



## Complete Summary

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### GUIDELINE TITLE

Guideline for the evaluation and treatment of injured workers with psychiatric conditions.

### BIBLIOGRAPHIC SOURCE(S)

Washington State Department of Labor and Industries. Guideline for the evaluation and treatment of injured workers with psychiatric conditions. Olympia (WA): Washington State Department of Labor and Industries; 2004. 6 p.

### GUIDELINE STATUS

This is the current release of the guideline.

This guideline updates a previous version: Washington State Department of Labor and Industries. Guidelines for psychiatric and psychological evaluation of injured or chronically disabled workers. Olympia (WA): Washington State Department of Labor and Industries; 2002 Aug. 10 p.

## COMPLETE SUMMARY CONTENT

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## SCOPE

### DISEASE/CONDITION(S)

- Psychiatric conditions suspected of retarding recovery from an industrial injury
- Psychiatric conditions caused by an industrial injury
- Preexisting psychiatric conditions aggravated by an industrial injury

### GUIDELINE CATEGORY

Diagnosis  
Evaluation  
Management  
Treatment

## **CLINICAL SPECIALTY**

Psychiatry  
Psychology

## **INTENDED USERS**

Physicians  
Psychologists/Non-physician Behavioral Health Clinicians  
Utilization Management

## **GUIDELINE OBJECTIVE(S)**

- To assist psychologists and psychiatrists who treat injured workers for psychiatric conditions that are either the direct result of an industrial injury or are unrelated but retarding recovery from an industrial injury
- To assist physicians who treat injured workers' physical conditions, but who from time to time refer injured workers to psychiatrists or psychologists for treatment of psychiatric conditions
- To assist claim managers to validate their decisions, and thus help to ensure efficient medical management of the claim

## **TARGET POPULATION**

Injured workers with diagnosed or suspected psychiatric conditions

## **INTERVENTIONS AND PRACTICES CONSIDERED**

1. Formulation of a psychiatric diagnosis
  - Evaluation including review of all relevant historical information
  - Classification using Diagnostic and Statistical Manual of Mental Disorders, 4<sup>th</sup> edition (DSM-IV) (or current edition)
  - Standardized measuring tools, such as the Rollins® or Beck® scales, and individualized visual analog scales
2. Identification of barriers to recovery from an industrial injury
3. Formulation of a psychiatric treatment plan that addresses each diagnosed psychiatric condition and any barriers to recovery
  - Use of objectively determinable measurements of recovery
  - Discussion of predictable drug interactions for recommended medications
4. Assessment of psychiatric treatment
  - Progress notes
  - Visual analog scale for assessing a patient's perception

## **MAJOR OUTCOMES CONSIDERED**

Not stated

## METHODOLOGY

### **METHODS USED TO COLLECT/SELECT EVIDENCE**

Searches of Electronic Databases

### **DESCRIPTION OF METHODS USED TO COLLECT/SELECT THE EVIDENCE**

Not stated

### **NUMBER OF SOURCE DOCUMENTS**

Not stated

### **METHODS USED TO ASSESS THE QUALITY AND STRENGTH OF THE EVIDENCE**

Not stated

### **RATING SCHEME FOR THE STRENGTH OF THE EVIDENCE**

Not applicable

### **METHODS USED TO ANALYZE THE EVIDENCE**

Review

### **DESCRIPTION OF THE METHODS USED TO ANALYZE THE EVIDENCE**

Not stated

### **METHODS USED TO FORMULATE THE RECOMMENDATIONS**

Expert Consensus

### **DESCRIPTION OF METHODS USED TO FORMULATE THE RECOMMENDATIONS**

Consensus development has generally taken place between the permanent members of the subcommittee (orthopedic surgeon, physiatrist, occupational medicine physician, neurologist, neurosurgeon) and ad hoc invited physicians who are clinical experts in the topic to be addressed. One hallmark of this discussion is that, since few of the guidelines being discussed have a scientific basis, disagreement on specific points is common. Following the initial meeting on each guideline, subsequent meetings are only attended by permanent members unless information gathering from invited physicians is not complete.

## RATING SCHEME FOR THE STRENGTH OF THE RECOMMENDATIONS

Not applicable

## COST ANALYSIS

A formal cost analysis was not performed and published cost analyses were not reviewed.

