



Treatment Provider Information in the Psychiatric Claim

By: Lori Cohen, Ph.D.

What more could we ask for when trying to understand a psychiatric disability, workers' compensation, or property casualty claim than as complete a perspective of the case as possible? To help achieve this goal, we naturally turn to the treatment provider: the clinician who seeks to understand the patient's clinical condition and assist, when medically possible, in treating the disorder and diminishing or ameliorating symptoms.

One common problem is that the collected written documentation by the treatment provider is typically sparse and incomplete. This is true even if the data is coming from the most forthcoming and well-intentioned clinician. Why is this so? While there are many possible reasons, prominent among them is that treatment providers (psychiatrists, psychologists, social workers, nurse practitioners) are generally not focused on the issues that must be addressed in disability claims. Being an effective treatment provider does not require that the professional know how to conduct a forensic assessment. The provider is using his or her expertise to assist in the healing process, and often to act as an advocate for the patient. Customarily, the treatment provider does not have the time, training, or inclination to gather and organize the type of information that is essential to the claims process. However, one needn't settle for mere scraps of information such as a diagnosis or a list of symptoms; a detailed telephone interview can yield unexpected and illuminating data.

Given the opportunity to engage in a thoughtful discussion, treating physicians will most often rise to the challenge and use their well-honed intellect and clinical acumen to consider potentially important actors about their patients that were not addressed in progress notes. After conferring with thousands of treating doctors, I've found that when approached as fellow detectives rather than as professionals who are being second-guessed, the treatment providers are

eager to explore their patients' situations from a broader perspective. We may find, and often do, that this same open-minded clinician simply may not have enough information to put the pieces of the disability puzzle together. Still, the acquisition of data is only one of many valuable reasons to confer with these providers. Other significant reasons include the establishment of professional rapport, the possible development of more effective treatment planning, and a more fluid acquisition of pertinent data in the future.

We know that it is rare for the data found in a physician's treatment notes to be sufficient to address the breadth and depth of questions that are part of claims assessment and management. During the treatment provider interview, we hope to cover important topics such as the etiology of symptoms, a comparison of baseline to current psychiatric status, and the claimant's incentive to return to or increase occupational functioning. In some cases it is critical to distinguish the claimant's reticence to resume work from the claimant's psychiatric limitations. While pursuit of these answers may require that the treatment provider think about the case in new ways, experience informs me that the preponderance of treating doctors are often grateful for the opportunity to engage in such a collegial discussion.

When conferring with treatment providers, it is important to be mindful of the fact that many, if not most of these individuals did not specialize in forensic-type evaluations during their academic coursework or over the course of their professional careers. It is therefore unlikely that the treating clinician will arrive at their understanding of the case by obtaining academic transcripts, a detailed psychosocial and occupational history, a legal or criminal history, and the claimant's financial history.

The treatment provider may also not have had the opportunity to confer with prior providers or other current providers, or

review other clinicians' medical records. But this same treatment specialist should be able to provide not only an account of the claimant's self-reported complaints, but also his/her own clinical observations and analysis. Treatment providers have the advantage of meeting the claimant face to face. That being said, we must remain cognizant of the fact that, while some doctors may have penetrating insights into how their patient's symptoms are affecting capacity for functioning, others may know little about activities of daily life and how symptoms are manifested in restrictions and limitations. It is up to the skilled interviewer to provide the opportunity, the atmosphere of professionalism and curiosity, and the case-specific questions to the treatment doctor so that an understanding of the case can be formulated on a foundation of relevant data.

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