

Compensation Practice & Quality Department

PRACTICE DIRECTIVE #C3-1

TOPIC:	Pain and Chronic Pain Adjudication, Management and Compensation Guidelines
ISSUE DATE:	January 1, 2003, Amended January 1, 2004, December 21, 2010

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 II were amended and the previous Policy item #39.01, *Subjective Complaints*, was rescinded.

B. PURPOSE

The main purpose of this practice directive is to provide additional guidance to WorkSafeBC 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. LAW & POLICY

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.

RSCM Vol. I

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

RSCM Vol. II

- Policy item #22.20, *Compensable Consequences – Pain and Chronic Pain*
- Policy item #39.02, *Chronic Pain*

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Short-term Disability – Two Areas of Focus

(a) Early Intervention

Policy provides that if the worker's pain or chronic pain is disabling but amenable to treatment, it is regarded as a temporary disability and temporary benefits are paid.

However, WorkSafeBC's primary goal for all injured workers 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 #22.20, states, in part that:

"In certain cases, the Board may consider it appropriate to refer the worker for focused multidisciplinary treatment and/or rehabilitation intervention. These interventions are preferred in cases where the Board concludes that they will assist in the worker's early return to work. The Board may also consider these interventions where they will assist in preventing the onset of chronic pain".

(b) Adjudicating Chronic Pain

Policy allows for chronic pain to be entitled on a claim as an entity separate from the original personal injury.

RSCM Policy item #22.20 states, in part that:

"A worker's pain symptoms may be accepted as compensable where medical evidence indicates that the pain results as a consequence of an employment-related injury or occupational disease."

In order to consider whether chronic pain should be entitled on a claim, RSCM Policy item #22.20 further states that:

"In all cases where the Board considers that a worker may be experiencing chronic pain symptoms, a multidisciplinary assessment must be undertaken. This evaluation will provide an opinion on whether a worker is experiencing chronic pain as a consequence of a compensable injury. The evaluation will also provide an opinion on the appropriate course of treatment and rehabilitation for the worker."

See "E-2" multidisciplinary assessment below.

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(c) Permanent Disability

RSCM Vol. I Policy item #39.01 and Vol. II Policy item #39.02 explain that, in most cases, section 23(1) awards for the primary areas of injury 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 section 23(1) award in the amount of 2.5% of total disability may be granted.

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...”

A worker’s entitlement to a section 23(1) award for chronic pain will be considered in the following cases:

- i) Where a worker experiences specific chronic pain that is disproportionate to the associated objective physical or psychological impairment.*

Pain is considered to be disproportionate where it is generalized rather than limited to the area of the impairment or the extent of the pain is greater than that expected from the impairment.

In these cases, a separate section 23(1) award for chronic pain may be considered in addition to the award for objective permanent impairment.

- ii) Where a worker experiences disproportionate non-specific chronic pain as a compensable consequence of a work injury or disease.*

Disproportionate pain, for the purposes of this policy, is pain that is significantly greater than what would be reasonably expected given the type and nature of injury and disease...”

D. 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.

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- (b) **Sub-Acute Pain** - is pain that an injured worker continues to experience four to six weeks after a traumatic injury or disease.
- (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. (The Division has interpreted the phrase “beyond the usual recovery time for that injury or disease” to mean beyond the anticipated disability duration for that injury or disease based on Disability Duration Guidelines.)¹

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) **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 (see below).

E. CHRONIC PAIN

1. Identification of Risk Factors

Where there is evidence that the pain is beyond the normal recovery time, the WorkSafeBC officer should immediately investigate whether the worker is developing chronic pain problems. WorkSafeBC 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. WorkSafeBC 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/opioid 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 WorkSafeBC

¹ Work Loss Data Institute. Medical and nurse advisors have an on-line subscription for 2004 and there is a paper copy of the Guidelines in the WCB library.

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officer should gather all of 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 WorkSafeBC 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 complaints are not the result of a non-compensable condition.

