

**PAIN AND CHRONIC PAIN
Adjudication, Management and Compensation Guidelines
Effective Date: January 1, 2003**

A. BACKGROUND

On November 19, 2002, the Panel of Administrators approved amendments to the Board's policies on pain complaints and chronic pain. These came into effect on January 1, 2003. As a result, *Rehabilitation Services and Claims Manual* ("RSCM") Vol. I and Vol. II were amended. As well, previous Policy item #39.01, *Subjective Complaints*, has been rescinded. The new policies¹ are outlined below.

B. PURPOSE

The main purpose of this practice directive is to provide additional guidance to Board officers regarding:

- (a) terminology as it relates to pain, chronic pain and multidisciplinary assessment;
- (b) early intervention where pain and chronic pain issues arise;
- (c) when a multidisciplinary assessment is required;
- (d) the adjudication of pain and chronic pain; and
- (e) chronic pain and section 23(1) assessments.

C. EFFECTIVE DATE

This practice directive is effective January 1, 2003 and applies to all adjudication decisions made on or after January 1, 2003.

D. LAW

The *Workers Compensation Act* (the "Act") contains no specific reference to pain or chronic pain complaints. Policy, therefore, provides guidance in determining entitlement to temporary disability benefits or to a permanent disability award in cases of pain complaints and chronic pain.

E. POLICY

RSCM Vol. I

- Policy item #22.35, *Pain and Chronic Pain*
- Policy item #39.01, *Chronic Pain*

RSCM Vol. II

- Policy item #22.35, *Pain and Chronic Pain*
- Policy item #39.02, *Chronic Pain*

¹ RSCM, Vol. I, Policy item #22.35, *Pain and Chronic Pain* and Policy item #39.01, *Chronic Pain*
RSCM, Vol. II, Policy item #22.35, *Pain and Chronic Pain* and Policy item #39.02, *Chronic Pain*

These policies should be read in their entirety.

Short-term Disability and Early Intervention

The new policy continues to provide that if the pain or chronic pain is disabling but amenable to treatment, it would be regarded as a temporary disability and temporary benefits would be paid. However, the Board's primary goal for all claims is a safe and early return to work following a work injury or disease. As return to work is also an appropriate rehabilitation tool for workers with complaints of pain and chronic pain problems, it should be regarded as the primary rehabilitation objective.

RSCM Policy item #22.35, states, in part that:

In all cases where a Board officer considers that a worker may be experiencing chronic pain symptoms, a multidisciplinary assessment must be undertaken. [Emphasis added]

See "G-2" multidisciplinary assessment - below.

Permanent Disability

RSCM Vol. I Policy item #39.01 and Vol. II Policy item #39.02, provide that, in most cases, section 23(1) awards will be considered to appropriately compensate the worker for the impact of the chronic pain. However, for workers who experience disproportionate (specific or non-specific) permanent chronic pain, which is determined to be a compensable consequence of a physical or psychological work injury, policy provides that a separate award in the amount of 2.5% of total disability may be made. The policy states, in part, that:

Where a worker has specific chronic pain that is consistent with the associated physical or psychological impairment, the section 23(1) award will be considered to appropriately compensate the worker for the impact of the chronic pain.

Where a worker experiences specific chronic pain that is disproportionate to the associated objective physical or psychological impairment, entitlement to a separate section 23(1) award will be considered, for the disproportionate pain.

Where a worker experiences disproportionate non-specific pain as a compensable consequence of a work injury or disease, entitlement to a separate section 23(1) award will be considered, for the disproportionate non-specific chronic pain.

F. TERMINOLOGY

Policy provides the following definitions:

- (a) Acute Pain** - is pain that coincides with a traumatic injury or disease and the early stages of recovery. In the vast majority of cases acute pain eventually resolves, either spontaneously or with some form of treatment.

- (b) Sub-Acute Pain** - is pain that an injured worker continues to experience four to six weeks after a traumatic injury or disease.

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- (c) **Chronic Pain** - is pain that persists six months after an injury or occupational disease **and** beyond the usual recovery time for that injury or disease. Chronic Pain is further distinguished in Policy item #39.02, *Chronic Pain*, as:
- I. **Specific Chronic Pain** – is pain with clear medical causation or reason, such as pain that is associated with a permanent partial or total physical or psychological disability.
 - II. **Non-specific Chronic Pain** – is pain that exists without clear medical causation or reason. Non-specific pain is pain that continues following the recovery of a work injury.
- (d) Policy also discusses at length (see below) **Multidisciplinary Assessment** - which can briefly be described as an evaluation of the worker by a physician, a psychologist, a physiotherapist, an occupational therapist, **or** other provider as the Board determines appropriate.

