

Chronic Pain & SSDI

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Chronic pain can make full time work impossible. Whether it is due to back problems, trauma, Fibromyalgia, Chronic Regional Pain Syndrome, Lupus or any other pain causing medical condition, pain can dramatically restrict the ability to function.

Under the Social Security Act we must prove medical problems that can cause symptoms so severe as to make a Claimant “totally disabled” for a period that has lasted, or is expected to last, at least 12 months or result in death. In most cases, the problem is not in the diagnosis - the issue is proving the severity of the symptoms.

Pain cases become a problem because we cannot scientifically prove pain, and we cannot scientifically measure chronic pain. There is no regularly used medical testing that can identify and quantify the extent of chronic pain and how it impacts a person’s ability to function in a work setting.

Social Security calls symptoms such as pain and fatigue “subjective symptoms” – symptoms that a Claimant describes but which cannot be proven scientifically. This is contrasted with “objective symptoms” such as breathing problems which can often be scientifically measured with tests such as a pulmonary function test. After many years of fighting, Social Security has agreed that subjective symptoms can be the basis for establishing total disability, but the issue again is proof.

Basically, we teach clients that “actions speak louder than words.” Social Security expects that someone suffering from such severe subjective symptoms as to be totally disabled will be going to doctors frequently and will be consistently describing their problems and limitations.

Also, Administrative Law Judges will expect that people will be going to specialists, i.e. pain management specialists, orthopedists, neurologists, pain psychologists. Family practice physicians, even though they often make the most sense to insurance carriers, get very little weight in this process.

The key is to remember that Social Security Judges will be evaluating these subjective symptoms by reviewing the clinical charts of the treating specialists.

Clinical chart notes documenting that the patient comes in and says she “is ok” or “is stable” or “shows improvement” allows Judges to infer from that the symptoms are not severe and that person can work. Clients need to be taught as early in the process as possible that the way they communicate with their medical professionals affects both the quality of their medical care, and the evidence which will be used to decide their Social Security disability application.

Frequency of treatment is another consideration. Someone going to the doctor once or twice a year will not be presumed to be significantly impaired. We have found that at a minimum people should be seeing their specialists at least quarterly.

Teaching clients the importance of medical care and how to communicate with their providers is key to both improving their future, and to getting Social Security disability applications approved. We would like to come to your agency and provide a free detailed in-service on Social Security Disability issues. We can easily schedule a time to keep your staff and clients informed and up-to-date.