

Chapter 2

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

**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:**

- 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:**

# 1. Establish a credible *diagnosis*



# **The Science of disability:** 1. Establish a credible diagnosis A credible diagnosis will distinguish the claimant from people who do <u>not</u> have that diagnosis It is the key to the rest of the

relevant science



Examples of typical shortcomings of disability claims in this regard
Mental illness claims
CRPS (formerly conceptualized as RSD)
Fibromyalgia

Low back pain

Some specifics...

#### 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

- **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)

**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.

### <u>Fibromyalgia</u>

- 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.

#### 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.

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



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

**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** 

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

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:**

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

# **Risk factors for disability**

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

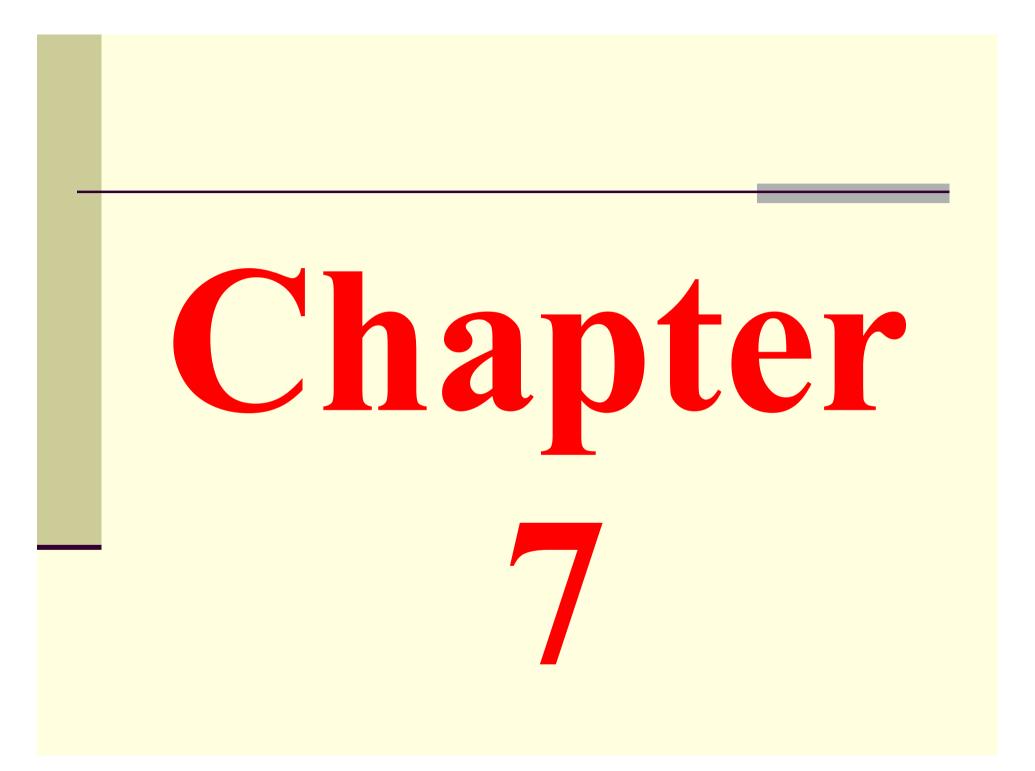
Some intervening risk factors predict which people with the health problem will end up claiming disability. >>

