The Growing Impact of PTSD in Workers' Compensation

Conference 2023: Workers Compensation The Human Connection

Disclaimer

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Dr. Jamie Lee Cichon, MD: About me

- I grew up in Las Vegas, spending summers working in my father's office (he was an orthopedic surgeon) and I was valedictorian at the Meadows
- I went to Washington University and majored in biochemistry and Spanish. I not only have a degree, I taught Spanish for business majors
- I spent a few years teaching yoga and group fitness at multiple locations
- I went to UNSOM and then did a year of surgery residency at MIHS. I switched specialties due to an eye injury and finished residency at Jackson Memorial Health system/VMAC in 2015 and was board certified the same year.
- I worked in WV in an underserved rural area for Beckley ARH then returned to NV and worked with Solutions Recovery and Alliance Mental Health
- I recently became dual board certified in Brain Injury Medicine and also certified in ABIME, IAIME, CCST for WC cases
- I have a unique multicultural perspective as the child of a doctor, a former yoga teacher, and subspecialist

NRS 616C.180

- 1. Except as otherwise provided in this section, an injury or disease sustained by an employee that is caused by stress is compensable pursuant to the provisions of chapters 616A to 616D, inclusive, or chapter 617 of NRS if it arose out of and in the course of his or her employment.
- 2. Any ailment or disorder caused by any gradual mental stimulus, and any death or disability ensuing therefrom, shall be deemed not to be an injury or disease arising out of and in the course of employment.
- 3. Except as otherwise provided by subsections 4 and 5, an injury or disease caused by stress shall be deemed to arise out of and in the course of employment only if the employee proves by clear and convincing medical or psychiatric evidence that:
- (a) The employee has a mental injury caused by extreme stress in time of danger;
- (b) The primary cause of the injury was an event that arose out of and during the course of his or her employment; and
- (c) The stress was not caused by his or her layoff, the termination of his or her employment or any disciplinary action taken against him or her.

NRS 616C.180

- 4. An injury or disease caused by stress shall be deemed to arise out of and in the course of employment, and shall not be deemed the result of gradual mental stimulus, if the employee is a first responder and proves by clear and convincing medical or psychiatric evidence that:
- (a) The employee has a mental injury caused by extreme stress due to the employee directly witnessing:
- (1) The death, or the aftermath of the death, of a person as a result of a violent event, including, without limitation, a homicide, suicide or mass casualty incident; or
- (2) An injury, or the aftermath of an injury, that involves grievous bodily harm of a nature that shocks the conscience; and
- (b) The primary cause of the mental injury was the employee witnessing an event described in paragraph (a) during the course of his or her employment.

What is medical and psychiatric evidence?

- Reports
- Behavior
- Symptoms
- Conditions/diagnosis
- Pathogenesis?
- Ongoing pain complaints?
- Abnormal vital signs?

Psychologists vs. Psychiatrists

- Psychiatrists are physicians trained to diagnose and provide treatment plans
- Psychologists are PhD trained in therapy
- Psychiatrists are able to prescribe and treat a variety of conditions
- Many psychiatrists do not always provide therapy
- Psychologists do not provide medications
- Both provide different types of assessments
- Physicians focus on the medical model of disease and biology related factors
- Psychologists focus on how thoughts, feelings, and social factors influence mental functioning

Referral questions?

- Strengths and weaknesses?
- What are the diagnoses? Prognosis? Etiology of symptoms?
- Is there evidence of symptom exaggeration?
- Does examinee's performance corroborate with injury/illness?
- Could examinee's presentation/current status be normal variation?
- How do previous injuries affect current presentation?
- How do pre-existing conditions affect presentation?
- How do pre-existing conditions affect recovery?
- What observed behaviors are not congruent with the injury or history?

Additional referral questions

- Does this injury lead to the level of impairment observed/expected/noted?
- How is performance affected?
- Are there modifications needed? Can employee return to previous position?
- Light duty vs. accommodations
- Comprehensive treatment plan needed?
- Evidence of absenteeism related to psychological injury or other cause
- Failure of follow up or noncompliance concerns
- Issues with providers/inconsistent reports

Report of the Injury: What is on the C4?

