

Interstitial Cystitis and Social Security Disability

September 19, 2005

On November, 15, 2002, the Social Security Administration issued a formal ruling about Interstitial Cystitis and its relation to Social Security disability. As Social Security indicates in this ruling, the causes of Interstitial Cystitis are unknown, and there are no definitive tests for the disorder.

The diagnosis of Interstitial Cystitis is made after excluding other possibilities for an individual's symptoms ("diagnosis of exclusion"). Although Social Security does recognize Interstitial Cystitis as a medically determinable impairment that can be very serious and result in disability under Social Security's rules, they are unable to include it in the new genitourinary body system listings at this time. Social Security also believes that this ruling provides more detailed and useful criteria than they would have been able to include in the preface to the new genitourinary listings.

The fact that the Social Security Administration doesn't give Interstitial Cystitis its own listing in the "Listing of Impairments" puts a greater onus on you to prove you are disabled and unable to work. Don't let this stop you from applying, because, as you will see from this article, there are steps you can take to improve your chances of winning benefits.

This article is a useful guide for individuals applying for Social Security disability due to Interstitial Cystitis. The most important thing to remember is that you must take personal responsibility for your Social Security disability claim. You must take an active role in every step of the application process, and this article shows you how.

Definition of Disability

Social Security has a strict definition of disability and does not provide short term disability benefits like private insurance companies.

In order to be found disabled under Social Security's rules, you must have a "severe" mental or physical impairment, or a combination of impairments, that prevents you from performing your past work or any other type of work. Your impairment or impairments must have lasted for twelve continuous months or be expected to last that long or result in death.

Social Security's definition of "severe" is different from the common definition. For Interstitial Cystitis to be considered "severe" by Social Security, it must only cause **more than a mild limitation** on your ability to function and work.

Having an injury or illness, also known as impairment, does not necessarily mean that you are disabled because of it. Your impairment must be bad enough to limit your daily functioning and ability to work. Under Social Security's rules, just because you can no longer do the type of work that you have done in the past does not necessarily mean can't do some other type of work.

Applying for Benefits

Substantial Gainful Activity

You should apply for Social Security disability benefits as soon as you feel you are disabled and can't work. When you apply for disability, Social Security checks to see if you are currently earning any money. If you are working regularly and making over \$830 a month in 2005, you are not eligible for Social Security disability payments even if you are disabled. Social Security considers regular income over \$830 a month in 2005 as "substantial gainful activity (SGA)." But if you make less than that amount and feel you are disabled because of a medical condition, Social Security will perform a medical review of your claim.

How to file

You may file by phone, internet, mail, or by visiting the nearest Social Security field office. To file by phone or to schedule an appointment with your local Social Security office, call 1-800-772-1213. If you prefer to file by the internet, go to <http://www.socialsecurity.gov/applytoretire>

When completing the form online, you can save your application and go back and finish it at any time. This is a great help if you need to stop and find information needed on the form.

How to speed the processing of your claim

It generally takes longer to process claims for disability benefits than other types of Social Security claims—from sixty to ninety days and sometimes longer. You can help speed up the processing of your claim by having the following information ready when you file. But don't delay filing your claim just because you don't have all the documents. Social Security will help you get them.

Have this information ready when you apply

- Your name, gender and social security number
- Your name at birth (if different)
- Your date of birth and place of birth (State or foreign country)
- If a public or religious record was made of your birth before age 5
- Whether you or anyone else has ever filed for Social Security benefits, Medicare or Supplemental Security Income on your behalf

- Whether you were ever in the active military service before 1968 and, if so, the dates of service and whether you have ever been eligible to receive a monthly benefit from a military or Federal civilian agency
- Whether you or your spouse have ever worked for the railroad industry
- Whether you have earned social security credits under another country's social security system
- Whether you qualified for or expect to receive a pension or annuity based on your own employment with the Federal government of the United States or one of its States or local subdivisions
- Whether you are currently married and, if so, your spouse's name, dates of birth (or age) and social security numbers (if known)
- Whether you have filed or intend to file for workers' compensation or any public disability benefits
- The names, dates of birth (or age) and social security numbers (if known) of your current and former spouses (if any)
- The dates and places of each of your marriages and, for marriages that have ended, how and when they ended
- The names of any unmarried children under 18, 18 - 19 and in secondary school or disabled before age 22
- Whether you have had earnings in all years since 1978
- The name(s) of your employer(s) or information about your self-employment and the amount of your earnings for this year and last year
- Whether you received or expect to receive any money from an employer since the date you became unable to work
- Whether you have been unable to work because of illnesses, injuries or conditions at any time within the past 14 months
- Names, addresses and phone numbers of doctors, hospitals, clinics and institutions that treated you and dates of treatment
- Names of all medications you are taking
- Medical records from your doctors, therapists, hospitals, clinics and caseworkers, if you have them available
- Laboratory and test results if you have them available