## METHOD OF GUIDELINE VALIDATION

External Peer Review  
Internal Peer Review

## DESCRIPTION OF METHOD OF GUIDELINE VALIDATION

Following input from community-based practicing physicians, the guideline was further refined.

## RECOMMENDATIONS

### MAJOR RECOMMENDATIONS

#### Authorization Requirements

Initial psychiatric evaluation and ongoing treatment of a psychiatric condition **both require** prior approval from the department or self-insured employer (WAC 296-21-270). Authorization for psychiatric treatment may be granted for periods of 90 days or less. Subsequent authorization periods of 90 days or less are contingent on documented progress in psychiatric treatment.

Claim managers may authorize payment for treatment of psychiatric conditions that are retarding recovery from an industrial injury, even though the injury did not cause the psychiatric condition or aggravate a preexisting psychiatric condition. Claim managers can also authorize payment for treatment of psychiatric conditions when they have been caused or aggravated by an industrial injury.

If authorization for psychiatric treatment is requested following an initial psychiatric evaluation, it is the claim manager's responsibility to make a determination as to the relationship between the industrial injury and the psychiatric condition based on the information provided. For this reason, it is very important for the psychiatrist or psychologist to clearly indicate their opinion, and the basis for their opinion, whether:

- The injured worker's psychiatric condition was not caused or aggravated by the industrial injury, but it creates a barrier to recovery from a condition for which the department has accepted liability.
- The injured worker's psychiatric condition was caused by the industrial injury.

- The injured worker's psychiatric condition is a preexisting condition that was aggravated by the industrial injury.
- The injured worker's psychiatric condition was neither caused nor aggravated by the industrial injury, nor is it creating a barrier to recovery from a condition for which the department has accepted liability.

### **Elements of a Comprehensive Psychiatric Plan**

Elements of a comprehensive psychiatric treatment plan would include formulation of a psychiatric diagnosis; identification of barriers to recovery; development of an intensive, goal-directed plan; and recommendation for duration of therapy.

### **Diagnosis of a Psychiatric Condition**

Diagnosis is an essential first step to the development of a plan for treatment of psychiatric conditions. Diagnoses should be specific, and should use the nomenclature and numerical identification of the Diagnostic and Statistical Manual of Mental Disorders, 4<sup>th</sup> edition (DSM-IV) (or current edition). **The diagnostic section of the initial report, and all subsequent reports, should address all five axes described in the DSM-IV** (or current edition). Diagnoses should be based on all relevant historical information. Specific inquiry should be made into the patients' preinjury and current medical, psychosocial, and psychological status. Whenever possible, prior medical records should be reviewed to screen for the presence of diagnostically important information and for information that may be useful in the creation of a treatment plan. Carefully document any pertinent positive or negative historical information.

Consideration should be given to the use of standardized measuring tools, such as the Rollins® or Beck® scales, and the use of individualized visual analog scales. Such measurements provide both support for diagnoses and benchmarks against which progress in treatment can be measured.

### **Identification of Barriers to Recovery from an Industrial Injury**

Each diagnosed psychiatric condition should be assessed to determine whether it is retarding a patient's recovery from an industrial injury. Any such barriers should be clearly identified and the report should provide an explanation that links the psychiatric condition to an observable, measurable behavior that interferes with recovery from an industrial injury. (Refer to the original guideline document for an example.)

Specific inquiry should be made to determine whether there are employment-related risk factors that should be addressed in a health care setting. For example, anger towards the employer, supervisor, or coworkers may need to be addressed. Economic disincentives and employment-related loss of self-esteem can each contribute to the failure of a worker to make expected progress in recovery. Feelings of victimization may delay a return to a normal lifestyle. Such risk factors should be carefully identified and documented.

### **Formulation of a Psychiatric Treatment Plan**

The psychiatrist or psychologist evaluating a worker with a psychiatric condition should create a treatment plan that addresses each diagnosed psychiatric condition and any identified barriers to recovery. The treatment plan must include intensive, goal-directed treatment and include a recommended duration of treatment. The treatment plan should be included in the evaluation report and updated throughout treatment.

