

Assessing Disability in the Pain Patient & Impairment Overlap

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Outline

- What is chronic pain?
- Disability versus impairment
- Rating Chronic Pain conditions
- Overlap and Synergy
 - Adding v. Combining (CVC Table)

Assessing Pain

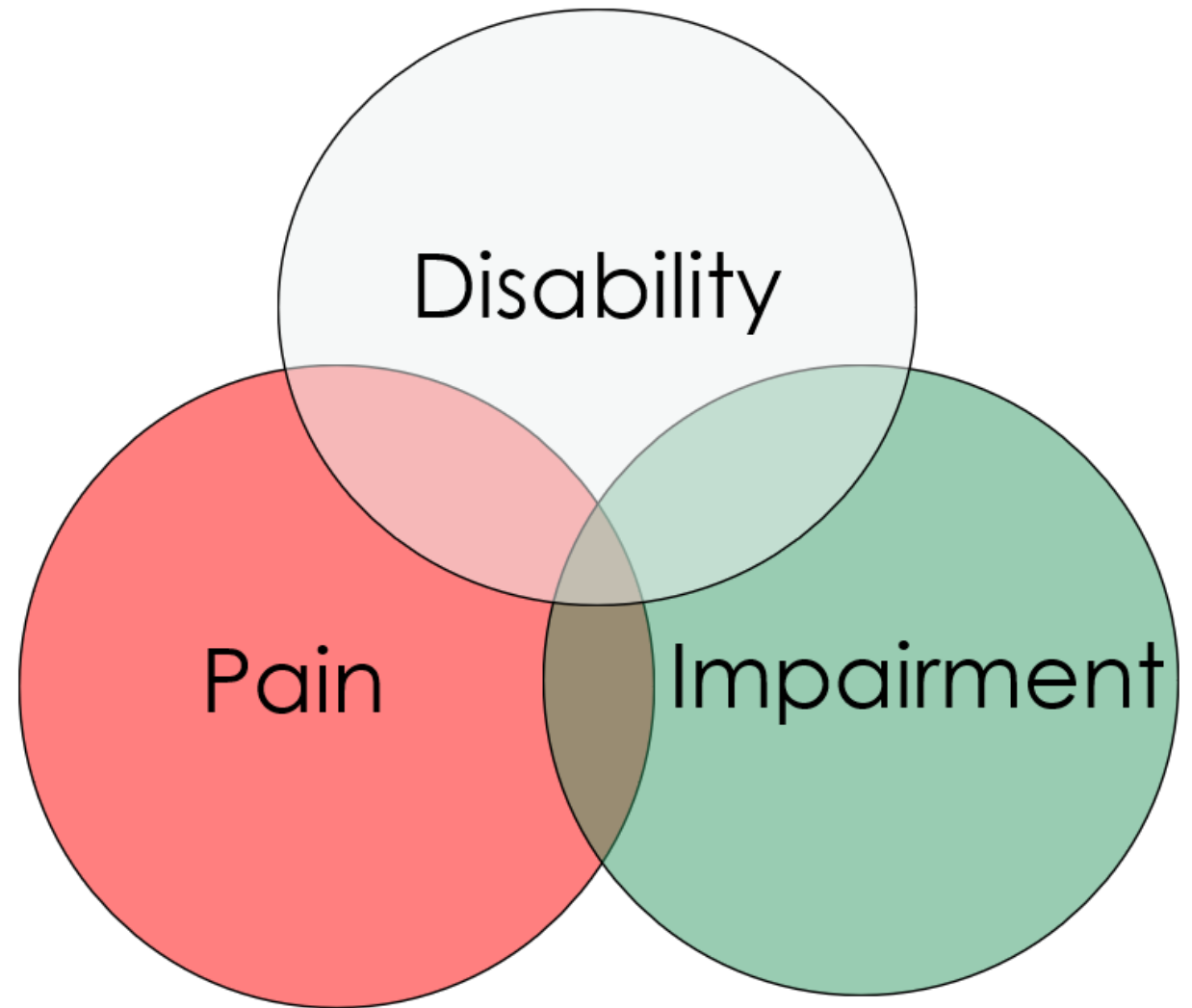


- Assessment of chronic pain problematic:
 - Rarely purely physical or solely psychological
 - Pain is always a personal experience
 - Not measurable by any objective test
- A subjective phenomenon, often associated with confounding behavioral, characterological, cultural, personality and psychological issues
- Does not respond to traditional treatment
 - Remedial lesion identified, surgery technically successful, but poor outcome

