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April 12, 2022

XXXX

Irvine, CA 92614

DOI: 05/22/2018, 03/05/2021(Psychological)

Claim #: XXXX

EAMS#: XXXX

Re: Francisco Xxxxxxxx

I examined Mr. Francisco Xxxxxxxx, a 63-year-old, divorced, Nicaraguan-American male through real-time video exchange on March 15, 2022. The following report summarizes the results of this evaluation. Should pertinent information become available in the future, I will gladly amend my opinions and prepare a supplemental report.

This report is billed under the ML-104 component of the revised Medical-Legal Fee Schedule. The following criteria were met: 1) Medical causation; 2) three-and-one-half hours in the clinical interview; 3) one-quarter hours reviewing records; and 4) three-and-one-half hours preparing this mental health report. The total physician’s time was seven-and-one- quarter hours.

**COLLATERAL INFORMATION**

The following collateral information was reviewed:

1. Steven Kaminski, M.D., medical records: May 31, 2018
2. Ericka Gardiner, PT, medical records: June 18, 2018
3. Frederick Pitts, M.D., medical records: June 8, 2018
4. Marianne Camous, P.A.,: medical records: June 15, 2018 – June 21, 2018
5. State of California, Division of Workers’ Compensation, Workers’ Compensation Appeals Board, Application for Adjudication of Claim: November 22, 2021

# INFORMED CONSENT

At the outset of this interview, I notified the interviewee that I am a forensic psychiatrist who was requested by Workers’ Compensation system to evaluate his psychiatric condition. I informed the interviewee that I would not be Mr. Xxxxxxxx’s treating physician, but rather would be preparing a report summarizing the results of my evaluation. I informed the interviewee that any information they might provide me could be included in this report. I explained that I would send a copy of the report to Workers’ Compensation system and that I might be called to testify in a deposition or hearing. The interviewee demonstrated an adequate understanding of the purpose of the assessment and the limits of confidentiality, and agreed to proceed with the interview.

**PRESENTING PROBLEM**

**Defendant’s Description of Events Preceding the Presenting Problem**

Mr. Xxxxxxxx reported that he worked as a delivery driver for Veritable Vegetable Inc. from March 2006 through April 5, 2021. He explained that Veritable Vegetable is a warehouse for groceries, produce, vegetables, cheeses, dried beans and rice. He stated that his employment duties consisted of delivering produce and groceries to restaurants and markets by driving a commercial truck. He worked Monday, Tuesday, Thursday, Friday, Saturday and earned $23 per hour.

When working as a delivery truck driver, Mr. Xxxxxxxx explained that his truck would already be loaded prior to driving his route, and would be unloaded for him at the delivery destination. When he would drive “the little van,” he would perform the loading and unloading himself when making deliveries. He stated that he was originally hired as a truck driver. He believed he was assigned to drive “the van” as a form of punishment by his employer. He stated, “If you talked back to the boss, they punished you and moved you from truck to van, so you have to load and offload, the parking is impossible. They are rushing, and carrying stuff far away, and trying to avoid getting tickets.” He stated, “When you are the truck driver, you get to pick up the work and electric pallet jack comes and gets it. You get your signature, and then you are off to the next one.”

**Applicant’s Description of Events Surrounding the Presenting Problem**

Mr. Xxxxxxxx reported undergoing what he described as harassment while working at Veritable Vegetable, and culminating in an anxiety episode on October 9, 2015, that resulted in an emergency room evaluation. He stated, “After being in the constant harassment of my boss for months, I am guessing my body could not take it anymore, and after having a conversation with Chris Adams, the transport manager, my brain exploded and I fainted, passed away. They called 911 and I was taken to St. Luke’s Hospital.” He reported that he received an evaluation in the emergency room at this San Francisco hospital and was diagnosed with “anxiety.”

