THE WETC PSYCHOLOGY NEWSLETTER

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PAIN DISORDERS

When it comes to workers' compensation and personal injury claims and litigation, pain is undoubtedly the most frequently encountered complaint or symptom. In this regard, pain can severely disrupt various aspects of daily living and lead to disabilities in the workplace, unemployment, family problems, social isolation, and a variety of psychiatric disorders such as clinical depression and iatrogenically produced disorders of drug abuse and/or dependence. After liability, the key questions in most lawsuits revolve around determining disability and/or pain and suffering.

Recent research estimates that chronic pain is the nation's leading public health problem, affecting 1 in 5 Americans. Moreover, it is widely known that there is not a one-to-one correspondence between physical injury and pain. For example, about 40% of the people who have never complained of chronic back pain have CT or MRI scans of their backs that reveal ruptured disks, cracked vertebrae, pinched nerves, or some other form of physical problem that many orthopedists and neurologists would say should have produced significant back pain. The reverse is also true in that people with no or minimal physical signs have pain that is in excess of the physical findings.

Clearly, pain can come from two sources: physical pathology and psychological factors or variables. From a psychological perspective the trick is to distinguish between the two and determine the relative contributions of each.

The DSM-IV-TR is very clear in stating that Pain Disorders are diagnosed correctly when three criteria are met. First, it must be shown that pain is the predominant focus of the patient's clinical presentation and is of sufficient severity to warrant clinical attention. Second, the pain must cause significant distress or impairment in social, occupational or other important areas of functioning. And third, the complaint of pain must not be intentionally produced or "faked."

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"in order to diagnose one of the two DSM-IV-TR psychological pain disorders correctly the doctor must show three things… If any one of these three things is missing, the doctor's testimony or report is not credible."

As outlined in the DSM-IV-TR there are three different types of Pain Disorders. Two of these involve psychological factors or variables, i.e., the pain is produced or affected by a psychological factor or variable. As discussed in the DSM-IV-TR these three Pain Disorders are:

1. A Pain Disorder Associated With a General Medical Condition

2. A Pain Disorder Associated With Psychological Factors (307.80)

3. A Pain Disorder Associated With Both Psychological Factors and a General Medical Condition (307.89)

1. A Pain Disorder Associated With a General Medical Condition

In a Pain Disorder Associated With a General Medical Condition the pain results from the patient's general medical condition and "psychological factors are judged to play either no role or a minimal role in the onset or maintenance of the pain." In this regard, the DSM-IV-TR is very explicit in stating on page 499 that a Pain Disorder Associated With a General Medical Condition "*is not considered a mental disorder and is coded on Axis III.*" Thus, if an individual presents with substantial pain and a severe spinal problem that accounts for all of the pain, they do not have a psychological disorder. Of course, psychologists and psychiatrists are really not equipped to diagnose this condition but must rely on practitioners such as orthopedists, internists or neurologists to tell them that the patient's complaints of pain are completely understandable in terms of their underlying physical pathology.

2. A Pain Disorder Associated With Psychological Factors (307.80)

A Pain Disorder Associated With Psychological Factors (307.80) is diagnosed correctly when psychological factors or variables are judged to have a major role in the onset, severity, exacerbation or maintenance of pain. In this subtype of Pain Disorder, general medical conditions are said to play either no role, or a minimal role, in the onset or maintenance of the pain. Essentially, the individual must experience pain at one or more anatomical sites that causes significant distress or impairment in some area of functioning and psychological factors or variables have been shown to play the major role in the persistence of pain and patient's medical condition plays either no role or a minimal role in that pain.

In order to diagnose this condition correctly the psychologist must have medical records that indicate that some physician in the appropriate medical discipline has stated that they can find no general medical condition that has played more than a minor role in the onset or maintenance of the pain. Clearly, drawing this conclusion is quite tricky since it is always possible for an individual to have an underlying physical problem that is either unknown or yet to be detected. Nevertheless, there must be records from an orthopedist, a neurologist, an internist or some similar practitioner who has stated that "this patient has pain and I cannot completely understand those complaints either from an organic basis or as a result of them feigning or faking."