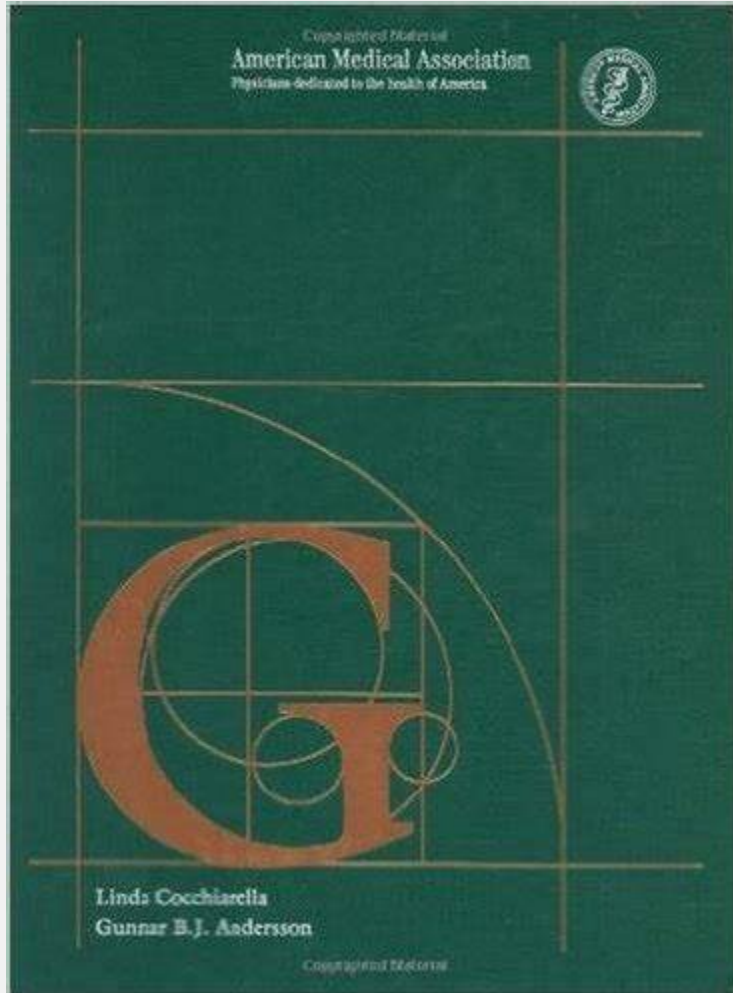
Disability versus Impairment

- The AMA Guides 5th Edition defines
 - **Impairment** as “a loss, loss of use, or derangement of any body part, organ system, or organ function.”
 - **Disability** is defined as “An alteration of an individual’s capacity to meet personal, social, or occupational demands because of an impairment.
- **Impairment** defines a measurable change - any loss or abnormality in psychological, physiological or anatomical structure or function.
- **Disability** usually results from an impairment that results in a functional loss of ability to perform activities of daily living or complex activities such as work.
 - Defined differently by each program/system