Mr. Xxxxxxxx reported that the harassment started sometime in 2015. He stated, “The company said it is to support women, but all the heavy work is done by men. The women have the easy routes and all the heavy stuff goes to men. My boss was a woman. She was an alcoholic. She can’t deny that.” Mr. Xxxxxxxx was asked to provide an example of this situation that he determined was harassment. He stated that he was provided a manifest of a route to provide deliveries that was out of order. This manifest would require him to drive excessively, backtracking to fill destinations that were geographically closer after delivering at delivery spots farther away. He stated that he would fall behind schedule in his delivery route if he followed the route as it was printed in the manifest. He instructed his supervisor that the truck needed to be loaded with products in a different order, so that it could be unloaded in the order allowing him to make a “straight run and not backtrack.” He explained, “She said no, load it according to the manifest, but I said the manifest does not work.” Mr. Xxxxxxxx stated that he then argued with his supervisor regarding the order in which the items should be loaded into the truck. He stated, “She said, ‘If you don’t do it my way, you can go f\*\*\* yourself.’ I gave her the keys and I walked away. I went to my car. She came running behind and apologized, and said she was sorry for disrespecting me. I went and finished my work that day.”

When asked to describe any other examples of what he believes was harassment, he stated, “They are pushing all the time. They are tracking all over the place and they still call and say, ‘Where are you?’ It is stupid for them to call and say, ‘Where are you?’ when it is on their computer where I am. It is stupid and it’s constant.” He also explained that in approximately June 2015, “Somebody dropped a load in the wrong place. They assigned me to go get it. I was not the one that made the mistake.” When asked why he determined that this was harassment, he stated, “It’s harassment because it is all the time. They make mistakes and they don’t just press people on the route, and it is always me that has to go fix it. It doesn’t matter where I am. They make me drive huge distances and said the other driver has to leave early because they broke down and it is not true. They just forgot to go dispatch that guy.”

Mr. Xxxxxxxx also reported that he was forced by his employer to break legal requirements regarding driving restrictions. He stated, “My problem is I am driving too many hours. The law is I can only drive and work 14 hours a day. It is the law for a commercial license. But my boss, Chris Adams, she would say ‘You got to go do it.’ She needs that product today. She would say, ‘Either you do it or you are fired.’” Mr. Xxxxxxxx stated, “I needed the job, so I ended up working 16 hours a day. It happened a lot. I was the cleanup guy for all of their mistakes they made. I did whatever the others don’t do.” He reported that on frequent occasions he would work longer hours than the legal limits, despite informing his employer that his assignment would exceed the legal driving limit for that day. He also stated, “On a couple of times, I worked 20 hours a day.”

Mr. Xxxxxxxx continued, “If I ever complained, the next day I have to go with her to HR and they say there was a problem with your communication with her. At the end of the day, we always go to HR to chat. The message was to intimidate me. It was constant.” When asked about the frequency of this occurrence, he stated, “This was happening two times a week for the last five years. It was a living hell. I held the job because it was convenient. It was five minutes from my home, even if I was working extremely long hours and the pay was less than any other company.”

Mr. Xxxxxxxx reported that on October 9, 2015, he experienced symptoms that were likely due to a panic attack. He stated, “I got so much pressure from work. Complaints were raining all over my head, from the boss, the same harassment, bullying. She would say, ‘You don’t do this, you don’t do that.’ She was pressuring me. I know I wasn’t welcome there anymore. I passed out.” He reported that he lost consciousness and was transported by ambulance to the emergency room where he received the diagnosis of anxiety. He reported experiencing symptoms of “cold sweats, dizziness, feeling of fading, chills, tingling in my lip and arm, low blood pressure.” He reported that while in the emergency room, an EKG and other tests were performed. It was determined that there was no physical cause to his loss of consciousness.

**Applicant’s Description of Events Subsequent to the Presenting Problem**

Mr. Xxxxxxxx reported that he experienced one additional panic attack in April 2021. He stated, “It was right after I left Veritable Vegetable. I was going to a new company and they were loading my truck. I walked to the manager to sign some documents and I passed out. It was the first day working by myself after training at the new place and I was not comfortable in the new job. It was a different job, not in produce, delivering to stores like clothes.” He reported that he was again evaluated in the emergency room, informed that there were no general medical physical causes of his panic symptoms, and was discharged without medications or follow-up care.

