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# Chapter

# 2

## Chapter 2

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**The key to managing  
and resolving  
disability claims:  
*credible health science***

## **The key to managing and resolving disability claims: Credible health Science**

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### **The Science of disability:**

#### **1. Diagnosis:**

**establish a credible diagnosis**

**2. Make sure that scientifically credible treatment and rehabilitation have been applied**

**(continued)**

# The Science of disability:

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- 3. Compare the diagnosis to scientific findings to establish:**
  - Overall probability of disability.**
  - Risk factors for disability.**
- 4. How do the risk factors apply to this claimant, subsequently increasing or decreasing the possibility of disability?**
- 5. Prognosis.**

*Details and examples>>>*

# The Science of disability:

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1. Establish a  
credible *diagnosis*



# The Science of disability:

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## 1. Establish a credible diagnosis

- A credible diagnosis will distinguish the claimant from people who do not have that diagnosis
- It is the key to the rest of the relevant science

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# 1. Establish a credible diagnosis

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*Examples of typical shortcomings of disability claims in this regard*

- **Mental illness claims**
- **CRPS (formerly conceptualized as RSD)**
- **Fibromyalgia**
- **Low back pain**

**Some specifics...**

# 1. Establish a credible diagnosis

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## Mental illness claims

### *American Medical Association Project, 2007*

- 43% of mental illness claims involved a diagnosis that does not actually exist
  - Example: “depression”
- when an actual mental illness was being claimed, utilization of the protocol that would be necessary to justify that diagnosis was absent 91% of the time



# 1. Establish a credible diagnosis

## CRPS (formerly conceptualized as RSD) claims

- There is nothing that reliably distinguishes CRPS from other health concepts.
- Scientific studies have repeatedly indicated that any diagnosis of CRPS is probably wrong.
- Many claims involve the antiquated concept of RSD, thereby automatically indicating that the doctor is practicing in a manner that is antiquated, misleading, and meaningless.

(continued)

# 1. Establish a credible diagnosis

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## CRPS (formerly conceptualized as RSD) claims

- Usually presented as a general medical claim, but scientific findings have repeatedly indicated that it is better predicted by psychological issues.
- A case of CRPS is probably a case of misdiagnosis and, subsequently, mistreatment.

# 1. Establish a credible diagnosis

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## Fibromyalgia

- There is nothing that reliably distinguishes fibromyalgia from other health concepts.
- Scientific findings repeatedly indicated that it is better conceptualized as a manifestation of mental illness, rather than being a general medical condition.
- Pre-existing psychological disturbance is the necessary and sufficient predictor of who will develop a fibromyalgia claim.

# 1. Establish a credible diagnosis

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## Low back pain claims

- Typical diagnoses for low back pain do not have any explanatory value.
  - Low back pain, failed back syndrome, lumbago
- Superficially explanatory diagnoses do not have any actual predictive value in regard to pain.
  - Degenerative disc disease, annular tear, disc derangement, etc.
- Typically presented as a general medical claim, but the only scientifically established risk factors are of a psychosocial nature.

# 1. Establish a credible diagnosis

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## *In summary*

**For any of these claims, the diagnosis is probably wrong, and subsequently, and the treatment-rehabilitation plan has probably been misdirected.**

# The Science of disability:

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**2. Make sure that  
scientifically credible  
treatment and  
rehabilitation have  
been applied**



**2. Make sure that scientifically credible treatment and rehabilitation have been applied**

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**One useful definition of  
“scientifically credible”  
treatment:**

**Scientific study has  
demonstrated that the  
treatment reliably improves  
the prognosis**

**>>>**

## **2. Make sure that scientifically credible treatment and rehabilitation have been applied**

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### **Common examples of misdirected treatment**

- **Mental illness:**

- **Anti-depressant medications\* in the absence of cognitive-behavior psychotherapy**

