

Psychological Injury Management – Guide

Question - When to use a Psych Consultant vs. a Medical Consultant?

Psych Consultant:

- Generally, if you need help in managing psychosocial issues on claim (see Proc. 41.19/Proc. 41.19A)
- You need assistance in locating psychological services (esp. in rural area or other provinces) (see Proc. 41.17)
- If the client makes threats of harm to self or others (see Proc. 20.17 – Critical Incidents)
- You need help with chronic pain issues (e.g., pain management programs or Marked Life Disruption (MLD) assessments. See Proc. 41.11)
- You need assistance in supporting assessment and treatment for a client's non-compensable substance use disorder (see Proc. 41.16)
- Non-contracted psychological service providers are being used on the claim (see Proc. 41.17)
- You need a review for extensions of counseling services (Proc. 41.17 – CO can approve the initial extension request after 10 sessions, PC review is needed after 20 sessions)
- You need assistance in arranging a comprehensive psychological assessment (see Proc. 4.8) or a neuropsychological assessment (see Proc. 41.2/41.2a)
- A COP is required to a treating or assessing psychologist

Medical Consultant:

- You need an opinion on medical management of the claim
- You need a review of medications (e.g., psychotropic medications, opioids)
- Initial review of substance abuse (see Proc. 41.16)
- You need an opinion on chronic pain issues (e.g., medical management of chronic pain or claimant's eligibility for chronic pain/chronic pain syndrome criteria, see Proc. 41.11)
- Reviewing differences of psychiatric opinion that might lead to a medical panel
- A COP is required to a treating or assessing psychiatrist
- (Note: Medical Consultation is particularly appropriate where there are ongoing physical injury issues, other medical issues that might be influencing a person's mental status such as hypothyroidism or diabetes, medication side-effects, and psychiatric involvement (PIMEs, treating psychiatrist), and there is no psychological involvement).

Both Medical and Psych Consultants:

- Determining the relationship between psychological/psychiatric diagnosis and work injury
- Clarifying differing diagnoses
- Reviewing claims regarding the need for further comprehensive psychological assessment, and/or Psychiatric IME
- Explanations of a psychiatric assessment (N.B. If clarification/interpretation of a Psychiatric IME report is required it may need to be referred back to the IME provider via the clinical consultant with appropriate questions for an addendum).
- A review prior to, and attendance at, a case conference, or "Psych Scrum". Note; in many complex cases a 'team' approach (medical and psychological consultant, claim owners) is needed.

- You need assistance with the ongoing management and treatment of Traumatic or Chronic Onset Psychological Injury claims (see Proc. 4.8), or MTBI/Concussion (procedure in process)
- Managing claims with protracted recovery