical limitations, giving only vague reasoning for his resignation, he was not particularly bothered by this loss and was participating fully in social, family and church activities. Overall the evaluator believes the applicant will ultimately return to the workplace. This decile was considered by the evaluator to be the appropriate GAF decile for the applicant's level of functioning.

115

115

Case Example #3: Disparity in Symptoms and Level of Functioning; Functioning Outweighs Symptoms

The 70 - 61 Decile

- ***Only*** his functioning is considered to be accurately described by this decile, with the decile considered to be too severe for his level of symptoms.
- Since his functioning is considered to be accurately described by this decile while his symptoms were already considered to be accurately described at a higher decile, this 70 - 61 decile is chosen based on the level of functioning, which is worse than the symptom severity in this applicant.

3. The evaluator then double checks the result by looking at the next lower decile, which is found to be too severe on both symptom severity and level of functioning.

116

116

Case Example #3: Disparity in Symptoms and Level of Functioning; Functioning Outweighs Symptoms

The 60 - 51 Decile

- Symptoms: This decile considers moderate symptoms. The evaluator has already considered the applicant's symptoms to be even less than mild. This decile is two deciles lower than what the evaluator believes to be accurate for this applicant's symptoms, due to the fact that his symptoms are less than his functional impairment. The applicant's symptoms are considered less than described by this decile.

117

117

Case Example #3: Disparity in Symptoms and Level of Functioning; Functioning Outweighs Symptoms

The 60 - 51 Decile

- Functioning: This decile contemplates moderate difficulty in social, occupational, or school functioning. The evaluator believes the applicant to have mild difficulty in functioning. He has difficulty focusing and concentrating but this is due to pain rather than psychological deficit and therefore was not considered by the evaluator in assessing functioning based on psychiatric injury. He functions well in family, social and church activities and is able to adequately meet demands put upon him in these arenas. Despite the voluntary resignation of his new job, he was likely functioning with some effectiveness in that job prior to his resignation, and therefore the evaluator believes that overall the applicant's functioning is better than the moderate impairment described in this decile.

118

118

Case Example #3: Disparity in Symptoms and Level of Functioning; Functioning Outweighs Symptoms

The 60 - 51 Decile

- ***Both*** his symptoms ***and*** his functioning are better than what is described in this decile.
- The prior decile of 70 - 61 is thus established as the accurate decile for the applicant.

4. The evaluator goes back and also describes why the level above the chosen decile is too high for this applicant.

119

119

Case Example #3: Disparity in Symptoms and Level of Functioning; Functioning Outweighs Symptoms

- Again, the 80 - 71 decile was not considered accurate because it only accurately described the applicant's symptom severity and not his level of functioning. He was considered to have greater than some difficulty in functioning and was not considered to be generally functioning pretty well as evidenced by the unsuccessful return to work.
- The instructions for determining the appropriate GAF instructs the evaluator to continue down the table until the evaluator finds the decile that best matches the applicant's symptom severity OR level of functioning, whichever is worse. In this case, this level above the chosen final decile was accurate ***only*** for the applicant's symptom severity and therefore could not be the final chosen decile according to the instructions.

120

120

Case Example #3: Disparity in Symptoms and Level of Functioning; Functioning Outweighs Symptoms

5. Now that the evaluator has determined the correct decile, the specific GAF in the range provided for that level is considered. In choosing the appropriate GAF within the chosen decile, the evaluator considers whether the applicant is functioning at the higher or lower end of the 10-point range provided for that decile.

- In this case, the evaluator chooses the GAF of 65, believing that the applicant is well-situated in this decile.
- Symptoms: The evaluator believes in this case that there is a real possibility that the applicant's symptoms severity will worsen if he tries to push his functioning beyond his current level. While the applicant largely does not find his symptoms to be a significant issue in his daily life, the evaluator does recognize some transient symptoms still exerting influence on his decision making and his approach to events, such as the new job.

121

121

Case Example #3: Disparity in Symptoms and Level of Functioning; Functioning Outweighs Symptoms

- Functioning: The evaluator believes that the applicant's functioning is well-placed in the final chosen decile, participating in the home and church and largely maintaining his interpersonal relationships. He is finding pleasure in pursuing his hobbies. However, the applicant was not entirely invested in the treatment he had been provided, declining medication and stopping treatment after eight months. Also considered are the events around the new job and his inability to maintain what appeared to be a suitable job, with only vague explanations as to why he resigned. He is accepting of his level of function and seems to have little motivation to change his current situation.

122

122

Case Example #3: Disparity in Symptoms and Level of Functioning; Functioning Outweighs Symptoms

6. Now that the final GAF score has been determined through this methodology, the evaluator converts the GAF score to whole person impairment by use of the defined Table.

- The derived GAF of 65 has a corresponding WPI of 8%, which is the final impairment rating.

