



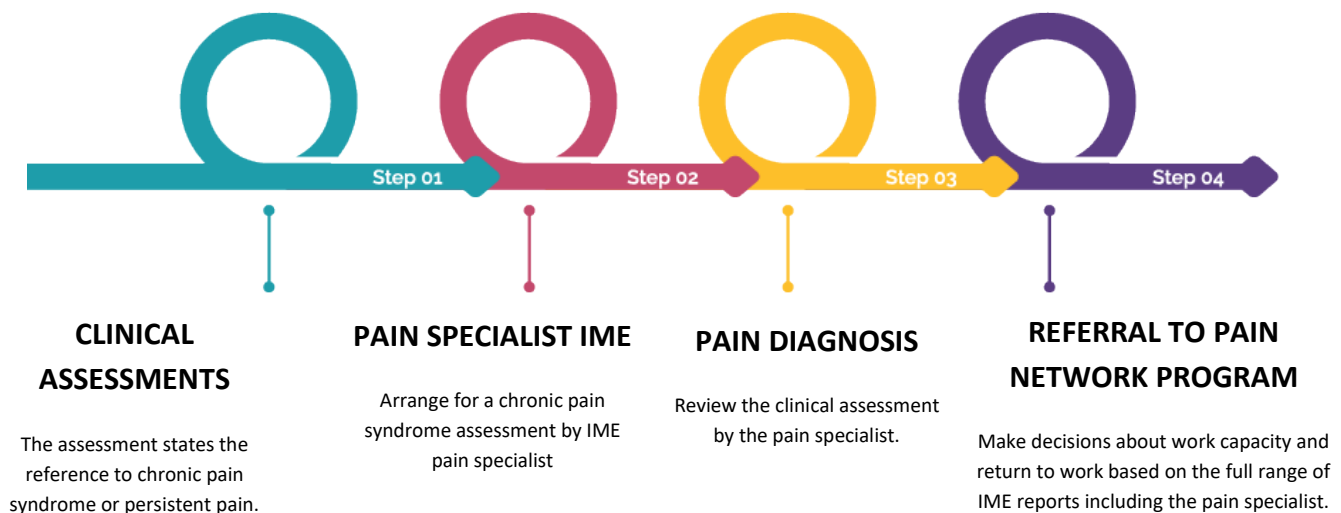
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FORMALISE

Formalise the outcome, include rationale and document it.

Chronic pain syndrome causes persistent pain which may have no physical basis. The terms 'chronic pain' and 'persistent pain' are often used interchangeably. Pain is said to be chronic if it persists beyond the normal healing time of about three months. 'Chronic' simply means ongoing and doesn't tell us much about the severity or quality of the pain.

'Chronic pain syndrome' or pain related disorders are challenging conditions to assess and manage as there may be other contributing conditions including anxiety and depression. While a psychiatrist IME or occupational physician may comment on a worker presenting with symptoms indicative of a pain disorder, it is more appropriate that an IME pain specialist assesses such conditions and their impact on a worker's capacity to return to work.



What is a Pain Specialist?

A Pain specialist is a physician who has specialised training in the diagnosis and management of pain. Refer to the list of IME's on Discover to match the pain specialist to the workers – treatment, duration and diagnosis.

Pain Management and Network Pain Management Programs

Following a referral from a medical practitioner, physiotherapist, psychologist or OR provider, the Network PM Program provider submits a Network PM: assessment request form to the Agent.

Pain Management and Network Pain Management Programs also aim to assist workers who are having difficulties:

- managing their injuries and participating in functional activities at home, work or in the community due to their pain or
- reducing their dependency on medications and allied health treatment due to their persistent pain.
- Procedures such as elective surgery, implantable pain therapies, radiofrequency denervation or detoxification are not considered to be part of Pain Management Programs or Network PM Programs.





As the potential management of chronic pain may be complex, it is essential to ensure that the below steps are followed.

- 1 The IME pain specialised selected to examine an injured worker should primarily be based on matching the speciality of the IME to the worker's injury, medical treatment, and return to work or claim issue to be resolved.
- 2 Where previous IME or Medical Panel reports document chronic pain syndrome, the agent should arrange for a pain specialist IME to examine the worker. Where a worker has completed a pain management program previously the agent should arrange for a pain specialist to examine the worker.
- 3 The selecting of a pains specialist IME should be 'fair and equitable' without preference to one IME over another or known biases toward treatments or issues.
- 4 Consider if the worker has been treated for the chronic pain symptoms previously? If so, detail:
 - type of treatment
 - duration
 - diagnosis and prognosis
 - name and address of the previous treating practitioner/s
- 5 Workers who have an identified diagnosis of chronic pain system should be referred to a suitable pain specialist. A pain specialist is a physician with special training in evaluation, diagnosis, and treatment of different types of pain.
- 6 Where a worker indicates or requests to undertake pain management the agent should consider the options to arrange an IME pain specialist to examine the worker.
- 7 Send documentation to the IME at least five business days before the scheduled. Only disclose the worker's personal and health information that is necessary and relevant to the purpose of the examination. Information forwarded to an IME needs to be clear and accurate.

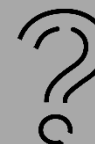


Why do I need a pain specialist and not just a qualified IME?

Since many types of chronic pain may require a complex treatment plan as well as specialized interventional techniques, pain specialists have undertaken specialist training in this area.

How often do we need to refer to a pain specialist?

In the 2019 Victorian Ombudsman report it was noted that not enough workers with chronic pain conditions were referred to pain specialists and, even when they were, agents had difficulty interpreting these opinions to inform decision making. The then Convenor said a 'common' error observed by Medical Panels was agents' assumption that if a worker no longer had a physical injury and was not diagnosed with a psychiatric condition then 'there's nothing'. Reference to pain in prior IME reporting is an indicator to seek a pain specialist assessment.



Where can I get further information?

Further information can be found in the Claims Manual in sections:

4.5.33.1 Network Pain Management Program

Also, check out the Quality Ethical Decision making learning in Discover for more.