

AMA Guides® Editorial Summary of Panel Actions- June 23, 2022

The following actions reflect the decisions reached by the AMA Guides® Editorial Panel at the June 23 2022 meeting. Disclosure of Panel action and deliberation is limited to the information contained in this Summary of Actions. Premature release of information other than that contained in this document is prohibited under the AMA Guides Confidentiality Agreement.

ID	Affiliation	Applicant Name(s)	Action Requested
100440 – Chapter 13 The Nervous System	International Academy of Independent Medical Evaluators	Diana Kraemer, MD James Underhill, PsyD	<ul style="list-style-type: none"> The proposed chapter revision relies upon diagnosis based impairment, adheres to the diagnostic methodologies in the prevailing diagnostic taxonomies, creates synthesis in ratings between chapters, allows for synthesis of medical records and examination, and increases inter-rater reliability through the use of grades and diagnosis based impairment. We are also proposing to change the name of the Chapter, to reflect the proper name.
Editorial Panel Action			

Revision

The Panel instructed the applicants to address and revise the following issues:

- Ensure internal consistency among chapters, the Panel recommends that the previously discussed 3 grade method be used and adjusted where the default is **A** and increases from there to B and C, rather than the current proposed default of **B**. This will require appropriate adjustments to the impairment values listed in the tables. The current default “digit” or “numerical range” value of “C” is not “moved” to the new default value of “A”. It is understood that the majority of current impairment ratings fall in the B, C, D grade numerical values and not in the extremes of A or E. Furthermore, the grade modifiers cannot move “beyond” or into the next “Class” once the “Class” has been established. Therefore, the new tables should incorporate this understanding. It is important to include the new tables and their value range in the revised chapter (written proposal) for evaluation by the panel.
- Clarify language to reduce confusion in a number of areas. For example, regarding Disorders of Consciousness (Table 13-5a), it needs to be reinforced with clear language that evaluators are only using that criteria and it is not combined with others. Additionally, clear instructions should appear that directs the rater to consider typically only one of several Tables / methods for the cerebral impact of most conditions evaluated in this section. While we understand that Consciousness is set apart as a single standing method, the methods of episodic v. aphasia v. MSCHIF-E seem to suggest in the draft proposal that all three of these could be combined together. Is this what is intended? If so, this represents a significant change of philosophy from the current 6th edition, whereby only one of three can be chosen (episodic v. aphasia v. MSCHIF-E – note that emotion and mood as previously been rolled into MSCHIF-E as part of a prior editorial update). We noticed that the new examples focus on only one of these areas. It

would be very helpful to include a case example where there is a post traumatic seizure disorder AND a MSCHIF-E AND possibly an aphasia disorder to illustrate how the determination is to be made.

- Consider addressing “Level of Consciousness” at 80, 90, 100 so they are not Class 1, 2, 3, but all Class 4. Labeling as Class 1, 2, 3, appears inconsistent with how those classes are used in other areas.
- Consider areas that may be subjective:
 - Review of Spinal Cord: Review potential for additional classes 4, 5, 6, be created to for spine with neurological disorder. This may help prevent an arbitrage between raters. Consider addressing upper/lower motor neuron bowel and bladder to also make potentially less subjective.
- Address CTE with mTBI so that the Guides can provide some direction.