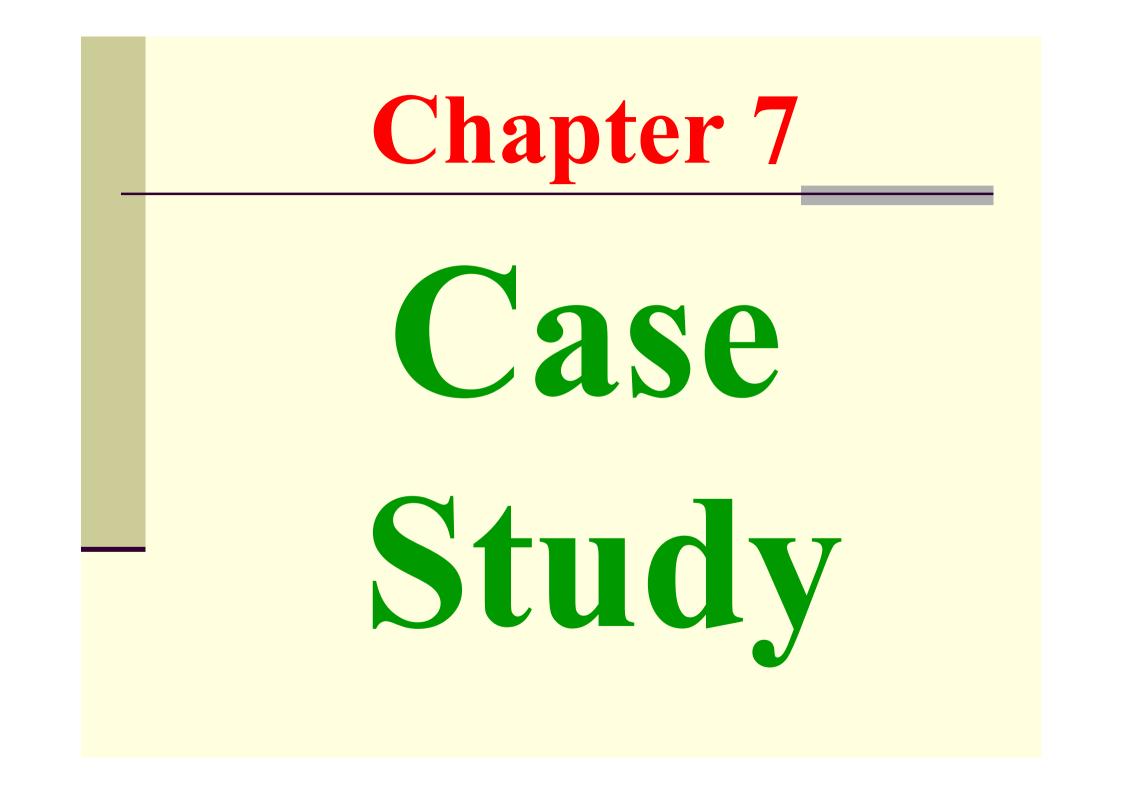
# **Risk factors for disability**

- Applying the scientifically established risk factors to the individual case provides:
- An understanding of the disability claim

## **The Science of disability:**

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





### **Case Study**

### **44 yo male.**

Conditions" upon which disability claim was officially based:

chronic recurring abdominal pain,

depression, and

**Fibromyalgia** 

>>>



- "Conditions" upon which disability claim was officially based:
  - chronic recurring abdominal pain,
  - depression, and
  - fibromyalgia.
- Notice –

None of these is actually a diagnosis



Claimant reported...

the original basis for disability claim was Panic Disorder.

Current basis for disability claim is fibromyalgia and chronic fatigue syndrome.



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

What really explains this disability claim?



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



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



**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.)



- 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.



**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,



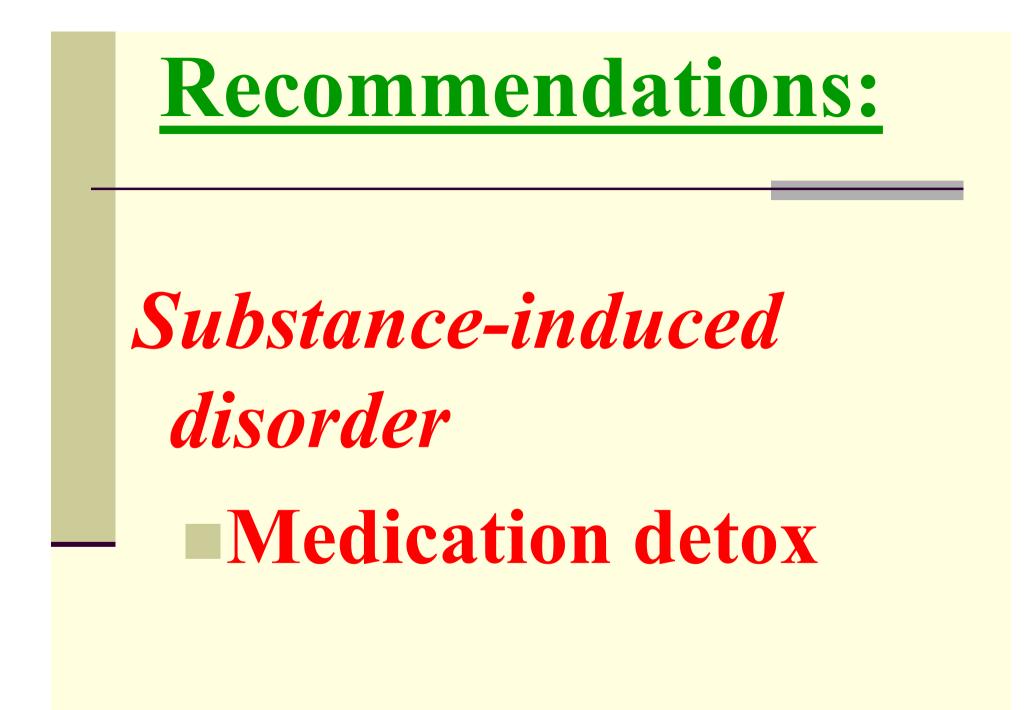
#### **Does he have a substance related disorder?**

