

# Lower Back Pain and SSDI

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About one week ago to the day, I injured my lower back. And though I am now fully on the road to recovery, I can't help but wonder what it would be like to be saddled with nagging lumbar back pain indefinitely as is the case with many disability claimants.

It would be awful without a doubt. But here are some specific things my spouse (also a former DDS examiner and a current D.O. CR) and I discussed: light jobs would be difficult because handling any amount of weight, let alone, say, 20 pounds, would aggravate a back problem. I rediscovered this reality yesterday as I, in a limited fashion, tried to help my wife with groceries. The simple weight of a gallon jug of milk was enough to make me wince. How about a sedentary job? Well, the problem with sedentary jobs has to do with...being sedentary.

As many claimants with chronic lower back pain will attest, being in a seated position can become very uncomfortable even after a few minutes. But even "sedentary jobs" are not entirely sedentary. Most sedentary work still involves having to get up and down from a seated position dozens of times during the course of a day. And this can obviously present a problem for someone with lower lumbar pain. And, of course, there are the psychological aspects of having continuous pain and discomfort; chief among these is the effect that continuous pain has on one's ability to maintain attention and concentration. And, of course, pain does have a nasty effect on one's disposition.

Now, in the context of disability claims adjudication, why do I even bother mentioning this kind of stuff? Simply for this reason: Disability examiners, their supervisors, and the medical consultants with whom disability examiners work all too often slap decisions on cases without allowing claimants reasonable consideration with respect to their pain. This is not a trivial issue as the social security administration has been sued a number of times over its failure to recognize claimants' limitations due to pain.

Why do the "functionaries", or cogs of the disability system, fail to recognize the role that pain plays in a claimant's functional limitations?

Well, in the case of examiners, it may have a little to do with age. Most disability examiners tend to be younger individuals (twenties and thirties), i.e. people who have never had to deal with a disabling illness, such as degenerative disc disease. It's an unfortunate reality of human existence that people are often unable to empathize with someone else's pain if we have not experienced something similar ourselves.

In the case of the disability docs, that is the physicians who serve as unit medical consultants in a state's DDS (disability determination services), the blinders they wear may have more to do with the nature of their work. Basically, "disability docs" sit in an office all day long, reading files and writeups that have been written by disability examiners. After a disability doc has finished perusing a file, he or she will write an RFC (residual functional capacity form) that may or may not agree with what an examiner has "conjured". At any one time, a DDS medical consultant may have dozens of cases in his office which need reviewing. But in NONE, ABSOLUTELY NONE, of that time will one of these doctors ever see, touch, or feel one of the claimants that they are writing an RFC for. Can you make out the picture that I'm drawing. These doctors render VERDICTS on cases, in a way that is very impersonal, removed, bureaucratic, and even automated. And with the number of cases that come across their desks, it's hardly a wonder that MOST cases are given a medium RFC, or residual functional capacity rating.

What is a medium RFC? It means several things, but in terms of exertional limitations, it means that a claimant is still expected to be able to, in the course of a workday, lift 50 lbs occasionally and 25 lbs frequently. As an examiner, I saw medium RFCs given to claimants who, doubtless, would have difficulty lifting even 20 lbs once, let alone 50 lbs occasionally.

This, of course, qualifies as a gripe that I hold against the SSA system. However, I believe it is wholly a legitimate one concerning a legitimate problem. How do you address the problem?

Here's a novel solution that might have an immediate impact on how DDS medical consultants rate the limitations of claimants: require them all to keep fifty pound dumbbells beside their desks and each time they consider handing out a medium rfc, require them to lift it just once. Each time they perform this action and feel the discomfort that comes from lifting fifty pounds, they can then consider the effect this amount of weight might have on a claimant with chronic lower back pain. And, just perhaps, their ratings of cases might begin to approach a state closer to reality. Because, presently, it is doubtful, at best, that many of these doctors have any real clue as to what fifty pounds really is, or feels like. The author of this article is Timothy Moore, who, in addition to being a former food stamp caseworker, medicaid caseworker and AFDC caseworker, is a former disability claims examiner. He publishes a helpful FAQ on the disability process at <http://www.disabilitysecrets.com/questions.html>