Mr. Xxxxxxxx reported that on May 22, 2018, he injured his lower back. He was delivering 300 pounds of potatoes on a dolly. He felt pain while taking this delivery up five steps. He stated he was diagnosed with muscle strain and strain of a tendon in his lower back. He received eight weeks of physical therapy. He stated that he ended physical therapy due to, “I stopped because my boss recommended me that I stop the therapeutic sessions to be able to reacquire my position as a truck driver, but the back never fully healed. But I needed to earn my money and pay my bills and rent.” He returned to work approximately June 2018, one month after his injury. He stated, “I was okay after that. The lady pushed me to go back because she was short of drivers and she needs me to drive trucks. She said, ‘Lie to the doctors, tell them you feel okay, so you can come back and drive trucks again if you want your overtime,’ so I did.”

Mr. Xxxxxxxx reported that he continues to experience anxiety symptoms to the present day that he attributes to the employment circumstances he endured at Veritable Vegetable. Mr. Xxxxxxxx reported that while working at Veritable Vegetable, “I didn’t feel comfortable saying anything. Everything I said there they said is bad. I left Veritable Vegetable in April 2021 because I could not take it anymore.” Mr. Xxxxxxxx was asked if he was terminated or left voluntarily, and he stated, “I quit, but I was forcibly, because they push my buttons every day. I can’t work like that. The harassment every day.” He reported that at his current employment there are no complaints against him, he is treated well, and he has no negative statements to make about his current employer. He stated, “At my job now, they are very nice.” He continues to feel anxiety symptoms, as outlined below, that he attributes to his experiences at Veritable Vegetable. He stated, “I cannot face people. I cannot express myself. I isolate myself and can’t stand to be in a group of people.”

**PSYCHIATRIC HISTORY**

As noted above, Mr. Xxxxxxxx reported that he has experienced anxiety symptoms unchanged since the onset of symptoms on October 9, 2015. He stated, “Now, I live in fear. I do sleep, but I gain weight, and I’m dizzy and tingling on my lips and it worries me a lot.” Mr. Xxxxxxxx reported that he experiences anxious mood and constant worrying “for no reasons.” He also reported experiencing physical restlessness and muscle tension. He exhibits irritability, stating, “I wasn’t moody before, but I am now.” He could not identify the frequency or duration of these symptoms when present. He reported a history of experiencing two panic attacks as noted above. He reported social anxiety consisting of, “I am always avoiding meetings to not deal with my fears.” He denied any negative consequences in his employment due to avoiding meetings. When asked to further describe the nature of his current worries, he stated, “I worry about getting behind schedule, even though they say I am doing fine in my current work. I can’t calm down.” He reported recurrent nightmares regarding the experience of his previous panic attacks. He also stated, “I think it might happen again.”

Mr. Xxxxxxxx reported depressive symptoms consisting of depressed mood that occurs briefly and intermittently. He denied difficulty experiencing joy or pleasure in current activities, explaining how he enjoys time with his 2-year-old son. He stated that he gained 20 pounds following his back injury, but has not experienced any other weight changes. He stated that he has experienced chronic sleep difficulties, and only obtains two to four hours of sleep per night. He stated he obtains four hours of sleep, “if I am lucky. After I have a panic attack, since 2015, I have never slept good again. Before, I was sleeping six or eight hours, and now it has been four hours since, sometimes two to four hours a night.” He reported that he has difficulty falling and maintaining his sleep for the last seven years, since the onset of his symptoms. When asked what he does when he awakens at night, he stated, “I wake up, then turn on the TV until I fall asleep again, and then go to work.” He reported that he experiences this poor sleep even on days in which he is not working. He reported intact concentration, although some daytime fatigue, but is able to complete all his occupational duties without difficulty. Mr. Xxxxxxxx denied any history of experiencing suicidal ideation or making a suicide attempt. He denied any history of hallucinations or psychotic related delusions. Mr. Xxxxxxxx has never been hospitalized in a psychiatric facility.

Mr. Xxxxxxxx reported that he has never sought any psychiatric or psychotherapy treatment. When asked why he never pursued behavioral health treatment during the last seven years of experiencing his psychiatric symptoms, he stated, “I never thought of it. I think I need to now.”