Rating Chronic Pain Conditions

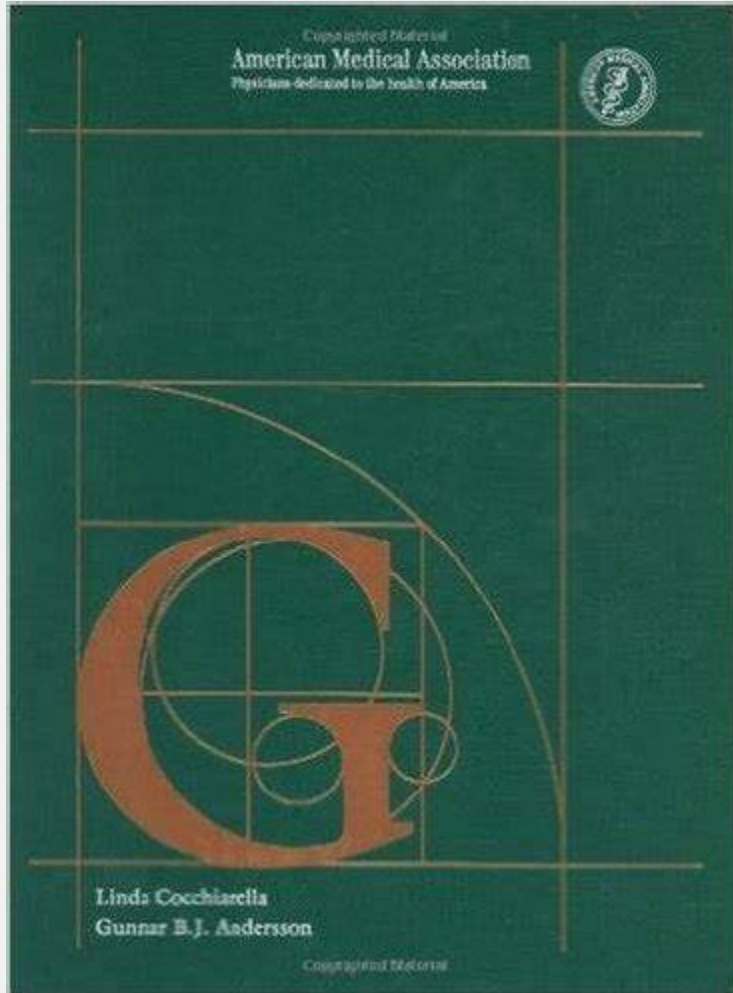


Chronic Pain Rating



- Chronic pain & other conditions may not result in an AMA Guides 5th Edition Impairment Rating Standard Approach
 - Headache: 3% WPI (Chapter 18)
 - AG alternative: Trigeminal neuralgia?
 - Myofascial Pain Syndrome: “trigger points” local and referred from repetitive muscle contraction
 - Fibromyalgia: characterized by widespread musculoskeletal pain accompanied by fatigue, sleep, memory and mood issues
 - Epicondylitis (without surgery)
 - Hip labral tear
 - Chronic pain syndrome

Chronic Pain Rating – What To Do?



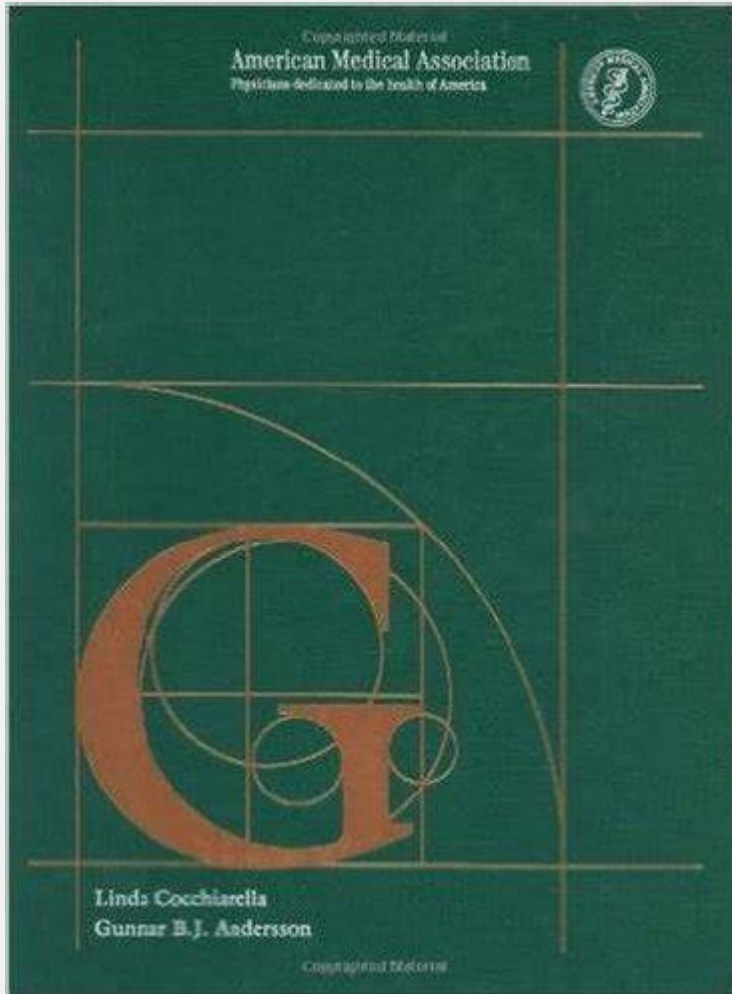
- Limit to the orthopedic rating + AG
- If Chronic Pain Syndrome
 - Plough on!
 - Defer to pain QME
- Get a functional capacity evaluation (FCE)