The worker at your local Social Security field office is called a Claims Representative. If you apply for benefits through your local Social Security field office, you will have relatively limited contact with this worker. He or she will help you fill out application forms, and will assess the non-medical issues of your claim. Non-medical issues include your work status, income, assets, and resources. Once this worker has taken your claim, he or she will send your file to another office in the state where you live. There, another person takes over and manages your claim. We'll discuss this person later in the article.

Personal responsibility

You must take personal responsibility and do some preparation before filing your application. This is your claim, and in order to take control of it, you must be proactive in seeking out and providing all necessary information in as much detail as possible. The more you prepare, the more likely you will present a stronger case for winning disability benefits.

Consistent with that, I recommend that you get your hands on the initial application forms and fill them out in advance. That way, you'll have time to gather all necessary information, and be able to think carefully through answering all of the questions on the forms. One place you can get these application forms free online is at the following web site –

www.DisabilityInsider.com

A link to the forms discussed below is found at the bottom of Disability Insider's homepage. Follow that link to download the forms as a fill-in-the-blank PDF. You will need Adobe Reader® installed on your computer to view and print the forms. Adobe Reader® is a free software application by Adobe Systems Incorporated, and does not contain viruses or spyware. If you don't have Adobe Reader® on your computer, go to the following web link to download it to your computer <http://www.adobe.com/products/acrobat/readstep2.html> and follow the directions given to install it.

Now let's discuss the forms used in a first-time (initial) application for adults filing for Social Security disability benefits.

Application Forms

There are two mandatory initial application forms for adults – the “**Disability Report**” form and the “**Work History Report**” form. A third form, the “**Function Report**” is not mandatory, but in my opinion, is very important to complete and send in with your application. You may be surprised to learn that the disability case worker who makes the decision on your claim at the state level never lays eyes on you, so they never actually get to see how your condition limits you. So the best way for them to “see” how limited you are by Interstitial Cystitis is for you to show them by your description in the Social Security disability forms.

Let's look at some examples of why proper completion of application forms is so important.

SECTION 2
YOUR ILLNESSES, INJURIES OR CONDITIONS AND HOW THEY AFFECT YOU

A. What are the illnesses, injuries or conditions that limit your ability to work? _____

B. How do your illnesses, injuries or conditions limit your ability to work? _____

The above questions are from the “Disability Report” form. These are good examples of the type of open ended questions you’ll be ask to answer in your disability application. You must answer them in ways that clearly depicts how you are limited in your daily functions due to Interstitial Cystitis.

You would write “Interstitial Cystitis” as the answer for Question A. For question B, you should, for example, say “I have to be close to a bathroom because I have to urinate every 15-20 minutes. My pelvic and lower belly pain frequently gets so bad that I get nauseated and break out in a sweat. Most of the time, the pain causes me to hunch over and it shoots down into my legs. My medications don’t relieve the pain well enough for me to be able to concentrate at work. I’m so tired during the day because I’m up all night going to the bathroom that I have to take naps about every 4-6 hours during the day. When I was working, I had to take so many days off because of the pain that my boss fired me. And I couldn’t complete my assigned work because I was too tired, and had to get up and go to the bathroom so much.”

One pitfall applicants make in answering these types of questions is that they will give short and vague answers that don’t describe the degree of their physical limitations. They might just say, “I have pelvic pain that keeps me from working.” That kind of answer doesn’t let the Disability Office understand how restricted your daily activities are.

Let’s look at another example.

SECTION B - INFORMATION ABOUT DAILY ACTIVITIES

6. Describe what you do from the time you wake up until going to bed.

The above example is from the "Function Report," and the form doesn't give any guidance on how to answer it. This is an example of where a well-kept diary of your daily activities would come in handy. You should keep a daily diary describing how the symptoms of Interstitial Cystitis restrict you. You could write "see diary," and attach a portion of this diary depicting your worst 24 hour period. In it, you should describe all your symptoms, such as pain, nausea, and fatigue. You should describe physical limitations caused by your pain, such as difficulty lifting, sitting, standing, walking, crouching and bending. Tell how far you can bend over, how much you can lift at one time, and how long you can sit, stand and walk during a normal day. Tell how often you have to nap because of fatigue.