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.



# Recommendations



## **Recommendations:**

 Psychotic disorder –
 Medication detox to clarify the diagnosis (Schizophrenia vs. Substance Induced Psychotic Disorder).

## **Recommendations:**

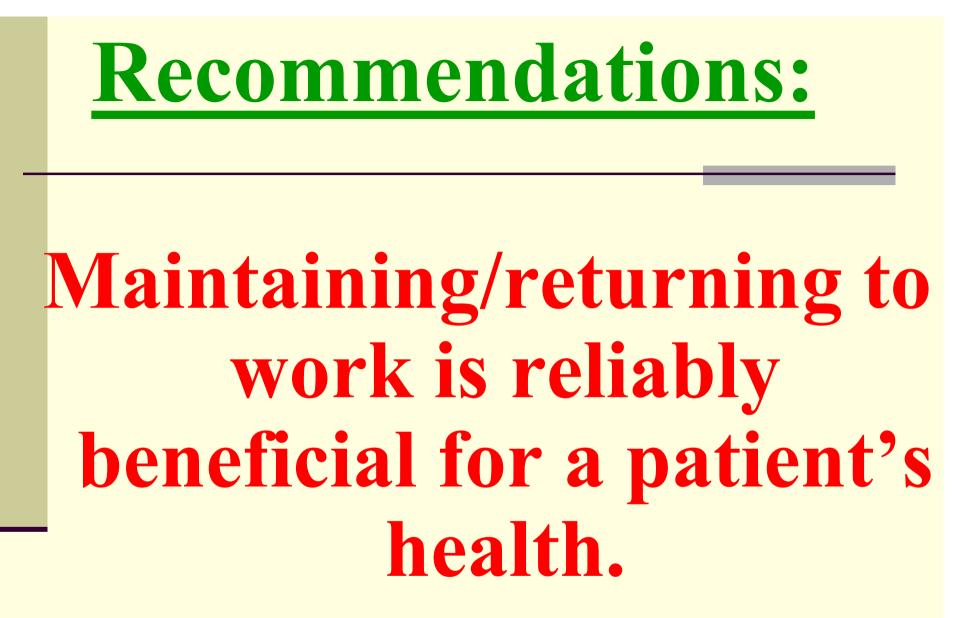
Anxiety disorders – cognitive behavior psychotherapy (extremely high success rate when compliant; medications undesirable given specifics of this case)

## **Recommendations:**

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.







