Overview of The Social Security Ruling for Chronic Fatigue Syndrome

SSR 14-1p: Titles II and XVI: Evaluating Cases Involving Chronic Fatigue Syndrome (CFS) Below are excerpts from the Social Security Ruling on Chronic Fatigue Syndrome, including information relevant to medical evaluation and documentation.

What is Chronic Fatigue Syndrome?

Chronic Fatigue Syndrome is a systemic disorder that may vary in frequency, duration, and severity. CFS can occur in children, particularly adolescents, as well as in adults. The CDC and other medical experts characterize CFS, in part, as a syndrome that causes prolonged fatigue lasting 6 months or more, resulting in a substantial reduction in previous levels of occupational, educational, social, or personal activities. In accordance with the CDC case definition of CFS, a physician should make a diagnosis of CFS “only after alternative medical and psychiatric causes of chronic fatiguing illness have been excluded.”

Case Definition

Clinically evaluated, persistent or relapsing chronic fatigue that:

1. Is of new or definite onset (that is, has not been lifelong);
2. Cannot be explained by another physical or mental disorder;
3. Is not the result of ongoing exertion;
4. Is not substantially alleviated by rest; and
5. Results in substantial reduction in previous levels of occupational, educational, social, or personal activities.

Diagnostic Symptoms

4 or more specific symptoms that persisted or recurred during 6 or more consecutive months of illness and did not pre-date the fatigue:

- Postexertional malaise lasting more than 24 hours (which may be the most common secondary symptom);
- Self-reported impairment(s) in short-term memory or concentration severe enough to cause substantial reduction in previous levels of occupational, educational, social, or personal activities;
- Sore throat;
• Tender cervical or axillary lymph nodes;
• Muscle pain;
• Multi-joint pain without joint swelling or redness;
• Headaches of a new type, pattern, or severity; and
• Waking unrefreshed.

**Other Symptoms. (May be present)**

• Muscle weakness;
• Disturbed sleep patterns (for example, insomnia, prolonged sleeping, frequent awakenings, or vivid dreams or nightmares);
• Visual difficulties (for example, trouble focusing, impaired depth perception, severe photosensitivity, or eye pain);
• Orthostatic intolerance (for example, lightheadedness, fainting, dizziness, or increased fatigue with prolonged standing);
• Respiratory difficulties (for example, labored breathing or sudden breathlessness);
• Cardiovascular abnormalities (for example, palpitations with or without cardiac arrhythmias);
• Gastrointestinal discomfort (for example, nausea, bloating, or abdominal pain); and
• Urinary or bladder problems (for example, urinary frequency, nocturia, dysuria, or pain in the bladder region).

**Co-occurring Conditions. (May be present)**

Fibromyalgia (FM), myofascial pain syndrome, temporomandibular joint syndrome, irritable bowel syndrome, interstitial cystitis, Raynaud's phenomenon, migraines, chronic lymphocytic thyroiditis, or Sjogren's syndrome. Co-occurring conditions may also include new allergies or sensitivities to foods, odors, chemicals, medications, noise, vibrations, or touch, or the loss of thermostatic stability (for example, chills, night sweats, or intolerance of extreme temperatures).

**Medical signs. (May be present)**

One or more of the following medical signs clinically documented over a period of at least 6 consecutive months:

• Palpably swollen or tender lymph nodes on physical examination;
• Nonexudative pharyngitis;
• Persistent, reproducible muscle tenderness on repeated examinations, including the presence of positive tender points; or
• Any other medical signs that are consistent with medically accepted clinical practice.
Examples of other medical signs:
- Acute infections inflammatory event may precede onset
- Frequent viral infections with prolonged recovery;
- Sinusitis;
- Ataxia;
- Extreme pallor
- Pronounced weight change

Laboratory findings (May be present)
"At this time, we cannot identify specific laboratory findings that are widely accepted as being associated with Chronic Fatigue Syndrome."
"Standard laboratory test results in the normal range are characteristic for many people with CFS and they should not be relied upon to the exclusion of all other clinical evidence"
- An elevated antibody titer to Epstein-Barr virus (EBV) capsid antigen equal to or greater than 1:5120, or early antigen equal to or greater than 1:640;
- An abnormal magnetic resonance imaging (MRI) brain scan;
- Neurally mediated hypotension as shown by tilt table testing or another clinically accepted form of testing; or
- Any other laboratory findings that are consistent with medically accepted clinical practice.
- Examples of other laboratory findings
  - abnormal exercise stress test
  - abnormal sleep study

Additional signs and laboratory findings
"The medical criteria discussed above are only examples. They are not all-inclusive."
"We may document CFS with medical signs and laboratory findings other than those listed above, provided such evidence is consistent with medically accepted clinical practice."

Mental limitations (May be present)
"Some people with CFS report ongoing problems with short-term memory, information processing, visual-spatial difficulties, comprehension, concentration, speech, word-finding, calculation, and other symptoms suggesting persistent neurocognitive impairment."
- Ongoing deficits documented by mental status examination or psychological testing.
- Persistent neurological or other mental problems appropriately documented in the medical record
Fact Sheet for Providing Medical Evidence for Individuals with ME/CFS

This fact sheet is a guide to assist health professionals in the kinds of medical evidence Social Security needs to evaluate disability claims filed by individuals with ME/CFS. The complete fact sheet is available here: https://www.ssa.gov/disability/professionals/documents/64-063.pdf

In addition to providing all medical findings discussed above, the guide also requests that physician’s provide Social Security with:

Your descriptions of any functional limitations you noted throughout the time you examined or treated the patient are very important. If possible, provide your opinion of the individual’s ability to do daily activities or work-related physical and mental activities. Tell us your opinions about both the individual’s physical and mental functions and, to the extent possible, the reasons for your opinions, such as the clinical findings and your observations of the individual.

Examples of work-related functions include:
• Physical functions: Walking, standing, sitting, lifting, pushing, pulling, reaching, carrying, and handling.

• Mental functions: The ability to understand, remember, and carry out simple instructions, the ability to use appropriate judgment, and the ability to respond appropriately to supervision, co-workers, and usual work situations, including changes in a routine work setting.