A Whole Person Impairment allowance for pain is already included in all of the anatomic chapters of the *AMA Fifth Edition Guides* in Chapters 3 through 17.

Examiners may encounter injured workers with a history of pain in excess of the Whole Person Impairment [WPI] values for the allowed conditions. According to Chapter 18 of the Guides, a SLIGHT increase in pain for an injured worker may be granted an added 1 to 3 percent WPI. For instance, a DRE Lumbar Category II is rated at five percent to eight percent. Five percent represents typical pain and 8 percent adds 3 percent for excessive pain. No added WPI is permitted above the 8 percent in this example. Chapter 18 allows for a quality description of the pain if needed.

A ROM shoulder rotator cuff injury WPI could be assigned an additional 1 to 3 percent for SLIGHT excessive pain if warranted. Worse pain needs Chapter 18 for a quality description.

Ohio Industrial Commission examiners may grant an accumulated total of 1 percent to 3 percent WPI for all or part of the allowed conditions for a SLIGHT increase of excessive pain if greater than expected [see ch.18, pg. 573, 18.3d. C]. Any further consideration for pain above SLIGHT would require using Chapter 18 to add a QUALITY of Mild, Moderate, Moderately Severe or Severe pain [table 18-4] based on a careful assessment of ADL, pain behavior, medication usage, credibility, and other observed and historical data. Pages 576-577 provide a questionnaire to score pain complaints. By following the guidance in Chapter 18 instructions a QUALITY score is obtained and converted to the ratings noted above. There is NO increase in WPI [ch.18 pg. 573].

For example, a DRE Lumbar II WPI of 8 percent includes 1 percent to 3 percent WPI increase for SLIGHT excess pain and a pain qualifier could be added with the appropriate rational outlined in Chapter 18.

Similarly, the rotator cuff ROM WPI could have 1 to 3 percent added WPI for SLIGHT excess pain and a pain qualifier if worse than that from Chapter 18.

All QUALITY pain descriptors require a rationale as outlined in Chapter 18 of the *Fifth Edition AMA Guides*.

FYI: Only one percent of exams nationwide use Chapter 18 in this fashion.

### SPECIAL CIRCUMSTANCES

- Reflex Sympathetic Dystrophy and causalgia (complex regional pain syndrome I, II) require the presence of objective related physical findings to grant a WPI [table 16-16 page 496].
- For the upper extremity CRPS WPI, use page 343, Table 13-22.
- For the lower extremity CRPS WPI, use page 336 Table 13-15.
- 70 percent to 80 percent of RSD returns to baseline with a zero percent WPI.
- No findings = zero percent WPI.
- A credible pain assessment is needed to add a pain qualifier [Ch.18 pg.571] and a malingering assessment may be needed [Ch.18 pg.573].
- A pain qualifier needs to be ratable or non-ratable.
- Ratable pain refers to the anatomic areas incorporated in the *Fifth Edition AMA Guides* Chapters 3 through 17 may be associated with medically accepted syndromes such as CRPS I&II, neuropathic pain, anatomic headaches. See full lists [Ch.18 pg. 571, tables 18-1&2]
- Non-ratable pain relates to conditions like fibromyalgia, some headaches, thoracic outlet syndrome, psychogenic pain and “ambiguous or controversial pain syndromes” [pg. 571].
- Pain qualifiers require a full rationale and appropriate scoring [Ch.18, pgs. 574-577] as well as declaring the pain ratable or non-ratable.

### SUMMARY

- Nationwide, only one percent of exams cite Chapter 18.
- Pain is considered and included in all impairment ratings in the *Fifth Edition AMA Guides* Chapters 3-17.
- SLIGHT excess pain can justify a one percent to three percent WPI addition with a brief rationale.
- Three percent is the maximum for all the allowed conditions in a permanent total disability exam for the Ohio Industrial Commission. For instance, three separate allowed conditions could be given one percent each but the total cannot exceed three percent added to the WPI for the entire Permanent Total Exam.
- A quality modifier MILD, MODERATE, MODERATELY SEVERE and SEVERE can be added as a description after completing the requirements of Chapter 18 for ratable or non-ratable pain plus a rationale based on Chapter 18 instructions.
- There is no added WPI for pain over and above 3 percent but a QUALITY description of MILD, MODERATE, MODERATELY SEVERE, and SEVERE can be added based on the principles in Chapter 18 of the *Fifth Edition AMA Guides* to the Evaluation of Permanent Impairment.
A website tutorial, *Pain Ratings in the Context of the AMA Guides* by Marjorie Eskay-Auerbach, MD, JD is available through LinkedIn Learning. The tutorial covers definitions, modifications of ratings, CIR, PRI, Impairment and much more.

The tutorial is best used in conjunction with general experience and American Academy of Disability Evaluation Physicians or American Board (AADEP) or Independent Medical Examiners (ABIEM) *AMA Guides Fifth Edition* training which is required every five years.

To view the tutorial, [click here.](https://www.slideshare.net/PainRatingsInTheContextOfTheAMAGuides)

**CONTINUING EDUCATION QUESTIONS**

1. A pain factor is included in all of the WPI estimates for chapters 3-17 AMA guides 5th edition. True or false?

2. An allowed condition of RSD always merits a higher WPI over and above a ROM calculation for an upper and lower extremity calculation. True or false?

3. A calculation for SEVERE pain in chapter 18 has an unlimited increase in WPI. True or false?

4. What is the maximum WPI that can be added for excess pain for all of the allowed conditions in an IC IME in Ohio? 10%, 3%, 1%?

5. Chapter 18 calculations ignore credibility and malingering in pain level calculations. True or false?