In order to make an entitlement decision on the acceptability of chronic pain, the WorkSafeBC officer considers 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/opioids, 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.);
- non-compensable issues of relevance;
- medications prescribed/used; and
- whether or not the worker's conduct and activities are consistent with the pain complaints.

2. Multidisciplinary Assessments

Once pain complaints persist beyond 6 months after an injury and are beyond the usual recovery time for that injury or disease, the pain is defined as chronic. RSCM Policy item #22.20 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 WorkSafeBC determines. It may also involve consideration of the worker's medical history, health status, physical limitations, psychological state, behavior, and workplace issues.

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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.

In the majority of cases, the multidisciplinary assessment should be completed internally. However, it is appropriate to refer the claim externally if two or more additional referrals are required to complete the multidisciplinary assessment.

The comprehensive multidisciplinary pain assessment from an external provider should not be confused with other WorkSafeBC sponsored programs, such as OR2 or Pain programs, whose goal is to treat the worker with pain or chronic pain. Instead, the comprehensive multidisciplinary pain assessment from an external provider is for assessment purposes only. Further, it is important for WorkSafeBC officers to remember that a comprehensive multidisciplinary pain assessment from an external provider requires an opinion on cause and/or treatment.. The WorkSafeBC officer is responsible for determining whether or not the worker's chronic pain is compensable, whether any further treatment is appropriate, and whether or not the worker's chronic pain is permanent. If a comprehensive multidisciplinary pain assessment from an external provider is not required for the adjudication of chronic pain, but only for an opinion on treatment, the WorkSafeBC officer should instead refer to one of the other chronic pain treatment programs.

If prior clinical assessments are on file, WorkSafeBC officers should refer these assessments to a WorkSafeBC 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 addition to prior clinical assessments, the WorkSafeBC officer should refer any data which may assist the external provider in providing an opinion of the biopsychosocial determinants of the worker's chronic pain state.

F. Adjudication Guidelines

Policy item #22.20 states that *“a worker’s pain symptoms may be accepted as compensable where medical evidence indicates that the pain results as a consequence of an employment-related injury or occupational disease.”* It further notes that *“pain is not assessed as a psychological impairment.”*

Pain is not a diagnosis, but rather a symptom of an underlying disorder or condition. It is the worker's report of his or her subjective experience, and there is no genuine experience of pain which is less “real” or valid than another.

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Pain is a biopsychosocial phenomenon, i.e., the experience of pain is mediated by physical (biological), psychological (cognitive and affective) and social (behavioral and interpersonal) factors.

While pain itself does not result in restrictions (a clinical proscription to avoid an activity), it can lead to limitations (impaired functioning) and disability. Early intervention through assessment, diagnosis of underlying conditions and appropriate treatment is critical to a successful recovery and minimization of disability.

Compensable Consequences of Work Injuries

It is important for WorkSafeBC officers to confirm on the claim file what has been accepted as compensable. See Policy item #22.00, *Compensable Consequences*.

Chronic Pain – Clinical Diagnosis of Chronic Pain

The chronic pain policy is intended as a guide in the adjudication of those conditions where pain is a significant barrier to productive functioning. Workers whose conditions meet the WorkSafeBC definition of chronic pain are compensated under policy item #22.20, *Pain and Chronic Pain*. What this means is that medical conditions which are characterized primarily by pain are adjudicated under the pain and chronic pain policy (not under another policy).

There are other conditions or disorders where, even though pain may be part of the diagnostic criteria, there are other aspects of the condition or disorder as well. Those conditions (eg. CRPS) may be adjudicated in the same manner as any other injury/condition under policy item #14.00 and/or policy item #22.00.

Similarly, where there are psychological conditions characterized primarily by pain, these may be accepted and compensated as “chronic pain”. In addition, a psychological diagnosis is not required before accepting chronic pain on a claim. The above explains why policy indicates that pain is not assessed as a psychological impairment. In other words, there does not need to be a diagnosis to explain chronic pain complaints in order for chronic pain to be considered as compensable.