Let's look at one more example.

b. List the places you go on a regular basis. (For example, church, community center, sports events, social groups, etc.) _____

Do you need to be reminded to go places? Yes No

How often do you go and how much do you take part? _____

This section is also from the "Function Report." Here you want to keep in mind the concept of "a regular basis." If you only do some of these activities very rarely because of your symptoms, then you shouldn't list that activity. Or, if you do list an activity, be sure to tell how the symptoms of Interstitial Cystitis keep you from fully participating in the activity. You might say, "I only go to church once every two weeks, and only if I'm having a good day that day. When I do go, I sit in the back because I have to go to the bathroom so frequently. I usually leave early, and don't participate in any socializing at church afterwards because I'm in pain and tired."

Now that I've given you some good examples of ways to complete disability application forms, let's discuss the next step in the application process.

Disability Office

When the Social Security field office worker has finished their job, they send your claim to another office in your state. Each state has its own name for this office; however, the rules it follows to decide whether you are disabled are the same. It is commonly called the office of "Disability Determination Services," or DDS," but to make it simple, let's call it the "Disability Office."

Disability case worker

The Disability Office looks at your entire file and decides if you are disabled. Once your file arrives at the Disability Office, it is given to someone called a "Disability Claims Examiner." Let's call this person your disability case worker. It is your disability case worker's responsibility to gather information from both you and your medical sources, such as doctors and hospitals, to support your claim that you can no longer work. He or she makes the final decision on your disability claim. This case worker is your most important ally at this level of the disability application process. You should make every effort to stay in close contact with your case worker and befriend him or her.

You never see the disability case worker, but you have access to him or her through telephone calls and faxes. Keep your disability case worker up-to-date on any changes in your condition, new hospitalizations, and new treating sources. Make sure you let your case worker know if you change your phone number or address. I recommend that you don't go more than a week without touching base with your case worker.

Disability case workers in the Disability Office are overwhelmed with cases and under intense pressure to get cases completed. That is a bad combination. So the more you do to make their job easier, the better. Make sure you assist him or her in getting all pertinent medical records, especially those that relate to Interstitial Cystitis. Social Security workers will give you release forms to sign so they can request your medical records.

Obtaining Medical Evidence

After reviewing your medical records, your disability case worker must decide if the records show you have a "severe" medical condition that limits your ability to function and work. Your medical records must show that an illness, injury, or condition is present that could cause your reported symptoms and limitations. This condition must be diagnosed by an "acceptable medical source." When your condition is shown this way, it is considered by Social Security to be a "medically determinable impairment."

Simply having a symptom or sensation, such as pelvic pain or fatigue, does not necessarily mean you have a “medically determinable impairment.” The symptom must be caused by a physical or mental condition, in this case – Interstitial Cystitis, that is proven by objective physical findings and tests. Social Security will rely on the judgment of your physician who has made the diagnosis of Interstitial Cystitis only if your medical records support this diagnosis with documented physical exams and tests.

Your disability case worker must get evidence from several sources, but most importantly, your medical sources.

Medical source evidence includes:

- Treatment notes from your doctors and other “acceptable medical sources”
- Records from any hospitalizations or emergency room visits, including mental health facilities
- Records from any physical therapists, chiropractors, or similar sources

“Acceptable medical sources” include:

- Licensed physicians (medical or osteopathic doctors)
- Licensed or certified psychologists
- Licensed optometrists (for measurement of visual acuity and visual fields)
- Licensed podiatrists (for purposes of establishing impairments of the foot, or foot and ankle only, depending on the state in which the podiatrist practices)
- Qualified speech-language pathologists (for purposes of establishing speech or language impairments only)

Other sources

Information from other sources can be used to support your claim. Other sources include public and private social welfare agencies; non-medical sources such as, social workers and employers; and other medical practitioners, such as physician assistants, nurse practitioners, naturopaths, chiropractors, and audiologists.

Medical statements and opinions from your medical sources

Although your doctors may say you are disabled and can’t work because of your medical condition, that doesn’t mean you are disabled under the strict rules of Social Security. Statements about your condition from your doctors, or other treating sources, are only helpful if those statements give enough detail about your condition.