Objectively determinable measurements of recovery should be identified for each condition for which treatment is proposed. Objective measurements should be individualized so that each patient's progress or lack of progress will be accurately assessed. Examples of such measurements include documentation of the level of physical activity; improved participation in physical therapy, occupational therapy, work hardening, or vocational counseling programs; normalization of common behavior patterns such as sleep cycles and eating disorders; and changes in medication usage. To the extent that a treatment plan may recommend medications, the plan should include a discussion of any predictable drug interactions the recommended medications might have with medications the worker is currently taking. (Refer to the original guideline document for an example of a treatment plan.)

Identification of the measured variable should include a description of what will be measured, the intervals and duration during which the variable will be measured, the anticipated endpoint, and the anticipated progress to that endpoint at each interval measurement. When appropriate, use standardized measurements such as the Rollins® or Beck® scales to document the extent of recovery. Each variable to be measured should be explained to the injured worker before treatment is actually commenced. If necessary, the patient should be instructed in how to complete diaries that document such variables as pain, activity, medication use, etc.

In the event that the psychiatric treatment plan includes measurements of indicators that are outside the practice of the psychiatrist or psychologist, prior arrangements to obtain such measurements should be made by the psychiatrist or psychologist with the attending doctor. Such measurements should be available to the psychiatrist or psychologist at the time each respective progress note is created. (Refer to the original guideline document for an example of measurements arranged by the psychiatrist or psychologist and the attending doctor.)

### **Assessment of Psychiatric Treatment and Recommendations**

A progress note should be prepared following each clinic visit. Per WAC 296-20-06101, legible copies of progress notes must be submitted to the department for all treatment. The progress note should document the patient's interval history and should summarize any pertinent positive or negative findings. Indicators that are measured to assess progress should be documented along with measurements obtained during the interval period. An assessment should be made as to whether the measurements reflect the expected progress.

A visual analog scale can be a useful tool in assessing a patient's perception. Generally, such scales consist of a 10-cm horizontal line with words at opposite ends of the spectrum. Studies have shown that visual analog scales are most

accurately representative of that which they seek to measure when the horizontal line contains no arbitrary divisions such as numbers, interval marks, etc. The patient is instructed to place a vertical mark at the point on the line that seems most appropriate to the patient.

Should expected progress not be made, the report of the psychiatrist or psychologist should contain a discussion concerning the postulated reasons for lack of progress. If necessary, the treatment plan should be reassessed, and any necessary modifications made. (Refer to the original guideline document for an example of a progress note.)

### **What are the Reporting Requirements?**

All reports should be written in a legible style that can be understood by nonmedical personnel. Each report must contain **at least** a summary of subjective complaints, objective observations, assessment of progress toward meeting goals, updated treatment plan, and DSM-IV (or current edition) axis format assessment (WAC 296-21-270). The use of specific examples of a patient's behavior may be a helpful way to communicate the effects of a psychological condition, or the effects of treatment for such a condition.

Doctors treating psychiatric conditions allowed on a claim are required to submit progress reports to the claim manager every sixty days (WAC 296-21-270). If temporary treatment has been authorized for an unrelated psychiatric condition, progress reports are required to be submitted to the claim manager every thirty days (WAC 296-20-055). (Refer to the original guideline document for information on billing codes.)

### **CLINICAL ALGORITHM(S)**

None provided

## **EVIDENCE SUPPORTING THE RECOMMENDATIONS**

### **TYPE OF EVIDENCE SUPPORTING THE RECOMMENDATIONS**

The type of supporting evidence is not specifically stated for each recommendation.

The recommendations were developed by combining pertinent evidence from the medical literature with the opinions of clinical expert consultants and community-based practicing physicians. Because of a paucity of specific evidence related to the injured worker population, the guideline is more heavily based on expert opinion.