**SUBSTANCE USE HISTORY**

Mr. Xxxxxxxx denied any history of drinking alcohol excessively or using illicit substances. He drinks one to two drinks “on special occasions.” He does not drink alcohol regularly. He drinks 16 ounces of caffeinated beverage per day. He smokes 10 to 15 cigarettes per day. He denies any other history of substance use. He has never enrolled in substance recovery treatment.

**PAST PERSONAL HISTORY**

**Medical History**

Mr. Xxxxxxxx reported that he suffers from hypertension as well as gastroesophageal reflux. In February 2022, he injured his hand. He stated that this injury was due to repetitive motions, but also explained, “It was smashed against a wall with a hand truck.” He denied experiencing any anxiety, depressive, or other psychiatric symptoms regarding his hand injury. He was initially placed on light duty, but was later placed on medical leave for two months. He stated that he has been attending his physical therapy sessions and is hopeful that his hand will recover and he can return to work. He stated that he also underwent a transurethral prostate laser procedure and removal of a mass in his parotid gland in the past, but explained that neither of these were cancer related. He does not know the dates of these procedures.

His current medications include alfuzosin 10 mg per day, ibuprofen 600 mg per day, esomeprazole unknown dose, enalapril 12.5 mg per day, and triamcinolone 0.1% cream.

**Employment History**

Mr. Xxxxxxxx reported that he has worked for Hal Foods as a delivery driver from September 2021 to the present time. Prior to that, he worked at Murdoch’s Logistics as a delivery driver from April 2021 to August 2021, but quit this job to obtain his appointment at Hal Foods. Prior to this employment, he worked for Veritable Vegetable as a delivery driver from March 2006 through April 2021. He resigned from that position.

Mr. Xxxxxxxx stated that currently at Hal Foods, he delivers Italian foods, cheese, pasta, flour, and over 5000 different types of products. He is a truck driver in San Francisco, and works a full-time schedule, five days per week, Monday through Friday. He stated that the loading and unloading of his deliveries is performed for him. He again stated that he has no interpersonal conflicts or difficulties with management or coworkers, stating, “They are all nice.” He has not had any further injuries to his back while working for his current employer.

**Social History**

Mr. Xxxxxxxx lives in San Francisco in an apartment he has rented for the last 30 years. He has two children, ages 2 and 30. He is not currently married. He stated that he has good relations with his children. He was previously married from 1983 to 2019. He has a 30-year-old daughter with his former wife. He stated that his daughter lives in Walnut Creek, is married, and works as a nurse at UCSF. He has a good relationship with her. His previous marriage ended due to, “It wasn’t working for either one of us. She called it quits. She wanted the divorce and I signed.” They had been married for 35 years. He reported distress over this relationship ending, stating “She said sign the papers and I did, just like that, 35 years is done.” He has one child with his current girlfriend. He has been in this relationship since 2019. He stated that although they do not live together, he sees his girlfriend and son approximately three times per week. He states that his current relationship is going well, both with his girlfriend and son, and he has no stressors with either of his children.

**Criminal History**

Mr. Xxxxxxxx denied any history of criminal charges or arrests.

**Military History**

Mr. Xxxxxxxx denied any history of enrolling in the military.

**Violence History**

Mr. Xxxxxxxx denied any history of physical altercations or violence.

**Current Daily Activities**

Mr. Xxxxxxxx reported that he awakens at approximately 2:00 a.m. and arrives at work at 2:30. He is driving his truck by 3:00 a.m. He then drives four hours with breaks. He spends one hour offloading the truck, although he does not personally unload the truck. He drives back four-and-one-half to five hours. His return trip is delayed often by traffic. He arrives home between 12:00 to 1:00 p.m. He then eats, take a shower, shaves, attempts to nap during the day and will sometimes obtain one more hour of sleep. He stated that on most days he does not sleep, and spends the afternoon watching television. He sometimes picks his child up and takes him to the park. He returns home from this activity at approximately 4:00 to 5:00 p.m. He will then eat, try to go to sleep, and watch TV or talk to his girlfriend, friends, or 30-year-old daughter. He will go to sleep at approximately 10:00 or 11:00 p.m., or sometimes 12:00 a.m. He then wakes up two hours later to go to work.