- **Xanax**

- **Lack of cognitive-behavior psychotherapy for anxiety disorders**



## **2. Make sure that scientifically credible treatment and rehabilitation have been applied**

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### **Common examples of misdirected treatment**

#### **■ Chronic pain:**

- Long term use of narcotic pain medications for chronic non-cancer pain**
- Surgery for back pain**
- Activity restrictions**
- Withdraw from work**

# The Science of disability:

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**3. Compare the diagnosis to scientific findings to establish:**

**-Overall probability of disability.**

**-Risk factors for disability.**

# The Science of disability:

## **3. Compare the diagnosis to scientific findings to establish:**

**-Overall probability of disability.**

**-Risk factors for disability.**

- **This is at the heart of why I said diagnosis is the key to the rest of the science.**
- **You have to know exactly what disorder you are dealing with, so that you can find the disability science for that specific disorder.**
- **Some examples coming soon.**

# The Science of disability:

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**4. How do the risk factors apply to this claimant, subsequently increasing or decreasing the possibility of disability? >>>**

# **Risk factors for disability**

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**In most cases, the health problem does not lead directly to the disability.**

**Some intervening risk factors predict which people with the health problem will end up claiming disability.**

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# **Risk factors for disability**

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**Applying the scientifically established risk factors to the individual case provides:**

- **An understanding of the disability claim**
- **Valuable information for treatment – rehabilitation planning**

**(examples to follow)**

# The Science of disability:

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## **5. Prognosis**

**If we get a credible  
treatment plan in place,  
what is the probable  
outcome?**

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# Chapter

7



# Chapter 7

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# Case Study

# Case Study

- **44 yo male.**
- **“Conditions” upon which disability claim was officially based:**
  - **chronic recurring abdominal pain,**
  - **depression, and**
  - **Fibromyalgia**

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# Case Study

- **“Conditions” upon which disability claim was officially based:**
  - chronic recurring abdominal pain,
  - depression, and
  - fibromyalgia.

**Notice –**

**None of these is actually a diagnosis**

# Case Study

- **Claimant reported...**
  - **the original basis for disability claim was Panic Disorder.**
  - **Current basis for disability claim is fibromyalgia and chronic fatigue syndrome.**

# Case Study

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- **Official basis: chronic recurring abdominal pain, depression, and fibromyalgia**
- **Claimant reported Panic Disorder, fibromyalgia, CFS.**

**What really explains this disability claim?**

# Case Study

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- **Does he have a mood disorder?**
  - **interviewing and testing failed to reveal any clear basis for a mood disorder diagnosis.**

# Case Study

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- **Does he have an anxiety disorder?**
  - **History of panic.**
  - **History of claustrophobia (worked in mining).**

# Case Study

## Does he have a psychotic disorder?

- **Mother schizophrenic.**
- **Complaint of “confusion”:**
  - **Believes that someone has been secretly rebuilding his house.**
  - **Car fire was an act of sabotage.**

**(Note: Doctors who introduced fibromyalgia claim were aware of the complaint of “confusion” but had not investigated the details.)**



# Case Study

- **Does he have a somatoform disorder?**
  - **Fibromyalgia claim.**
  - **Chronic fatigue syndrome claim.**
  - **Consistency with a generalized somatization disorder (extremely wide variety of pain, stomach, sexual, and pseudo-neurological complaints; dating back to his 20's).**
  - **Irritable bowel syndrome claim.**

**(continued)**

# Does he have a somatoform disorder?

- **Anxiety disorders.**
- **Records specifically documented...**
  - **no identifiable etiology for pain complaints,**
  - **“emotional overlay”,**
  - **inconsistency with any known general medical disorder,**
  - **the severity of the complaints is correlated with the amount of stress in the claimant’s life.**
- **Psychological testing specifically consistent with Somatization Disorder.**

# Case Study

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Does he have a substance related disorder?