To illustrate how medical and psychological conditions are adjudicated under Policy item #22.20 consider the following:

Certain medical conditions are considered by WorkSafeBC to be synonymous with chronic pain as defined by Policy item #22.20. This means there are certain diagnoses WorkSafeBC will not accept unto themselves but will accept as “chronic pain”. (e.g. “The condition which your doctor diagnosed as fibromyalgia is considered by WorkSafeBC under its chronic pain policy.”) Included in this list of conditions would be myofascial pain, non-specific pain, chronic strain and DSM IV Pain Disorder.

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Adjudication of Psychological Conditions – Chronic pain is, by definition, an unpleasant experience. Few people tolerate chronic pain without some degree of emotional upset and may warrant a diagnosis of Pain Disorder. Pain Disorder is considered under the Chronic Pain Policy (e.g. “The condition which your psychologist diagnosed as Pain Disorder is considered by WorkSafeBC under its Chronic Pain policy”). Some psychological diagnoses are at times characterized primarily by pain, and at other times, primarily by other symptoms. At those times where the condition is characterized primarily by pain, it will be adjudicated under the chronic pain policy. (e.g. somatization disorder).

Where the degree of emotional distress is sufficient to meet the DSM diagnostic criteria of a psychological disorder that is **not** primarily characterized by pain, the compensability of that disorder **must also be adjudicated (e.g. major depression)**.

Appropriate adjudication of these diagnoses hinges on causality. If the cause of the additional diagnosis (e.g. depression) flows directly from the compensable consequences of the accepted physical injury, it should be accepted as part of the claim as a separate compensable condition.

However, if the cause of the additional diagnosis does not flow directly from the compensable consequences of the accepted physical injury (e.g., labour relations conflict, disappointment over unmet expectations of entitlement to benefits, psychological disorders resulting from being involved in the workers’ compensation process, marital discord, etc.), it should not be accepted as part of the claim.

Diagnoses which fall under the chronic pain policy should be clearly identified as having been adjudicated as chronic pain (i.e., “Your diagnosed condition of *pain disorder* is accepted as chronic pain”).

Since Policy item #22.20 allows pain symptoms to be accepted as compensable only where they result as a consequence of an employment- related work injury or occupational disease, adjudication of chronic pain requires consideration of the requirements of Policy item #22.00, *Compensable Consequences*.

This is an important point, especially as it relates to the determination of permanent disability awards entitlement. If the primary injury, in and of itself, would likely lead to permanent impairment and the worker has permanent chronic pain, the Disability Awards Department will assess the accepted injury and add a chronic pain component as appropriate. If the primary injury is accepted but did not lead to permanent impairment but permanent chronic pain has been accepted, the Disability Awards department will award only for the permanent chronic pain and assess for “so exceptional” based on accepted restrictions and limitations of the chronic pain only.

Specific and Non-Specific/Proportionate and Disproportionate – As noted in Policy item #22.20 and Policy item #39.02, chronic pain is further distinguished as being either

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specific or non-specific, proportionate or disproportionate. It is the responsibility of the Claims Adjudicator Disability Awards² (CADA) to make these determinations.

Thus, the **Case Manager** will determine whether:

- the worker has chronic pain according to the WorkSafeBC policy definition;
- the chronic pain is compensable (after completing a multidisciplinary assessment);
- any further treatment is required (after completing a multidisciplinary assessment); and
- the chronic pain is permanent.

The Case Manager also identifies any restrictions and limitations associated with the condition(s) accepted.

The **CADA** makes the following determinations for compensable permanent chronic pain:

- Whether the permanent compensable chronic pain is specific or non-specific, and
- Whether the permanent compensable chronic pain is proportionate or disproportionate.

Examples:

What the CADA should do after determining these issues:

CM: "I have accepted that the worker has permanent chronic (back/knee, etc.) pain due to permanent injury X".