3. A Pain Disorder Associated With Both Psychological Factors and a General Medical Condition (307.80)

A Pain Disorder Associated With Both Psychological Factors and a General Medical Condition (307.89) is diagnosed correctly when both psychological factors or variables and a general medical condition are both judged to play an important role in the onset, severity, exacerbation or maintenance of the pain. Once again, there must be pain that is the predominant focus of clinical attention and it must cause significant distress or impairment in some area of functioning with both psychological factors and the general medical condition playing a major role in the onset, severity, exacerbation or maintenance of the pain.

Most importantly, in order to diagnose this condition correctly it must first be shown that the pain cannot be completely explained by non-psychological factors. Once again, this requires that the psychologist turn to the patient's general medical records where they must find data indicating that not all of the patient's complaints can be completely understood by their underlying physical pathology. Specifically, they must find records from an orthopedist, a neurologist, an internist or some similar practitioner who has stated that "this patient has pain and I cannot completely understand those complaints either from an organic basis or as a result of them feigning or faking."

So, what do psychologists and psychiatrists look for when diagnosing a psychologically mediated pain disorder? What can an attorney expect to find in a psychological report that indicates that the report is credible and not just the doctor's "naked" opinion or summary conclusion?

As we have seen, the first set of information is data from an orthopedist, internist and/or a neurologist stating that they cannot explain the patient's pain. Next the psychologist looks at the data they have collected to see if they can eliminate faking as the source of the unexplained pain. In this regard, it is relevant to look at data from their Mental Status Examination and clinical interview demonstrating that there are no signs of inconsistency and/or evasiveness in the clinical interview that might be indicative of "faking." It is also important to look at the objective psychological testing data, such as MMPI scores, that can indicate whether or not the patient approached the examination in an honest and straightforward manner or was likely attempting to simulate or over-report symptoms.

Once having eliminated faking as an explanation for the patient's complaints the same objective psychological testing data, and here the MMPI is particularly effective, can provide information that shows if the patient has a profile that indicates that the person is likely to have physical complaints that do not correspond to a general medical condition but is not faking. In addition, there are multiple factors from the patient's history and clinical presentation that can support the doctor's diagnosis. In this regard, some of the psychological factors that can produce or aggravate pain are a lack of important leisure time activities; certain family dynamics and behaviors; personality variables such as a low sense of an internal locus of control; social isolation; an overly rigid sense of

duty and obligation; high moral and religious standards; a lack of flexibility; fear that the pain is indication of a greater problem than is likely to exist; obsessive and compulsive personality traits; and variables such as boredom, depression and a sense of hopelessness and helplessness. Virtually anything that keeps the patient focused on their pain and the "awfulness" of their situation can psychologically produce or magnify pain.

In summary, in order to diagnose one of the two DSM-IV-TR psychological pain disorders correctly the doctor must show three things. First, they must demonstrate that there are medical data indicating that the pain is not completely explainable by underlying physical pathology. Second, they must show that the patient is not "faking." Third, they must present data indicating that there are specific psychosocial factors present in the patient's history and clinical presentation that can be shown to be causing, aggravating or exacerbating the patient's pain. If any one of these three things is missing, the doctor's testimony or report is not credible.

This is the twelfth of a series of monthly newsletters aimed at providing information about psychological evaluations and treatment that may be of interest to attorneys and insurance adjusters working in the areas of workers' compensation and personal injury. If you have not received some or all of our past newsletters, and would like copies, send us an email requesting the newsletter(s) that you would like forwarded to you.

2009 Newsletters

February, 2009 –Litigation problems with the GAF
March, 2009 – Common flaws in psych reports
April, 2009 – The Minnesota Multiphasic Personality Inventory (MMPI)
May, 2009 – Apportioning psychiatric disability in workers' compensation cases and assessing aggravation in personal injury cases
June, 2009 - Subjectively interpreted projective psychological tests
July, 2009 – Sleep disorders and psychiatric injuries
August, 2009 – Posttraumatic Stress Disorder
September, 2009 – Computer Use Disorder
October, 2009 – Major Depressive Disorder
November, 2009 – The Millon Tests
December, 2009 – Psychological Factors Affecting Medical Condition