When asked to describe his activities on the days he does not work, Mr. Xxxxxxxx stated, “I just play cards, watch TV, go out with my girlfriend and kid more, take them to the mall or park. Sometimes I will go to school or daycare, and pick him up. I like to keep myself busy. I enjoy my time with my kid.”

Mr. Xxxxxxxx denied any difficulty in performing his employment duties. He specifically denied any difficulty comprehending and following instructions; performing simple or repetitive tasks; maintaining a work pace appropriate to a given workload; performing complex or varied tasks; making generalizations, evaluations, or decisions without immediate supervision; and relating to other people beyond giving and receiving instructions.

He reported some intermittently difficulty in accepting and carrying out responsibility for direction, control, and planning. He stated, “If I am depressed, I cannot function.” When asked to describe this impairment further, he stated he experienced poor concentration, but could not reconcile this with his previous report of a *lack* of concentration difficulties. He stated that these episodes of poor concentration occurred two to three times a week in the past at Veritable Vegetable, but recently he loses focus approximately one time per month. This decreased concentration lasts for approximately one to two hours when it occurs. This one hour per month of decreased concentration has not resulted in any negative feedback regarding his work performance.

**Developmental and Family History**

Mr. Xxxxxxxx reported that he was born and raised in Nicaragua and immigrated to the United States when he was 22 years old. He reported that his parents worked running businesses during his childhood. Both of his parents are deceased. He has 7 siblings. When asked about the location of his siblings, he stated, “They are all over the place.” He has one sister in San Jose. He does not know the occupations of his siblings. He stated that his father, “was a millionaire, businessman, had a lot of real estate.” His mother took over running the family real estate business after his father died, for the next 10 years. Mr. Xxxxxxxx enjoyed playing baseball throughout his childhood. He was very social with many friends, and stated, “I was very popular.” He denied any history of emotional, physical or sexual abuse. He reported good relations with his family and friends throughout his childhood.

**Educational History**

Mr. Xxxxxxxx denied any history of being identified as having learning disabilities or being placed in special education classes. He graduated high school on time and attended three years of college in Nicaragua, receiving a degree in civil engineering.

**RECORD REVIEW**

**Steven Kaminski, M.D.**

May 31, 2018. Primary Treating Physician’s Progress Report. Mr. Xxxxxxxx is given a diagnosis of Strain of Muscle, Fascia and Tendon of Lower Back. He can return to modified work on May 31, 2018. He is noted to have a date of injury of May 22, 2018. In the treatment summary, Mr. Xxxxxxxx states that his back pain is feeling the same with reported pain of 7/10. No medications are prescribed and he is able to return to work on modified activity but may work his entire shift.

**Ericka Gardiner, PT**

June 18, 2018. Mr. Xxxxxxxx reports that he feels “all better” and is back to pre-injury 100%.

# MENTAL STATUS EXAMINATION

Appearance and Behavior: Mr. Xxxxxxxx presented as a casually dressed man and was cooperative throughout the interview. No abnormal motor activity was noted.

Sensorium and Orientation: Mr. Xxxxxxxx was oriented to person, place, time and situation. There was no evidence of cognitive deficits.

Pattern of Speech: Mr. Xxxxxxxx was articulate and coherent. His speech was of normal rate, rhythm, and tone.

Affect: His affect was full and congruent with his mood.

Mood: Mr. Xxxxxxxx appeared euthymic throughout the interview.

Thought Process: Mr. Xxxxxxxx’s thought process was linear. There was no evidence of looseness of association, flight of ideas or psychotic process.

Thought Content: Mr. Xxxxxxxx showed no evidence of hallucinations, delusional thinking, or current homicidal or suicidal ideation.

**PSYHCHOLOGICAL TESTING**

Psychological testing was requested, but there was no psychological testing report results available as of the date of this report.