- Certain injuries carry increased risk
- Burns and orthopedic injuries with limb loss, TBI, animal attacks, paralysis
- Certain events carry increased risk
- “Death, threatened death, actual or threatened serious injury, or actual or threatened sexual violence”
- Perceived threat is an important component
- Standards for Workers’ Compensation vs. outpatient
- First responders/healthcare workers and at risk groups

Other life events

- Motor vehicle crashes and natural disasters are associated with ~10% rates of development of PTSD
- Being in a combat zone ~18%
- Physical assault or experiencing heavy combat ~30%
- Sexual assault and torture up to 50%

Medical Treatments with High Risk

- Coronary issues as high as 15%
- ICU stays as high as 35%
- Major thoracic surgeries such as Cardiac Artery Bypass Graft (CABG) and open Abdominal Aortic Aneurysm (AAA) ~20% rates of de novo PTSD.
- Loss of limb

Report of the Injury: What is not on the C4?

- Warning signs for psychiatric injuries
- Not returning to work despite clearance
- Vague and worsening pain complaints
- Anxiety and or insomnia despite treatment of medical conditions
- Affect and/or mood changes

Diagnostic Criteria DSM 5

- PTSD: requires an exposure to: death, threatened death, actual or threatened serious injury, or actual or threatened sexual violence, may include witnessing/repeat indirect exposures
- Intrusion, avoidance, negative mood/cognitive alterations, alterations in arousal
- ADJUSTMENT REACTION: event/stressor that is not life-threatening, may not persist over 6 months **unless stressor is ongoing
- F43.8: Other Specified Trauma/Stressor Related Disorder AD with duration more than 6 months without prolonged duration of stressor
- ACUTE STRESS DISORDER: MUST PRESENT within the first 1-30 days, STILL REQUIRES exposure
- No mandatory symptoms
- Nine: Intrusion, Negative Mood, Dissociative, Avoidance, Arousal

Diagnosis is important

- In our current WC system and medical model of disease diagnosis determines level of care required, treatment options, prognosis, and sometimes underlying cause
- Medicine is part science and part art form, practicing it gives experience with difficult patients, nuances of manifestations, thinking critically about missed causes or information
- If the presumption is the claimant has an illness, it is important to know if there is treatment, what is it, how effective is it, and what does recovery or remission look like?
- Diagnosis is also related to severity and longevity of disease

Does the Timeline Fit?

PTSD by definition requires 30 day time criteria

Acute Stress Disorder is a separate disorder and the symptoms are unique

Symptoms out of proportion to reports of injury

Delayed presentation: concerns up to 6 months after stressor

Lack of initial symptoms does not exclude PTSD however delayed presentations may be due to other factors (personality, external stressors)

Trauma Exposure

- 55% of the general population will experience at least one traumatic event → 7%–8% of the population will have PTSD at some point
- Primary prevention is not a feasible goal
- Secondary and Tertiary prevention ideas
- Medication management, therapy types, EMDR, TBCBT
- Different treatments based on timing of intervention
- Acute vs. chronic symptom development
- Identification of risk factors

PTSD Signs and Symptoms in case review

- Reports of mood changes
- Avoidance behavior
- Changes in productivity
- Anxiety and panic
- Sleep disturbances
- Persistent pain out of proportion to injury
- Slow progress / self limiting behavior

Why is a Psychiatric Evaluation Important?

- Identify industrial vs. non industrial
- Earlier interventions to target return to full function
- Identify personality factors and illness behavior not congruent with PTSD
- Not all trauma results in PTSD, triggering of other non industrial conditions
- Medication management, therapy referrals
- Clarification of diagnosis, prevention strategies for comorbidities
- Identify potential barriers to treatment

COVID Impacts

- 2016 epidemiological study: 6.1% of American adults experienced PTSD in their lifetime, while 4.7% within the recent year PRIOR to COVID
- It is reported that 26% of the general population had PTSD during the COVID-19 pandemic in the United States
- SNF, hospital, other exposure related settings as a factor
- First responders (lifetime prevalence before COVID) 10%, increased maybe as high as 30% after COVID
- Healthcare workers: 37% reporting “mental health issues” in 2019 versus 41% in 2020.
- 58% of healthcare workers say mental health issues have affected their work more
- 75% claims from frontline workers reporting COVID related stressors

Financial Impacts

- Statutes and interpretations
- Industrial vs. Non industrial
- Anxiety and PTSD related vs. neurological/systemic
- Cumulative exposure
- At risk individuals
- Disability

Q&A Session

- Ask me anything!
- PCL form
- New directions in treatment

References

- https://www.ncbi.nlm.nih.gov/pmc/articles/PMC8250702/
- https://www.psychiatry.org/psychiatrists/practice/dsm/educational-resources/dsm-5-fact-sheets
- https://www.ncbi.nlm.nih.gov/pmc/articles/PMC4723637/
- https://www.psychologytoday.com/us/basics/therapy/the-difference-between-a-psychologist-and-a-psychiatrist#:~:text=A%20major%20difference%20between%20the,social%20factors%20influence%20mental%20functioning