Side effects associated with claimant's medication regimen parallel many of his complaints:

- a high risk of sedation,
- insomnia,
- diminished sexual desire,
- nervousness,

(continued)

# Does he have a substance related disorder?

Side effects associated with claimant's medication regimen parallel many of his complaints:

- increased sleep,
- dizziness,
- vision disturbance,
- ataxia,
- nausea and vomiting,
- amnesia,
- confusion,

(continued)

# Does he have a substance related disorder?

Side effects associated with claimant's medication regimen parallel many of his complaints:

- hostility,
- thought abnormalities,
- vertigo,
- coordination difficulties,
- appetite disturbance,
- apathy,
- psychotic reactions,
- panic.

# Case Study

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# Recommendations

# Recommendations:

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*Substance-induced  
disorder*

- **Medication detox**

# Recommendations:

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## *Psychotic disorder –*

- **Medication detox to clarify the diagnosis (Schizophrenia vs. Substance Induced Psychotic Disorder).**



# Recommendations:

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*Anxiety disorders –*

**cognitive behavior  
psychotherapy**

**(extremely high success rate  
when compliant; medications  
undesirable given specifics of  
this case)**

# Recommendations:

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## *Somatoform disorder –*

- **Treat related mental illnesses (in this case, substance-related, psychotic, and anxiety disorders).**
- **Directly treat somatoform presentation with cognitive behavior psychotherapy and environmental intervention.**

# Recommendations:

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**Maintaining/returning to work is reliably beneficial for a patient's health.**

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# Recommendations:

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## **Maintaining/returning to work:**

- Normal employment**
- Supportive employment (original employer?)**
- Re-employment services.**
- Businesses owned by friends/family.**
- Volunteer work.**

# Case Study

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**What about  
“fibromyalgia”?**

# Science of disability:

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**Diagnosis compared to scientific literature to establish:**

- Overall rate of disability.**
- Risk factors for disability.**
- How do the risk factors apply to this claimant, subsequently increasing or decreasing the probability of disability.**
- Prognosis.**

## Science of fibromyalgia disability:

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Overall probability of  
impairment/disability:

**Low - Majority working  
full time.**

# Science of fibromyalgia disability:

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## Risk factors for disability.

For this claimant, the following risk factors did *NOT* apply (thereby further lowering the possibility of disability)...



# Risk factors for disability.

For this claimant, the following risk factors did NOT apply:

- history of emotional/psychological trauma,
- history of sexual trauma,
- history of physical trauma,
- depressed mood (disability among such patients is more strongly correlated with depression than with their pain complaints),
- attribution of the complaints to a traumatic injury.

# Risk factors for disability.

## Risk factors for disability which DID apply to this claimant:

- over-estimating the severity of disability,
- believing that the complaints are attributable to a serious disease,
- attributing the complaints to a general medical condition,
- avoiding activity,
- thinking about their complaints in catastrophic terms,
- eligibility for disability benefits.

# Risk factors for disability.

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**Note:**

**All of the risk factors for  
disability that apply to this  
claimant are  
TREATABLE!!!!**

# Risk factors for disability.

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**Treatment plan specifically based on the scientifically established risk factors for disability which did apply to this claimant...**

**Treatment plan specifically based on the scientifically established risk factors for disability which did apply to this claimant:**

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- Activity assignments specifically designed to demonstrate to the claimant that he is not as disabled as he thinks he is,**
- education regarding the nature of “fibromyalgia” (no “serious” implications, consistent with mental illness rather than a general medical condition),**
- activity assignments focused on continuously increasing activity,**
- cognitive psychotherapy for catastrophizing,**
- phasing out disability benefits.**

**Treatment plan specifically based on the scientifically established risk factors for disability which did apply to this claimant:**

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**Maintaining/returning to work is reliably beneficial for a patient's health, especially for "fibromyalgia".**

**Brigham, C.R., et al. (2001).**

**Fibromyalgia syndrome: Impairment and disability issues. The Guides Newsletter, July/August, p. 8-12.**