**DISCUSSION OF PSYCHIATRIC DIAGNOSES**

The essential feature of an adjustment disorder is the development of clinically significant emotional or behavioral symptoms in response to an identifiable psychosocial stressor. This diagnosis should not be used if the disturbance meets the criteria for another specific major psychiatric disorder. In addition, an adjustment disorder is only present for a maximum of six months following the termination of the stressor. This diagnosis can be made for longer than six months if the stressors are chronic.

The applicant has experienced symptoms of depression and anxiety that would be consistent with the diagnosis of an adjustment disorder with anxious and depressed mood. His psychiatric symptoms consisted of anxious and depressed mood, worrying, poor sleep, daytime fatigue, but he was able to maintain his concentration abilities throughout the day without impairment in his occupational functioning. He also experienced weight gain following a back injury. Mr. Xxxxxxxx experienced the onset of symptoms in 2015 that he reported was due to conflicts with his supervisor, and reported that these symptoms have continued to the present time despite this stressor resolving. However, his self-description of symptoms would not be consistent with an expected course of symptoms for his stressor or condition. For example, ongoing sleep duration consisting of two to four hours of sleep per twenty-four hour period, outside of suffering from a serious psychiatric or other medical disorder causing those symptoms would be very unusual.

Mr. Xxxxxxxx’s psychiatric symptoms do not appear to have been severe enough or exhibit the pattern required to meet the criteria for either a major depressive or generalized anxiety disorder. Therefore, despite his report of chronic symptoms, his symptoms are probably best categorized as an adjustment disorder.

At the present time, there was no psychological testing data available with which to evaluate both the presence of additional psychopathology that was not self-reported by the applicant as well as the validity of the applicant’s self-report. Therefore, based on the limited information currently available, it is unknown whether or not the possible conflict between the applicant and his supervisor was impacted by another underlying psychiatric condition, such as a Personality Disorder, or the validity of his self-report of his psychiatric symptoms and history.

Therefore, it is my opinion, based on the limited information available, that Mr. Xxxxxxxx’s DSM-5 psychiatric diagnoses are as follows: Adjustment Disorder with Anxious and Depressed Mood, Global assessment of functioning scale, current 75.

**CONCLUSIONS**

**Diagnosis**

The following opinions are put forth in an effort to address from a psychiatric perspective the medical legal history relevant to Mr. Xxxxxxxx’s claim. As per the Formulation section above, it is my opinion that Mr. Xxxxxxxx has experienced psychiatric symptoms consistent with an Adjustment Disorder with Anxious and Depressed Mood. In addition, a psychological testing report was requested, but was not made available as of the date of this report. If this testing data becomes available in the future, I will gladly incorporate this information into my assessment and provide a supplemental report at that time.

**Causation**

It is also my opinion, from Mr. Xxxxxxxx’s report of his psychiatric symptoms that his adjustment disorder was predominantly caused by the personnel actions of his former supervisor. Mr. Xxxxxxxx experienced depression and anxiety symptoms following these personnel actions. He feels the personnel actions were grossly unfair. However, these personnel actions were the source of his symptoms.

Therefore, these personnel actions were the predominant cause of his psychiatric symptoms. If the trier of fact determines that the applicant’s account of the events is accurate, that his employer did *not* act in good faith, and his claim is compensable, then absent the industrial injury there is little reason to think that he would have experienced this adjustment disorder. If the weight of the evidence supports the conclusion that his supervisor acted in good faith, then his claim would not meet the threshold necessary to be considered a psychiatric injury. The determination of the nature of these personnel actions would be up to the trier of fact.

The only other stressor identified was the dissolution of his previous marriage. I would attribute 10% of the cause of his psychiatric symptoms to the stress over his divorce. The remaining 90% of the cause of his psychiatric symptoms would be attributed to his perception of the actions of his supervisor.

Therefore, I would apportion 10% to his relationship difficulties and the remaining 90% to the applicant’s alleged industrial injury. There is no evidence of any pre-existing symptoms, disability or psychopathology at a disabling level.

