

American Academy of Clinical Neuropsychology



The Independent Neuropsychological Evaluation

Howard J. Oakes

David W. Lovejoy

Shane S. Bush



Oxford Workshop Series

THE INDEPENDENT NEUROPSYCHOLOGICAL EVALUATION

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AMERICAN ACADEMY OF CLINICAL NEUROPSYCHOLOGY

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Preface

The competent practice of clinical neuropsychology requires an ongoing process of education, training, and consultation. For many practitioners, evolving clinical practice involves an increasing variety of referral sources, patient populations, and referral questions. The exponential growth of neuropsychological services in the medico-legal and disability arenas over the past several decades has created more exposure to practice issues in these arenas for neuropsychologists.

Although the subject matter covered in this book has relevance to neuropsychological independent medical evaluations (IMEs) conducted in the context of civil litigation, workers' compensation, fitness for duty, and state or federally sponsored disability programs, this book emphasizes IMEs conducted for private disability insurance companies. In writing this book, we draw upon decades of combined experience conducting and reviewing IMEs for many of the country's largest private disability insurers.

It is in this context that we hope to provide insights into the basic framework for conducting IMEs. We believe that the information contained in this book will have relevance for the novice IME provider, as well as providers who have greater levels of experience and expertise in this area. The information covered throughout this text should also have cross-disciplinary relevance for IME providers in related fields such as neurology and psychiatry who may struggle with some of the same disability-related issues and questions during IMEs.

It is our goal that this text will provide clarity regarding some of the complex issues associated with disability-related assessments by explaining the language and context of "disability," relevant ethical and professional considerations, and business aspects of IMEs, as well as particular neuropsychological-related issues. It is our hope that providers of IMEs (as well as those who contribute information via other avenues for consideration in the adjudication of disability claims) will share a common understanding that results in a professional product that is useful, reliable, and valid for this purpose.

We are deeply indebted to the American Academy of Clinical Neuropsychology (AACN) and the Oxford Workshop Series team, particularly Joan Bossert and Lynnee Argabright, for their patience and belief that this topic was worthy of inclusion in such a series of wonderful and important works that have preceded ours. Although we have benefited from our experiences within the clinical world, the forensic arena, and the disability industry, it is important for us to be clear that the observations, views, and opinions that are offered in this text are our own and do not reflect policy, procedures, or practices associated with any academic institution, clinical facility, or disability carrier. We remain committed to the value of independent neuropsychological evaluations that are indeed independent, professionally sound, ethically administered, comprehensive in their scope, and useful in terms of their opinions.

THE INDEPENDENT NEUROPSYCHOLOGICAL EVALUATION



Introduction

There are clear indications that rates of disability claims have been increasing over the past several decades. A 20-year-old person is estimated to have a 30% chance of becoming disabled over the course of his or her work life (US Social Security Administration, 2003). Estimates have also indicated that approximately 12.6% of Americans in 2013 were identified as having a disability. This equates to approximately 39 million non-institutionalized individuals currently in the United States (Erickson, Lee, & von Schrader, 2015). The etiologic underpinnings of this phenomenon are thought to be multifactorial and include socioeconomic variables such as aging, national employment rates, family support, and changing legislative and definitional criteria. The latest economic crisis has added another facet to this already complicated picture, with the ranks of those receiving Social Security Disability benefits increasing by an additional 2 million individuals from 2006 to 2014 (US Social Security Administration, 2015).

From a behavioral health perspective, recent concerns about increasing rates of disability have been particularly salient. A study conducted by the World Health Organization, World Bank, and Harvard University reported that there has been a long-standing tendency to underestimate the burden caused by mental illness in relation to both health and productivity (Murray & Lopez, 1996). The study found that mental illness accounts for over 15% of the burden of disease (both direct and indirect costs) in established market communities such as the United States. Placing this statistic in perspective,