Independent Medical Examinations Offer Practice Opportunities

Psychologists find a variety of options.

And IMEs are a growth area, Piechowski says, adding that many psychologists are seeking out this kind of work because it’s not based on health insurance. Tough economic times are increasing stress in the workplace, she points out. The population is aging and becoming more vulnerable to a variety of health issues. And the Department of Veterans Affairs is already struggling to handle evaluations of veterans returning from Iraq and Afghanistan.

A different skill set

Of course, says Piechowski, you can’t just jump into doing IMEs without preparation. “Just being a good clinical psychologist isn’t sufficient to do this kind of evaluation,” she says.

That’s because an IME isn’t the same as a standard psychological evaluation, explains psychologist Angela J. Koestler, PhD, a practitioner in Jackson, Miss.

“Just being a good clinical psychologist isn’t sufficient to do this kind of evaluation.”

Instead of performing a traditional psychological evaluation, she says, “There are specific referral questions you have to address.” For example, those questions may include whether the individual is experiencing psychological symptoms, if those symptoms are related to a work-related or personal injury, whether the psychological symptoms are pre-existing and if mental health intervention is needed.

“When there’s such a lot at stake, there’s an unconscious and conscious motivation to present oneself in a way that would lead to obtaining rather than being denied the benefit,” says Piechowski. “You cannot rely completely on what the individual is saying about what their
capacity is.” Instead, the examiner must supplement the individual’s report with information from written records, psychological testing and interviews with treatment providers, employers, family members or others.

The final report focuses exclusively on answering the referral questions and excludes irrelevant findings you’ve uncovered, no matter how interesting. Suppositions are another no-no, says Koestler, emphasizing that the report must be objective and based on the evidence you’ve found — from the clinical interview, structured mental status examination, review of medical and other records, or psychological testing, for example.

The report also has to avoid jargon and be more succinct than what psychologists might normally produce, adds Piechowski. “Most of the people who receive these reports are insurance company personnel, lawyers and the like,” she says. “Typically they flip to the half-page summary you’ve written. They don’t read 40-page reports.”

Another core difference between IMEs and traditional psychological practice is the nature of the relationship between the psychologist and examinee. “Your role is to maintain objectivity with no conflicting interests,” Koestler emphasizes. In the informed consent process, the examiner should clearly explain the purpose of the evaluation and how the information will be shared.

And if the person needs psychological treatment, says Koestler, the examiner shouldn’t be the one to provide it. “You don’t have a [therapeutic] relationship with the individual. Your role is that of independent evaluator,” she says. “It’s important not to muddy the waters.”

**Special challenges**

Doing IMEs poses special challenges.

Managing time is one, says Piechowski. A single evaluation can involve review of a six-inch stack of records, a seven-hour session of testing and evaluation and a thorough report — all within two or three weeks.

Maintaining objectivity can be another challenge. “When the person you’re evaluating tells you how desperate they are to receive benefits because they’ll lose their house if they don’t, you have to remember you’re an evaluator, not a therapist,” says Piechowski.

Knowing when to refer is another issue, adds Koestler. Since conducting neuropsychological testing is outside her area of expertise, for example, she refers such cases to psychologists who are proficient in this area. Koestler also considers it important for psychologists who are thinking of performing IMEs to have training and experience in relevant specific areas — such as work injury, pain and traumatic brain injury — that are required to address referral questions.

Special training, such as working with a mentor, is key to preparing for this work. Specialized continuing education opportunities provided by such organizations as the American Academy of Forensic Psychology and PsyBar, LLC, are also helpful.

“If you’re a mid-career psychologist, obviously you’re not going to go back to school to do a postdoc,” says Piechowski, though a forensic postdoc offers yet another opportunity for specialized training. Whatever forms of training a practitioner pursues, Piechowski emphasizes, “You have to take on [the responsibility] to educate yourself.”

**A RANGE OF OPTIONS**

Independent medical examinations can take place in a variety of contexts, including the following:

- **Workers’ compensation.**
- **Personal injury.**
- **Disability insurance.**
- **Veterans Affairs.**
- **Fitness for duty.**

* For additional information, see “Should You Consider Doing Independent Medical Examinations for Workers’ Comp?” This article appeared in the September 30, 2009 issue of the Practice Update e-newsletter from the APA Practice Organization (APAPO). Back issues are available online at the APAPO’s new Web site, Practice Central, at apapracticecentral.org.