Objectifying Disability: Is an FCE Helpful?

- Can Provide "Cover" -



Chronic Pain Rating: What To DO?



- Almaraz Guzman Analysis of most accurate WPI
 - Stay within 4 corners of AMA Guides 5th
 - Explain why alternate rating more accurate
 - Report must = substantial medical evidence
 - Explain the how & the Why
- Consider subjectives versus objectives
- Approaches:
 - Opinion based on loss of ADL Capacity
 - Use a functional Table (UEs: 13-22; LEs13-15)
 - Other Chapter, Table, or Method

ADL Method based on Loss of Capacity

UE = 60%

LE = 40%

Table 16-3 Conversion of Impairment of the Upper Extremity to Impairment of the Whole Person

% Impairment of Upper Extremity		% Impairment of Whole Person		% Impairment of Upper Extremity		% Impairment of Whole Person		% Impairment of Upper Extremity		% Impairment of Whole Person	
0 = 0	20 = 12	40 = 24	60 = 36	80 = 48							
1 = 1	21 = 13	41 = 25	61 = 37	81 = 49							
2 = 1	22 = 13	42 = 25	62 = 37	82 = 49							
3 = 2	23 = 14	43 = 26	63 = 38	83 = 50							
4 = 2	24 = 14	44 = 26	64 = 38	84 = 50							
5 = 3	25 = 15	45 = 27	65 = 39	85 = 51							
6 = 4	26 = 16	46 = 28	66 = 40	86 = 52							
7 = 4	27 = 16	47 = 28	67 = 40	87 = 52							
8 = 5	28 = 17	48 = 29	68 = 41	88 = 53							
9 = 5	29 = 17	49 = 29	69 = 41	89 = 53							
10 = 6	30 = 18	50 = 30	70 = 42	90 = 54							
11 = 7	31 = 19	51 = 31	71 = 43	91 = 55							
12 = 7	32 = 19	52 = 31	72 = 43	92 = 55							
13 = 8	33 = 20	53 = 32	73 = 44	93 = 56							
14 = 8	34 = 20	54 = 32	74 = 44	94 = 56							
15 = 9	35 = 21	55 = 33	75 = 45	95 = 57							
16 = 10	36 = 22	56 = 34	76 = 46	96 = 58							
17 = 10	37 = 22	57 = 34	77 = 46	97 = 58							
18 = 11	38 = 23	58 = 35	78 = 47	98 = 59							
19 = 11	39 = 23	59 = 35	79 = 47	99 = 59							
				100 = 60							

Table 17-3 Whole Person Impairment Values Calculated From Lower Extremity Impairment