123

123

Case Example #3: Disparity in Symptoms and Level of Functioning; Functioning Outweighs Symptoms

In addition to deriving a whole person impairment percentage through the GAF, the evaluator also uses the methods described in Chapter 14 of The Guides to discuss impairment under the four defined categories:

- For Activities of Daily Living, the applicant was considered to have no impairment (score of 1) in self-care and personal hygiene, sexual functioning, caring for the personal home and finances, and recreational and social activities; whereas he was considered to have a mild impairment (score of 2) in communication, writing and speaking, sleep, and walking, traveling and moving about. Consideration was given to ongoing physical pain as the limiting factor in some activities such as self-care and personal hygiene which continued to be difficult due to right thumb pain, as well as left knee pain being a limiting factor in recreational activities; these pain-based limitations were not factored into the scores. His overall score was mild impairment with a score of 2.

124

124

Case Example #3: Disparity in Symptoms and Level of Functioning; Functioning Outweighs Symptoms

- For Social Functioning, he was considered to have no impairment (score of 1) in maintaining socially appropriate behavior, maintaining basic standards of neatness and cleanliness, getting along with co-workers and peers, and initiating social contact; mild impairment (score of 2) in ability to respond appropriately to people in authority, showing cooperative behavior and in communicating clearly with others and accepting instructions. Overall score was mild with a score of 2.
- For Memory, Concentration and Pace, the applicant was considered to have no impairment (score of 1) in working near others without distraction and making simple decisions; whereas he had mild impairment (score of 2) in keeping an ordinary routine, maintenance of regular attendance and punctuality, and maintenance of concentration necessary to complete tasks; and moderate impairment (score of 3) in comprehension and ability to carry out detailed instructions. Overall score was mild impairment with a score of 2.

125

125

Case Example #3: Disparity in Symptoms and Level of Functioning; Functioning Outweighs Symptoms

- In Deterioration or Decompensation in Complex or Worklike Settings**,** the applicant had no impairment (score of 1) on awareness of normal hazards, being able to make plans independently, and judgement; whereas he had mild impairment (score of 2) in showing a negative response to stress, performing activities on schedule, being able to regularly attend work, and in ability to adapt to changing work settings; and moderate impairment (score of 3) in withdrawing from complex situations. Overall score was mild impairment with a score of 2.

The evaluator assigns an overall mild permanent impairment according to Table 14-1 of The Guides.

126

126

Take-Away Points for Rating Psychiatric Injuries

1. A disability is said to be permanent when it exists after reasonable medical treatment has been provided, and the condition causing that disability has stabilized, which is defined as the point where the condition "is well stabilized and unlikely to change substantially in the next year, with or without medical treatment".

2. For injuries occurring in the workplace, there are established methodologies for evaluating physicians to describe permanent physical or mental impairments, which are then converted to monetary awards that compensate injured workers for the reduced earning capacity caused by the workplace injury.

127

127

Take-Away Points for Rating Psychiatric Injuries

3. The evaluation of permanent disability from workplace injuries is governed by the 2005 Schedule for Rating Permanent Disability (PDRS). This publication dictates that the American Medical Association Guides to the Evaluation of Permanent Impairment, 5th Edition, (The Guides) is to be used by evaluating physicians to describe and quantify physical impairments caused by workplace injuries.

4. For psychiatric injuries, the pertinent chapter of the Guides is Chapter 14, Mental and Behavioral Disorders, which describes methods for evaluating mental and behavioral impairment but does not provide any numerical impairment value. The chapter dictates use of the DSM-IV, which on its Axis V, provides the GAF score, which is numeric, and which is then converted to a whole person impairment rating. The 2005 PDRS also specifically dictates use of the GAF scale.

128

128

Take-Away Points for Rating Psychiatric Injuries

5. The GAF consists of 10 deciles or levels. Overall, the GAF considers psychological, social, and occupational functioning on a hypothetical continuum of mental health to mental illness.

6. There are 6 steps to applying the GAF, which instructs the evaluator to start at the top level of the GAF and move down, evaluating each range by asking "Is either the individual's symptom severity OR level of functioning worse than what is indicated in that range description?", until reaching the decile that best matches the injured worker's symptom severity or level of functioning, whichever is worse. The levels below and above the chosen level are then rechecked to confirm being too severe for the level below and not severe enough for the level above. Once the appropriate level has been determined, the evaluator chooses the appropriate score, considering whether the individual is functioning at the higher or lower end of the 10-point range that is provided for each class or level.

129

129

Take-Away Points for Rating Psychiatric Injuries

7. The AMA Guides Chapter 14 Methodology defines four main categories that assess many areas of function: Activities of Daily Living; Social Functioning; Concentration, Persistence and Pace; and Deterioration or Decompensation on Complex or Worklike Settings. The injured worker's functioning in these categories is then rated, ranging from no impairment to extreme impairment. This assessment supports the overall discussion of impairment caused by a workplace injury.

130

130

Thank You

131

131