Independent Medical/Psychological Examinations

Determination of Disability of SSDI/SSI Applicants in Arizona

When a person applies for SSDI/SSI in Arizona, the Social Security Administration under contract with the Department of Economic Security's Disability Determination Services Administration (DDSA) assigns a caseworker to review the application and judge whether the applicant is disabled under terms of Social Security's rules and regulations. The DDSA unit then employs a staff of adjudicators who review the file and make certain there is available evidence to submit to in-house physicians and psychologists for review. If such evidence is not available, they request it from the physicians and other professionals listed in the application. It has been my clinic's experience, after review of hundreds of denials, that supporting professionals, including the primary care provider, fail to provide enough objective information for their patients or clients. After reviewing the file, the DDSA unit requests independent evaluations. It is at that point, I feel, that the current DDSA process can create the problems of bias discussed by Dr. Baer.

The DDSA unit will refer the patient to a physician, psychiatrist, and/or psychologist in the community who is paid to provide an independent opinion. I do not believe the independent consultant is provided with the evidence in the case. I do know they do not receive our clinic's information in those cases for which we have submitted evidence. This situation is certainly different than the one described in Dr. Baer's article in which he assumes all professionals who conduct independent evaluations have available the evidence that has been submitted on behalf of the client.

The issue then becomes how a busy physician or psychologist, armed with little or no evidence with the exception of the patient's information, can provide a reasonable, accurate, objective opinion of disability under terms of the Social Security guidelines.

I applaud Dr. Baer's recommendation that county medical societies (and I would add state psychological associations) ask members to conduct in-office examinations for agencies such as Social Security on a rotating basis rather than continuing the practice of applicants being evaluated by the same physicians and psychologists. I am certain that process would help minimize bias.

I am also certain that a comprehensive, integrated approach, such as the one used in our clinic, would also go a long way in producing accurate, objective data for making the difficult decisions related to disability determination.

What Our Clinic Does

Our clinic, which is under contract with the Department of Economic Security's JOBS (DES/JOBS) program, evaluates disabled individuals who are on deferral from their jobs for medical reasons. Our task is to determine if the patient has the potential to return to work.

By David Wayne Smith, DEd, DABPS

I read the article on independent medical evaluations by Dr. Michael Baer in the Winter 2005 issue of The Forensic Examiner with great interest and recommend that all psychologists and physicians also read this article. The issue of how to avoid bias when judging medical and psychosocial information and how to be fair when conducting an assessment of an allegedly disabled person has always been imperative for my staff and me at the Disability Assessment Research Clinic, an arm of the Arizona Arthritis Center at the University of Arizona College of Medicine. Given the importance of that issue, we have, over the years, developed an assessment approach that we believe minimizes issues related to bias.

The staff is dedicated to the accumulation and review of objective medical, psychosocial, and vocational evidence to render an opinion as to whether a patient 1) can return to work given special job-placement services, 2) should be referred for state vocational rehabilitation services, or 3) meets the guidelines for Social Security Disability/Supplemental Security Income (SSDI/SSI) and should be assisted in applying for benefits. I believe our clinic's approach could be useful in creating an improved Social Security disability evaluation process.
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Additional Problems With the Current SSDI/SSI System

I would like to comment on several issues that I feel exacerbate the numerous problems the current Social Security system faces. When DDSA requests our information, they also ask whether we would be willing to conduct another examination for $80 fee. If the agency pays such a small amount for the independent examinee's time and the examiner is not privy to all available data, it is not difficult to believe that the results from such an evaluation could be less than accurate, as discussed above.

Of particular concern is that the administrative-law judge (ALJ) level for a hearing, attorneys appear to win a vast majority of their cases primarily because of the quality of their evidence. I have worked with Social Security attorneys for many years, and I know they go to great lengths to obtain all available objective evidence and that they follow the guidelines and regulations closely. Our records indicate that attorneys with whom we work and who use our information in the ALJ level wins approximately 90% of their cases. If the examiner at the original application level and certainly at the reconsideration level would follow the lead of the attorneys, I am sure fewer cases would rise to the ALJ level for a hearing.

Another critical situation, in my opinion, is related to the ALJ calendar. If my information is correct, some ALJ calendars are faced with a 12- to 18-month backlog, primarily because of the extremely high denial rates at the initial and reconsideration level. The April 2005 Social Security Forum states that 63% of initial applications are denied.

A Final Statement

I contend that in order to maximize fairness for the patient, it would be a much wiser use of taxpayers' money to have disabled persons' cases assessed and evaluated using the alternate approach discussed above rather than continue the system being used currently by the Social Security Administration. Even Commissioner of Social Security Jo Anne Barnhart recognizes that the current system needs to be changed dramatically, as shown by her new social security disability determination process.

It may well be time to formally research outcomes obtained between the current system and the alternate approach I propose, as well as formally research Dr. Barr's proposal related to introducing a rotating system of independent evaluators.

I have endeavored in this article to open the door to further discussion of the issues related to the assessment of disability. I am especially interested in the opportunity by others who perform services in the Social Security disability arena. Hopefully, this article will inspire others to address these issues.

About the Author

David Wayne Smith, DDS, DABIPS, is a professor of rehabilitation and the director of the Disability Assessment Research Clinic, an arm of the Arizona Arthritis Center at the University of Arizona College of Medicine. Dr. Smith is a Diplomate of the American Board of Psychological Specialties and has been an AC-PEF member since 1997.

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4 Forensics in the News Summer 2006