**Permanent and Stationary Status**

It is my opinion that Mr. Xxxxxxxx’s symptoms were permanent and stationary as of the date that he left his place of employment with Veritable Vegetable, Inc. He explained that since that time he has had no further conflicts with his supervisor. He has not required any ongoing psychiatric medication treatment or psychotherapy. Therefore, it is my opinion that he has received maximum medical improvement, and is permanent and stationary as of the date of this change in job circumstances. His report of one panic episode subsequent to leaving Veritable Vegetable and subsequent chronic insomnia and anxiety symptoms are consistent with his maximum medical improvement.

**Disability**

On the one hand, Mr. Xxxxxxxx reported that his psychiatric symptoms have never prevented him from performing his occupational duties. Mr. Xxxxxxxx denied ever having any difficulty performing any of his employment or home activities. In addition, following his change in employer, he denies interpersonal conflicts in this employment position and reported performing all of his occupational tasks without impairment to the present time. However, on the other hand, he explained that due to the alleged personnel actions of his supervisor, an intolerable working environment was present and although it did not impair his ability to perform his employment duties, he did experience the onset of his adjustment disorder. As noted above, the trier of fact will need to determine whether or not his employer acted in good faith. There is no indication that his symptoms ever required medical leave or temporary disability.

There is no indication of permanent impairment from a psychiatric perspective. It is my opinion that Mr. Xxxxxxxx’s current Global Assessment of Functioning score is 75, which is equivalent to a WPI rating of 0.

Treatment

Mr. Xxxxxxxx has not received any psychotherapy and psychiatric treatment. There is no indication for psychiatric-medication management at the present time. He may benefit from brief psychotherapy lasting approximately 12 sessions to address his reported ongoing symptoms. He may also benefit from a general medical evaluation of his reported chronic sleep difficulties.

Thank you for asking me to meet with Mr. Xxxxxxxx on this occasion. If there are any questions or comments regarding this report, please contact my office.

In compliance with California WCAB Rule 10978, I personally obtained the history and vital signs from the patient, conducted the examination, reviewed the records and prepared this report. I did a final review and made any necessary changes. I certify by my signature below that the opinions stated above are my own.

In compliance with Labor Code Section 4628 (i), no person other than myself performed the actual evaluation of this patient. Any person employed by me who participated in the administrative aspects of this evaluation is noted above in compliance with the California WCAB Rule 10978. Any diagnostic procedures or services obtained in connection with this evaluation have been billed directly by the facility that performed the diagnostic procedure or service. I have no financial interest or agreement with this facility.

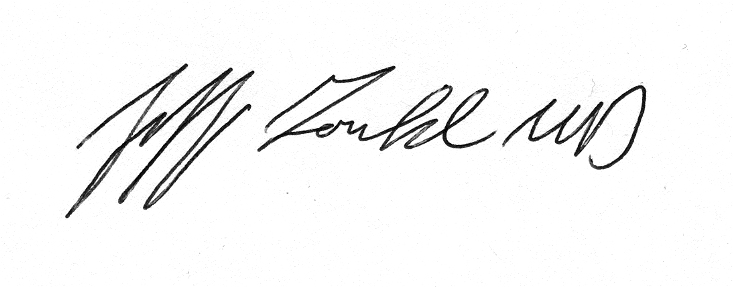
I the undersigned declare under penalty of perjury that I have not violated Labor Code Section 139.3. I have not offered, delivered, received or accepted any rebate, refund, commission, preference, patronage, dividend, discount, or other consideration, whether in the form of money or otherwise, as compensation or inducement for any referred examination or evaluation.

As required by the Administrative Director of the Division of Workers' Compensation under Section 9795 (c), I the undersigned declare under penalty of perjury that I met the requirements under the procedure code ML104.

In compliance with Labor Code Section 4628 (j), “I declare under penalty of perjury that the information contained in this report and its attachments, if any, is true and correct to the best of my knowledge and belief, except as to information that I have indicated I received from others. As to that information, I declare under penalty of perjury that the information accurately describes the information provided to me and, except as noted herein, that I believe it to be true.”

Thank you for referring this matter to me for evaluation and report.

Respectfully submitted,



Jeff Gould, M.D.

Date: April 12, 2022