% Impairment of Lower Extremity		% Impairment of Whole Person		% Impairment of Lower Extremity		% Impairment of Whole Person	
0 = 0	34 = 14	68 = 27					
1 = 0	35 = 14	69 = 28					
2 = 1	36 = 14	70 = 28					
3 = 1	37 = 15	71 = 28					
4 = 2	38 = 15	72 = 29					
5 = 2	39 = 16	73 = 29					
6 = 2	40 = 16	74 = 30					
7 = 3	41 = 16	75 = 30					
8 = 3	42 = 17	76 = 30					
9 = 4	43 = 17	77 = 31					
10 = 4	44 = 18	78 = 31					
11 = 4	45 = 18	79 = 32					
12 = 5	46 = 18	80 = 32					
13 = 5	47 = 19	81 = 32					
14 = 6	48 = 19	82 = 33					
15 = 6	49 = 20	83 = 33					
16 = 6	50 = 20	84 = 34					
17 = 7	51 = 20	85 = 34					
18 = 7	52 = 21	86 = 34					
19 = 8	53 = 21	87 = 35					
20 = 8	54 = 22	88 = 35					
21 = 8	55 = 22	89 = 36					
22 = 9	56 = 22	90 = 36					
23 = 9	57 = 23	91 = 36					
24 = 10	58 = 23	92 = 37					
25 = 10	59 = 24	93 = 37					
26 = 10	60 = 24	94 = 38					
27 = 11	61 = 24	95 = 38					
28 = 11	62 = 25	96 = 38					
29 = 12	63 = 25	97 = 39					
30 = 12	64 = 26	98 = 39					
31 = 12	65 = 26	99 = 40					
32 = 13	66 = 26	100 = 40					
33 = 13	67 = 27						

Use of a Functional Table

Table 13-22 Criteria for Rating Impairment Related to Chronic Pain in One Upper Extremity

Class 1		Class 2		Class 3		Class 4	
Dominant Extremity 1%-9% Impairment of the Whole Person	Nondominant Extremity 1%-4% Impairment of the Whole Person	Dominant Extremity 10%-24% Impairment of the Whole Person	Nondominant Extremity 5%-14% Impairment of the Whole Person	Dominant Extremity 25%-39% Impairment of the Whole Person	Nondominant Extremity 15%-29% Impairment of the Whole Person	Dominant Extremity 40%-60% Impairment of the Whole Person	Nondominant Extremity 30%-45% Impairment of the Whole Person
Individual can use the involved extremity for self-care, daily activities, and holding, but is limited in digital dexterity		Individual can use the involved extremity for self-care and can grasp and hold objects with difficulty, but has no digital dexterity		Individual can use the involved extremity but has difficulty with self-care activities		Individual cannot use the involved extremity for self-care or daily activities	

Table 13-15 Criteria for Rating Impairments Due to Station and Gait Disorders

Class 1 1%-9% Impairment of the Whole Person	Class 2 10%-19% Impairment of the Whole Person	Class 3 20%-39% Impairment of the Whole Person	Class 4 40%-60% Impairment of the Whole Person
Rises to standing position; walks, but has difficulty with elevations, grades, stairs, deep chairs, and long distances	Rises to standing position; walks some distance with difficulty and without assistance, but is limited to level surfaces	Rises and maintains standing position with difficulty; cannot walk without assistance	Cannot stand without help, mechanical support, and/or an assistive device

Other Chapter, Table, or Method

- Shoulder dysfunction
 - Standard approach: ROM
 - + analogize to condition that produces a similar ADL deficit
 - ?? Table 16-26. occult shoulder instability pattern, 6% UE impairment = 4% WPI

Overlap & Synergy

(Adding v. Combining
with the CVC Table)

- **OVERLAP**: Is the combined effect (ADL loss) of the body parts less than the sum of their separate effects?
- **SYNERGY**: Is the combined effect (ADL loss) of the body parts greater than the sum of their separate effects?

Overlap & Synergy

(Adding v. Combining
with the CVC Table)

- **Two Methods to rebut the CVC**
(i.e., add rather than combine)
 - **MUST provide rationale/substantial medical evidence**
 - 1. **Multiple impairments have no overlap on ADLs**
 - Not about body parts but about ADLs!
 - 2. **Overlapping ADLs with synergistic (amplifying) effect**
- **BUT case law has evolved since Kite, it is more about accuracy: Does the WPI correlate with the disability (ADL deficits)?**

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