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impairment, disability cannot be established regardless of the degree of pain alleged.

2. Symptoms and Pain and the Sequential Evaluation Process

Once a medically determinable physical and/or mental impairment is documented, symptoms and pain must be considered in determining severity and at each step of the Sequential Evaluation Process.

- a. **Evaluating Severity** - To be considered severe, the individual's impairment or combination of impairments must significantly limit his/her ability to do basic work activities.

When pain is alleged and the documented impairment(s) could reasonably be expected to produce the pain, any allegations of pain-related limitations must be considered in evaluating severity. The presence of the alleged pain-related limitations may substantiate the conclusion that one or more basic work activities are affected to more than a minimal degree and that the impairment(s) is severe.

- b. **Determining Meets or Equals** - A finding of disabled is made on a medical basis alone when an impairment meets a listing in Appendix I or is medically the equivalent of a listed impairment. Some listings include pain as a criterion (e.g., Listings 1.02 and 5.06 B3). Under these listings, if the individual has pain and meets the other criteria, the listing would be met and no further documentation of pain would be required. In contrast, Listing 4.04 requires information about the character of the pain and documentation that the pain is of cardiac origin.

An A/R's allegation of pain or other symptoms may not be substituted for a missing or deficient sign or laboratory finding in order to determine that the impairment(s) is equivalent in severity to a listed impairment.

- c. **Evaluating Residual Functional Capacity (RFC)**

- (1) Before symptoms and pain can be considered in assessing RFC, a determination must be made as to whether the pain or symptoms can reasonably be expected from the particular impairment(s).

- (a) When objective medical evidence supports a finding that the physical or mental impairment(s) could produce the symptoms or pain, the individual's impairment(s) and any additional limitations imposed by symptoms or pain will be considered in assessing his/her functional limitations.

- (b) In some cases, the individual's allegation about the severity and persistence of pain and pain-related limitations is greater than would reasonably be expected on the basis of the objective medical evidence. In these cases, additional information concerning the pain and pain-related limitations should be obtained only if a favorable decision is not possible based on the evidence and any alleged pain-related limitations might further reduce RFC to the point where the decision might be affected.

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If the additional evidence obtained from the treating source(s), the individual, and/or third parties is insufficient to make a determination, consideration should be given to the purchase of a consultative examination. Depending on the individual case, a consultative examination may be obtained from a pain specialist, pain clinic, neurologist, orthopedist, and/or other specialist(s) regarding pain and its effect on the individual.

- (c) When alleged symptoms and pain-related limitations are clearly out of proportion to the physical findings and a favorable determination cannot be made on the basis of the evidence, the possibility of a mental impairment should be investigated.
- (2) When it is determined that the symptoms or pain can reasonably be expected on the basis of the medical evidence, the impact of such pain on RFC must be considered in terms of any additional physical or mental limitations it may impose on the individual's ability to work.

Consider information about the following:

- daily activities;
- location, duration, frequency, and intensity of symptoms or pain;
- precipitating and aggravating factors;
- the type, dosage, effectiveness and side effects of medications taken to alleviate pain or symptoms;
- treatment other than medication and any other measures used to relieve pain or other symptoms; and
- consistency of the information provided.

- (a) Symptoms and pain caused by physical impairments may result in limitations in an individual's ability to perform exertional activities, such as standing, lifting, walking; non-exertional activities, such as kneeling, stooping, climbing, concentrating; or a combination of both exertional and non-exertional activities.

Mental consequences of physical findings (e.g., anxiety, depression) that occur as a natural result of a physical disease process and which are not indicative of a discreet mental illness should be considered as a non-exertional impairment under a physical RFC. The "Psychiatric Review Technique Form" ([DOH-5250](#)) and the "Mental Residual Functional Capacity Assessment Form" (LDSS-3817) should not be completed.

- (b) Pain or symptoms that have been documented to have no linkage to a physical body system but is present purely as a mental disorder (e.g., Somatization Disorder, Psychogenic Pain Disorder) must be evaluated

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based on the degree of mental impairment and any resulting limitation on the individual's activities, interests, personal habits and ability to relate to others. The "Psychiatric Review Technique Form" (DOH-5250) may be used and where appropriate the "Mental Residual Functional Capacity Assessment Form" (LDSS-3817) may be completed. (These forms can be found in CentraPort and the DOH intranet library.)

Once the RFC has been established, the evaluation of the individual's ability to do past relevant work or other work in the national economy should be determined by following the procedures outlined in this manual.

3. Pain and Medical Improvement

Medical improvement is any decrease in the medical severity of the individual's impairment(s) since the time of the most recent favorable decision. Where medical improvement is an issue, the signs, symptoms and laboratory findings at the time of the most recent favorable decision must be compared with the current signs, symptoms and lab findings.

A lessening of symptoms such as pain reported by the individual can be the basis for a finding that medical improvement has occurred even if there is no corresponding improvement in signs or laboratory findings. However, if such signs or laboratory findings have worsened, these would have to be considered in assessing medical improvement.

If medical improvement has occurred, it must be determined whether the medical improvement is related to the individual's ability to work and if so, whether the individual is currently able to engage in substantial gainful employment.

M. Evaluation of Children from Birth to Attainment of Age 18

1. General

A child is considered disabled if he/she has a medically determinable physical or mental impairment or combination of impairments that causes marked and severe functional limitations and that can be expected to cause death or that has lasted or can be expected to last for a continuous period of not less than 12 months. To be determined disabled, the impairment must meet, medically equal, or functionally equal the requirements of the medical listings of impairments found in Appendix I, Part B. If the medical criteria in the children's listings do not apply, then the adult listings in Appendix I, Part A may be used. Generally a child may be found disabled if the impairment causes a marked limitation in two broad areas of function or an extreme limitation in one area.

2. Sequential Evaluation Process

As is the case for adults, the sequential evaluation process must be followed. (Please see the sequential evaluation flow chart for children which follows Section M.6.)