## **BENEFITS/HARMS OF IMPLEMENTING THE GUIDELINE RECOMMENDATIONS**

### **POTENTIAL BENEFITS**

- Identification of barriers to recovery from an industrial injury

- Appropriate diagnosis and treatment of injured workers with psychiatric conditions
- Improved medical management of claims

## POTENTIAL HARMS

None stated

## QUALIFYING STATEMENTS

### QUALIFYING STATEMENTS

- The presence of pre-existing psychiatric conditions may delay or prevent recovery from industrial injuries. In many instances, treatment of such conditions is **NOT** the responsibility of the department and self-insurer or self-insured employer. However, to assist an employee in recovering from an industrial injury or disease, the department or self-insured employer may elect to pay for some level of treatment of such a condition, until the accepted claim condition is "fixed and stable" (i.e., reached maximum medical improvement, or no longer delayed from recovery by the unrelated condition).
- Insurance companies often distinguish between industrial injuries and occupational diseases. Though the distinction can have substantial consequences in any given claim, for simplicity this guideline will use the term "industrial injury" to refer to both industrial injuries and occupational diseases.
- The Office of the Medical Director works closely with the provider community to develop medical treatment guidelines on a wide range of topics relevant to injured workers. Guidelines cover areas such as lumbar fusion, indications for lumbar magnetic resonance imaging (MRI), and the prescribing of controlled substances. Although doctors are expected to be familiar with the guidelines and follow the recommendations, the department also understands that guidelines are not hard-and-fast rules. Good medical judgment is important in deciding how to use and interpret this information.
- The guideline is meant to be a gold standard for the majority of requests, but for the minority of workers who appear to fall outside of the guideline and whose complexity of clinical findings exceeds the specificity of the guideline, a further review by a specialty-matched physician is conducted.
- The guideline-setting process will be iterative; that is, although initial guidelines may be quite liberally constructed, subsequent tightening of the guideline would occur as other national guidelines are set, or other scientific evidence (e.g., from outcomes research) becomes available. This iterative process stands in contrast to the method in some states of placing guidelines in regulation. Although such regulation could aid in the dissemination and quality oversight of guidelines, flexibility in creating updated guidelines might be limited.

## IMPLEMENTATION OF THE GUIDELINE

### DESCRIPTION OF IMPLEMENTATION STRATEGY

The intention of the joint Department of Labor and Industries and WSMA Medical Guidelines Subcommittee was to develop treatment guidelines that would be implemented in a nonadversarial way.

## **INSTITUTE OF MEDICINE (IOM) NATIONAL HEALTHCARE QUALITY REPORT CATEGORIES**

### **IOM CARE NEED**

Getting Better

### **IOM DOMAIN**

Effectiveness

## **IDENTIFYING INFORMATION AND AVAILABILITY**

### **BIBLIOGRAPHIC SOURCE(S)**

Washington State Department of Labor and Industries. Guideline for the evaluation and treatment of injured workers with psychiatric conditions. Olympia (WA): Washington State Department of Labor and Industries; 2004. 6 p.

### **ADAPTATION**

Not applicable: The guideline was not adapted from another source.

### **DATE RELEASED**

1995 Nov (revised 2004)

### **GUIDELINE DEVELOPER(S)**

Washington State Department of Labor and Industries - State/Local Government Agency [U.S.]

### **SOURCE(S) OF FUNDING**

Washington State Department of Labor and Industries

### **GUIDELINE COMMITTEE**

Washington State Department of Labor and Industries (L&I)

### **COMPOSITION OF GROUP THAT AUTHORED THE GUIDELINE**

*Medical Director, Washington State Department of Labor and Industries (L&I):*  
Gary Franklin, MD

## **FINANCIAL DISCLOSURES/CONFLICTS OF INTEREST**

Not stated

## **GUIDELINE STATUS**

This is the current release of the guideline.

This guideline updates a previous version: Washington State Department of Labor and Industries. Guidelines for psychiatric and psychological evaluation of injured or chronically disabled workers. Olympia (WA): Washington State Department of Labor and Industries; 2002 Aug. 10 p.

## **GUIDELINE AVAILABILITY**

Electronic copies: None available.

Print copies: L&I Warehouse, Department of Labor and Industries, P.O. Box 44843, Olympia, Washington 98504-4843.

## **AVAILABILITY OF COMPANION DOCUMENTS**

None available

## **PATIENT RESOURCES**

None available

## **NGC STATUS**

This summary was completed by ECRI on February 14, 2000. It was sent to the guideline developer for review on February 15, 2000; however, to date, no comments have been received. The guideline developer has given NGC permission to publish the NGC summary. This summary was updated by ECRI on May 27, 2004. The information was verified by the guideline developer on June 14, 2004. This summary was updated by ECRI on October 20, 2004. The information was verified by the guideline developer on November 5, 2004.

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