

The Social Security Administration's Policy on Symptom Validity Tests in Determining Disability Claims

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Office of Audit Report Summary

Objectives

To (1) review the Social Security Administration's (SSA) policy that prohibits the purchase of symptom validity tests (SVT) in disability determinations; (2) determine the medical community's opinion on the usefulness of SVTs; and (3) determine whether other Federal agencies and private disability insurance providers consider or fund the purchase of SVTs.

Background

In a January 30, 2013, letter to the Inspector General, Senator Tom Coburn, M.D., Ranking Member of the Committee on Homeland Security and Governmental Affairs, requested we review SSA's policy that disallowed the purchase of SVTs for disability determinations. SVTs are used to determine whether an individual is exhibiting signs of malingering. Malingering is a term used to describe individuals who intentionally pretend to have, or grossly exaggerate, physical or psychological symptoms for their own gain.

Senator Coburn also requested that we review medical literature and survey other agencies and private disability insurance providers regarding the usefulness of SVTs in determining disability.

Our Findings

SSA's longstanding policy has been to consider all relevant evidence in a claimant's case record when it makes a disability determination. Relevant evidence may include claimants' statements regarding their symptoms and pain intensities, given their statements are credible. However, SSA does not allow the purchase of SVTs as part of a consultative examination.

According to SSA senior officials, the Agency disallowed the purchase of SVTs because of weaknesses in the tests' psychometric properties and their limited value in determining, with certainty, a claimant's credibility. SSA stated that these tests could not prove whether a claimant was credible or malingering because there is no test that, when passed or failed, conclusively determines the presence of inaccurate self-reporting. However, according to medical literature and national neuropsychological organizations, there is consensus in the medical community that SVTs are useful in identifying malingering in disability evaluations, when used in conjunction with other evidence in the case file.

Our Conclusions

While SSA does not allow the purchase of SVTs in its disability determinations, we found that medical literature, national neuropsychological organizations, other Federal agencies, and private disability insurance providers support the use of SVTs in determining disability claims.

SSA told us that, as resources allow, it plans to seek external expertise to evaluate its SVT policy and the usefulness of SVTs in determining disability, which will also include an Institute of Medicine examination on published research and studies on SVTs. The Agency stated that it was developing the proposal to award a contract for studying SVTs. We encourage SSA to move forward with its plans. We further encourage SSA to evaluate the economic costs and benefits of purchasing and using SVTs in its disability determination process.