Statements by your doctors, or other treating sources, that simply say “permanently and totally disabled,” or “unable to work,” are not helpful to your claim. Encourage your doctors to explain in detail how your condition limits your ability to function and work. The more detail they provide, the better your chances that their statement will help your claim.

Letter from your doctor

The following is an example of a well-written letter by a doctor in support of a patient applying for Social Security disability due to Interstitial Cystitis. This type of detail has a positive impact on the outcome of your claim, especially if your medical records reflect this information.

To Whom It May Concern:

I have been treating Jane Doe for Interstitial Cystitis since August 2004. She was diagnosed with Interstitial Cystitis after other causes for chronic pelvic pain and urinary frequency were ruled out. Cystoscopy has repeatedly shown glomerulations and Hunner’s ulcers on the bladder wall. A bladder wall biopsy showed minimal nonspecific inflammation. Urine studies have been benign. Physical exams have repeatedly shown severe lower abdominal and pelvic pain to palpation.

She has been on Elmiron 100mg three times a day since August 2004 with little improvement in her symptoms. Due to intractable pelvic pain, I added Oxycontin 20 mg once daily in May of 2005. She also takes Hydrocodone/APAP 7.5/500 mg every 4-6 hours as needed for breakthrough pain. This combination of medications has only slightly dulled her pain, and she continues to experience intractable pelvic pain, some days worse than others. Rather than escalating her dosage of narcotics, I referred her for chronic pain management with Dr. Lowe. She has been attending chronic pain management therapy for six months with little improvement in her symptoms.

She continues to have debilitating pain, and has such severe exacerbations on certain days, that she goes to the local emergency room for narcotic injections. She is chronically fatigued from the combination of chronic pain, side effects of narcotics, and lack of sleep due to nocturia - most nights getting up every 2 hours to urinate.

Due to fatigue, weakness, and chronic pain, her daily activities are severely limited to only most basic necessities. She rarely is able to grocery shop or run any errands, mostly staying at home to be near a bathroom. She must take frequent naps and uses a heating pad on her lower abdomen most of the day.

Due to her pelvic and lower abdominal pain, she is unable to sit or stand in one position more than an hour at a time. Her pelvic pain radiates to her low back and prevents bending over for more than a total of two hours a day. Due to the uncontrolled symptoms of Interstitial Cystitis and the side effects of her medications, Ms. Doe is unable to sustain an 8-hour work day 5 days a week.

Sincerely,

Jack Carter, M.D.

Information in your medical records

Sometimes, your medical records don't say as much about your condition as you might think they should. For instance, your doctor's notes might only say that you complained of pain, and you were prescribed medication. Limited documentation like this doesn't give the Disability Office enough information about how your condition limits your ability to function and work.

In other instances, medical records are handwritten and impossible to read. If this is the case, your disability case worker may send a special form for your doctor to complete, or contact your doctor by phone for more information about how your medical condition limits you.

If your doctor does not respond, your case worker can wait only a short time before continuing to process your claim without this information. Generally, if your doctor has not responded within two to three weeks, your case worker will take other steps to get the necessary information.

What you can do to help your disability case worker

Doctors' offices and hospitals are so busy that they sometimes delay in responding to these requests; and in some cases, just plain don't respond. Stay in contact with your disability case worker by calling once a week to see if your medical sources are responding to medical records requests. Don't annoy your case worker by calling every day. If your treating sources are not responding, this is a point where you can step in and make a huge difference in your claim. Call your doctors and encourage them to comply with the medical records request. If necessary, make an appointment with your doctors to explain to them why it is important to supply your case worker with these records.

Case workers sometimes use special forms to get information from treating sources if the records they receive from them aren't detailed enough. If necessary, you should offer to physically bring this form to your doctor's office, and see if your doctor will complete the form while you are there. This action on your part can significantly speed the processing of your claim.

If the above actions fail to get necessary medical information, your disability case worker may have you attend a physical or mental examination with another doctor. This is called a "Consultative Exam," or "CE."

Consultative Exam

If information from your medical sources is incomplete, your disability case worker will likely order a CE. The doctor performing this exam gets paid by the state in which you live, but does not provide medical treatment or make the decision on your claim. This doctor simply performs an exam and gives a report of the findings to the Disability Office. If you don't remember anything else about

a CE, just know that if you are scheduled for one, your disability case worker was unable to get necessary information from your medical sources and records.

Your disability case worker will contact you by phone to confirm that you will go to a CE. Your case worker will notify you in writing of the date and time of the appointment; and of the name and address of the doctor. You can refuse to attend this exam and request that a decision be made on your claim based on the information in your file. But be aware that this request often results in a denial of your disability claim due to lack of information.