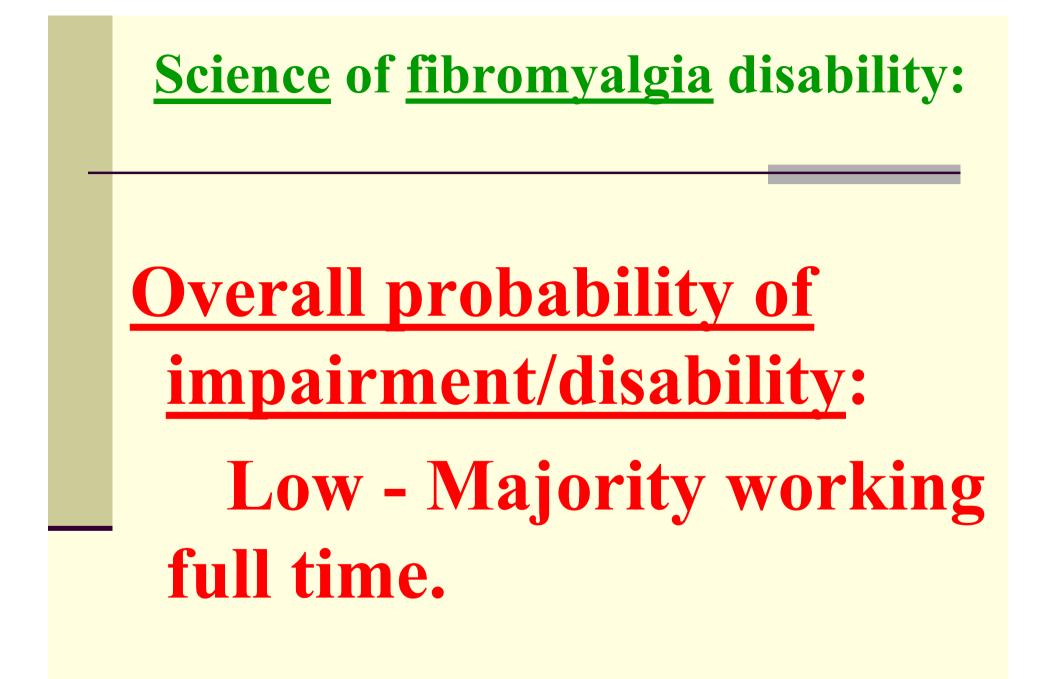


# What about "fibromyalgia"?

## **Science** of disability:

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:

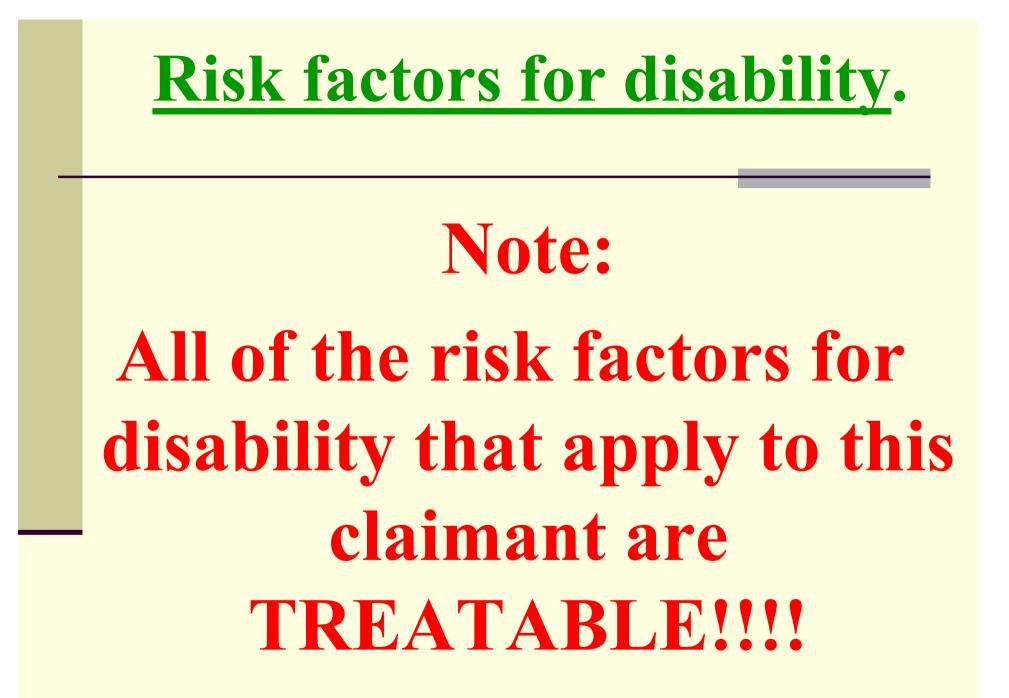
**Risk factors for disability.** For this claimant, the following risk factors did **<u>NOT</u>** apply (thereby further lowering the possibility of disability)...

#### **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** <u>claimant:</u>
- 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.**

**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:

--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:

**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.