G. CHRONIC PAIN

1. Identification of Risk Factors

Where there is evidence that the pain is beyond the normal recovery time, the Board officer should immediately investigate whether the worker is developing chronic pain problems. Board officers must be cognizant of the risk factors associated with chronic pain and attempt to identify early those workers at risk of developing chronic pain problems. Board officers should consider whether:

- the claim duration exceeds the normal recovery time frame for the compensable injury or disease;
- the reports of pain are inconsistent with the injury or disease;
- the use of narcotic medications continues for an extended duration;
- there are few, if any, objective findings consistent with reported disability;
- there are multiple complaints of pain located in various parts of the body; and
- there is limited job attachment and statements regarding job dissatisfaction.

Where one or more of the risk factors are present and the officer expects the pain complaints to exceed for more than six months after the injury, the Board officer should gather all the necessary information to make an entitlement decision regarding the acceptability of the pain complaints. Prior to commencing a review of the acceptability of chronic pain, the Board officer should ensure that there are no other objective medical reasons for the continued pain, such as an aggravation of the original injury or the occurrence of a new injury. Careful attention should also be paid to ensure that the chronic pain is not the result of a non-compensable condition.

2. Multidisciplinary Assessments

Once pain complaints persist beyond 6 months after an injury, and are beyond the usual recovery time, the pain is defined as chronic. RSCM Policy item #22.35 provides that in all cases where a worker is experiencing chronic pain, a multidisciplinary assessment **must** be undertaken. This evaluation will provide an opinion on:

- whether the worker is experiencing chronic pain as a consequence of a compensable injury; and
- the appropriate course of treatment and rehabilitation for the worker.

A multidisciplinary assessment is an evaluation of the worker by two or more of the following: a physician, a psychologist, a physiotherapist, an occupational therapist, or other provider as the Board

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determines. It may also involve consideration of the worker's medical history, health status, physical limitations, psychological state, behavior, and workplace issues.

A multidisciplinary assessment can be in the form of:

- a collection of assessments by a variety of clinicians that may already be on file, or have been requested; or
- an assessment and report by a team of clinicians who provide a single opinion.

If prior clinical assessments are on file, Board officers should refer these assessments to a Board medical advisor/psychology advisor for an opinion as to appropriate further treatment/rehabilitation. As well, these clinical assessments may be used to assist the officer in adjudicating whether the chronic pain is compensable.

In order to make an entitlement decision on the acceptability of chronic pain, the Board officer must consider the following:

- mechanism of injury/exposure to occupational disease;
- what the claim has been accepted for;
- relevant medical history, including determination of any non-compensable conditions that may be causing pain;
- relevant information from past claims (e.g. a worker's pain complaints in the past, use of narcotics, involvement in treatment/rehabilitation programs and the relevant success or failure of the involvement, duration of recovery and whether this exceeded the recovery guidelines, etc.);
- current critical job demands and job description;
- determine whether there are any non-compensable issues of relevance;
- confirm with the treating physician (worker) any medications that the worker may be taking; and
- determine whether the worker's conduct and activities are consistent with the pain complaints.

Policy item #22.00, *Compensable Consequences of Work Injuries*, provides that:

Not all consequences of work injuries are compensable. A claim will not be reopened merely because a later injury would not have occurred but for the original injury. Looking at the matter broadly and from a "common sense" point of view, it should be considered whether the previous injury was a significant cause of the later injury.

3. Adjudication

RSCM Vol. I. and II, Policy item #22.00, *Compensable Consequences of Work Injuries*, sets out the questions that must be asked in determining whether certain consequences of a compensable injury or disease are also compensable.

Chronic pain is not adjudicated as a mental disorder² and must be distinguished from claims involving psychological impairment.

There are a variety of diagnostic labels that could be used to describe chronic pain. The opinions contained in the multidisciplinary assessment are not only used to determine appropriate

² See RSCM Vol. I and II, Policy item # 22.33, *Psychological Problems*

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treatment/rehabilitation, they are also used by the Board officer to determine the diagnosis and cause of a worker's chronic pain. As such, they assist the Board officer in making a decision on whether the chronic pain is compensable.

Once all relevant information has been gathered and the evidence weighed, the Board officer must provide a decision letter to all parties regarding the acceptance of chronic pain.

If the Board officer determines that the chronic pain condition is accepted under the claim, the Board officer must ensure that an appropriate rehabilitation/treatment program is implemented and monitored. VRC involvement is always appropriate in these cases.

H. CONSIDERATION OF PERMANENT DISABILITY

Once appropriate treatment and rehabilitation for chronic pain has been provided, the Board officer must then determine whether the chronic pain condition has become permanent. If the officer determines that the chronic pain condition has become permanent, the file will be referred to the Disability Awards Department for a determination under Section 23 of the *Act*. The VRC should continue to provide any assistance available under VR policy.

In cases where a worker is entitled to a section 23(1) permanent disability award, and chronic pain disproportionate to the impairment has also been accepted, a separate award for chronic pain may be considered. If awarded, it will be granted in the amount of 2.5% of total disability.