Notify your disability case worker immediately if you have problems that prevent you from attending this exam. If you miss the exam, and it must be rescheduled, this can add weeks to the processing time of your claim. Failure to let your disability case worker know within twenty four hours of the consultative exam that you can't keep your appointment may result in a denial of your claim due to lack of information.

The Disability Office pays for the CE and any necessary tests. The exam is scheduled with a doctor closest to your home zip code, so it is very important that your disability case worker has your correct home address. If you use a post office box or someone else's address to get your mail, make sure your case worker knows this. When you go to this exam, always bring a picture ID, like a driver's license; any medications or pill bottles; and any necessary braces, canes, eye glasses or hearing aids.

Arrive a few minutes early for the exam. If you show up late, the doctor may refuse to see you, and the exam would have to be rescheduled. This can add weeks to the processing time of your claim. If you have children, leave them in the care of a trusted adult during your exam so that you will be able to give this doctor your full attention. Cooperate to the best of your ability during the exam. The doctor may ask you to do something that is uncomfortable, but if possible, please try. Not trying, or refusing to do something the doctor asks, can make a difference in how your disability is viewed. Be honest and don't fake being better or worse than you are. This doctor has access to your medical records and will have reviewed information about your condition.

Now let me give you an overview of how Social Security makes the disability decision.

Sequential Evaluation

To decide if your condition meets Social Security's definition of disability, Social Security takes your claim through a process called a "sequential evaluation." Think of the "sequential evaluation" as five questions asked in a specific order. Depending on each answer, Social Security decides if your claim can move to the next step in the disability evaluation process. All questions relate to your disability and how it affects your ability to work.

The five step sequential evaluation asks:

1. Are you working?
2. Is your condition "severe"?
3. Is your condition found in the list of disabling conditions?
4. Can you do the work you did previously?
5. Can you do any other type of work?

At **step 1**, if you are currently working, Social Security looks at your current income, and if you are making over \$830 a month in 2005, your claim is denied. If you are not working, or you are not earning over this amount, your claim goes to the next step.

At **step 2**, your disability case worker checks to see if you have a "severe" impairment, which is a medical condition that has more than a mild affect on your ability to work. If you don't have a "severe" impairment, your claim is denied. If you do have a "severe" impairment, your claim goes to the next step.

At **step 3**, your disability case worker checks to see if your medical condition is found in Social Security's "Listing of Impairments." This is a list of mental and physical conditions with certain medical findings considered bad enough to prevent a person from doing any significant work activity. This means that if your condition matches, or closely matches, the description of a listed condition, you will be found medically disabled. If it doesn't, your claim goes to the next step. To see a copy of the "Listing of Impairments" for adults, go to <http://www.ssa.gov/disability/professionals/bluebook/AdultListings.htm>

By **step 4**, a medical doctor and/or a mental doctor who works in the Disability Office will most likely have reviewed your case. Since, by this step, it has been decided that your condition does not meet or equal a listing, this doctor must provide a set of limitations caused by your current medical condition. After reviewing your medical records, this doctor describes your current limitations on a Residual Functional Capacity (RFC) form for physical conditions. There is also a form for mental conditions, which is not discussed in this article.

This residual function form describes functional limitations in terms of sitting, standing, walking, lifting, carrying, bending, crouching, crawling, kneeling, climbing, feeling, handling, fingering, reaching, seeing, communicating, and environmental restrictions. It tells your disability case worker the most work activity you can do on a sustained basis in an 8-hour work day. Your disability case worker compares the functional limitations described in this form to the description of physical and/or mental abilities required for jobs you did in the past fifteen years to see if you can still do these jobs. If you can still do them despite your current limitations, your claim is denied and you are returned to

past work. If you can't do these past jobs because of your current limitations, your claim goes to the next step.

At **step 5**, your disability case worker looks at your current limitations (RFC), your age, education, and any skills you may have learned during your last fifteen years of employment. All of this information is combined under Social Security's rules to decide if you can do any other type of work.

This might sound confusing, but remember that Social Security's definition of disability says you must be unable to perform past work and any other work. Just because you can't do your past work does not mean you can't do other work. You might have done some past jobs where you learned skills that can be transferred, or used in other jobs. If so, your disability case worker may decide that you can use these transferable skills to do less strenuous types of work than you have done in the past.

