



Mark J. Woyshville D.ABPN D.ABSM FAASM
Independent Medical Evaluator

Training:

- Internship: Cleveland Clinic Foundation
- Psychiatric Residency: University of California San Diego
- Fellowship (Mood Disorders): Case-Western Reserve University

Board Certifications and Professional Affiliations:

- American Board of Psychiatry and Neurology (Psychiatry, Sleep Medicine)
- American Board of Sleep Medicine (Sleep Medicine)
- Fellow, American Academy of Sleep Medicine

Experience:

- Academic, institutional, and private practice psychiatry
- Forensic, addiction, and general psychiatry
- Children, adolescents, and adults
- Clinical Research, 25 years

Independent Medical Examinations: 25 years' experience.

- Member, Disability Evaluators Panel, Ohio Bureau of Workers Compensation
- Evaluator, Industrial Commission of Ohio
- Evaluator and Peer Reviewer, various TPAs and MCOs
- Evaluator, Department of Labor
- Evaluator, City of Cleveland, Police and Fire; other municipalities as well
- Personal Injury (defense)
- Physician Malpractice (defense)
- Broad experience providing evaluations for law firms retained by industry.
- Experienced deponent
- Experienced expert witness

Philosophical approach to the Independent Medical Examination:

Psychiatric conditions are increasingly found amongst allowances to industrial injury claims. These allowances are often awarded based on the *mere* presence of signs and symptoms constitutive of the requested allowance. This reflects the staunchly atheoretical stance taken by the founders and expounders of psychiatric diagnostic schemas (such as the Diagnostic and Statistical Manual, or DSM, system). In fact, many times the constellation of signs and symptoms fails to meet threshold for a particular diagnosis, leading to a blooming of the “not otherwise specified,” or NOS, category of psychiatric diagnoses. These are often little more than “symptom diagnoses,” meaning a diagnosis made on a minimal subset of the criteria required to make a full, formal diagnosis of a well-defined clinical entity such as Major Depressive Disorder. In addition, this “one if by land, two if by sea” approach to psychiatric diagnosis misses the profound influence of *personality* (that is, the combination of character and temperament) upon the production of psychiatric signs and symptoms in response to a non-psychiatric industrial injury. In particular, what is taken to be constitutive of a psychiatric diagnosis may be nothing more than a *normative* response to the industrial injury given the totality of the injured worker’s defensive posture and approach to conflict. My reports integrate this totality of forces at play eventuating in an injured worker’s psychiatric presentation in response to an industrial injury.