If your disability claim makes it to step 5, you can see why it is so important to complete all forms correctly, including the "Work History Report" form, as it should tell your disability case worker exactly how you performed past work, including any skills you may or may not have learned.

Social Security feels that someone who has a higher education and is less than fifty years old has a greater ability to learn to do a new job than someone who is over fifty years old and has a limited education.

Based on all of these issues, if it is found that you can't do your past work and can't do any other work, your claim is allowed at step 5. If you are found disabled at step 5, your file is returned to your local Social Security office, and you are sent a letter telling you about your benefits. If you are found "not disabled," Social Security will send a letter telling you why your claim was denied.

Social Security disability appeals process

If your claim is denied or you disagree with any part of Social Security's decision, you may **appeal** the decision. You have sixty days from the time you receive Social Security's decision letter to file an appeal. Social Security assumes that you received this letter five days after the date on it, unless you can show them that you received it later.

Generally, there are four levels of appeals after the initial decision. They are as follows:

- **Reconsideration**

A reconsideration is a complete review of your claim by someone who did not take part in the first (initial) decision. Social Security will look at all the evidence submitted when the original decision was made, plus any new evidence.

Note: Ten states do not allow a "reconsideration" appeal stage. Social Security has eliminated the "reconsideration" appeal stage in: Alabama, Alaska, California (Los Angeles North and West areas), Colorado, Louisiana, Michigan, Missouri, New Hampshire, New York (Brooklyn and Albany areas), and Pennsylvania. In these states and areas, applicants whose claims are denied at the initial decision can appeal to an administrative law judge within sixty days of the decision notice.

- **Hearing by an administrative law judge**

If you disagree with the reconsideration decision, you may ask for a hearing. This hearing is conducted by an administrative law judge who had no part in the initial or reconsideration decisions of your case. The hearing is usually held within seventy five miles of your home. The hearing office will notify you of the time and place of the hearing.

You and your representative, if you have one, may come to the hearing and explain your case in person. You may look at the information in your file and provide any new information.

The administrative law judge will question you and any witnesses you bring to the hearing. Other witnesses called by the administrative law judge, such as medical or vocational (work) experts, may testify at your hearing. You or your representative may question (cross examine) the witnesses. It is usually to your advantage to attend the hearing. If you do not wish to do so, you must tell Social Security in writing that you do not want to attend.

In certain situations, Social Security may hold your hearing by a video conference rather than in person, and will let you know ahead of time if this is the case. With video hearings, Social Security can make the hearing more convenient for you. Often an appearance by video hearing can be scheduled faster than an in-person appearance. Also, a video hearing location may be closer to your home. That might make it easier for you to have witnesses or other people accompany you.

Unless the administrative law judge believes your presence is needed to decide the case, he or she will make a decision based on all the information in your case, including any new information given.

After the hearing, Social Security will send you a letter and a copy of the administrative law judge's decision.

- **Appeals Council review**

If you disagree with the hearing decision, you may ask for a review by Social Security's Appeals Council. Social Security or your representative, if you have one, will help you ask for this review.

The Appeals Council looks at all requests for review, but it may deny a request if it believes the hearing decision was correct. If the Appeals Council decides to review your case, it will either decide your case itself or return it to an administrative law judge for further development.

If the Appeals Council denies your request for review, Social Security will send you a letter explaining the denial. If the Appeals Council reviews your case and makes a decision itself, Social Security will send you a copy of the decision. If the Appeals Council returns your case to an administrative law judge, Social Security will send you a letter and a copy of the order.

- **Federal Court review**

If you disagree with the Appeals Council's decision, or if the Appeals Council decides not to review your case, you may file a lawsuit in a federal district court. The letter Social Security sends you about the Appeals Council's action also tells you how to ask a court to look at your case. Your attorney, if you have one, may help you file the lawsuit and represent you in court. A Social Security disability claim can be appealed all the way to the United State Supreme Court.

Now that you have a better idea of how the Social Security disability program works, you can use this knowledge to your advantage. Use the advice given here to strengthen your claim. Your action or inaction can make a difference between an allowance and a denial. Procrastinating and giving up after the first denial are common reasons why many don't succeed in their quest for Social Security disability benefits. Be persistent if you are denied and appeal your claim. It is well known that the majority of applicants who appeal their claim to the administrative law judge level are awarded benefits.

Take an active role in your disability application and you are more likely to receive an accurate and fair decision. I wish you the best and good luck.

Keith R. Holden, M.D.