CADA: Will measure "X" injury and decide if pain is specific/non-specific/proportionate/disproportionate. If the permanent chronic pain is specific and proportionate, a section 23(1) award for injury "X" would suffice. Otherwise, a section 23 (1) award for permanent chronic pain will also be considered.

However, if the Case Manager said:

CM: "I have accepted permanent chronic (back/knee, etc.) pain for which I have no clear medical or psychological explanation".

² For the purpose of this Practice Directive, CADA also includes other Disability Awards officers.

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CADA: No injury "X" to rate for section 23(1) and only section 23(1) award for permanent chronic pain will be considered.

Further examples:

- Resolved soft tissue injury and permanent chronic pain – The WorkSafeBC officer has accepted that the worker's pain is compensable and permanent. As there is no specific explanation for the worker's chronic pain, the worker is referred to Disability Awards for assessment of chronic pain as the only remaining injury.
- Permanent aggravation of Degenerative Disc Disease ("DDD") and permanent chronic pain – The WorkSafeBC officer has accepted that the worker has chronic pain that is compensable and permanent. As there is a clear medical explanation, the claim is referred to Disability Awards for the primary injury (permanent aggravation of DDD) and secondary injury (chronic pain). The worker is entitled to an assessment of their permanent back condition. The CADA will then determine if pain is proportionate or disproportionate, given the type of injury, under the chronic pain policy. If the scheduled award for the back is 0 because there are no findings, the worker could still get an award of 2.5% for chronic pain.
- Complex Regional Pain Syndrome/Reflex Sympathetic Dystrophy ("CRPS") - When considering entitling CRPS on a claim, the adjudicator should:
 - (1) ensure this diagnosis has been made according to WorkSafeBC criteria; and
 - (2) consider if the diagnosis is a compensable consequence of injury (policy item #22.00).

If both (1) and (2) are answered in the affirmative, CRPS can be entitled as a separate diagnosis on the claim. If a worker's pain is considered a consequence of the injury, but does not meet the diagnostic criteria for CRPS, the claim should be considered for entitlement of chronic pain instead.

- Strain accepted, permanent chronic pain with compensable permanent depression – The claim is referred to Disability Awards for assessment of chronic pain and also for assessment of the major depressive disorder. Because these are two distinctive conditions the worker may be entitled to an award for depression as well as an award of 2.5% for chronic pain.

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

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If the WorkSafeBC officer determines that the chronic pain condition is accepted under the claim, the WorkSafeBC officer must ensure that appropriate rehabilitation and/or treatment is implemented and monitored. Vocational Rehabilitation ("VR") involvement is always appropriate in these cases.

G. CONSIDERATION OF PERMANENT DISABILITY

Once appropriate treatment and rehabilitation for chronic pain has been provided, the WorkSafeBC 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 VR Consultant 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.

Chronic pain awards are specific to a particular injury/body part, so although rare, it is possible for a worker to be entitled to more than one 2.5% award under the same claim. For example, a worker injures both his right knee and his back, the Case Manager accepts permanent chronic pain for each of these injuries, and refers the claim to Disability Awards. If Disability Awards determines that the worker's chronic pain related to his knee is disproportionate to the associated objective physical impairment for his injury, and then comes to the same conclusion for the chronic pain related to his back injury, the worker is entitled to two awards of 2.5% each, for a total of 5%.

CROSS REFERENCES:

N/A

HISTORY:

This Practice Directive was developed to provide guidance on the former policy RSCM policy item #22.35, *Pain and Chronic Pain*, and policy item #39.02, *Chronic Pain*. It was updated on January 1, 2004 to provide additional information on secondary conditions that may be entitled to a permanent award above and beyond the former policy #22.35, the use of internal/external multidisciplinary assessments, details around the adjudication of chronic pain, and confirmation that chronic pain is not adjudicated as a psychological impairment. It was amended December 21, 2010 to update policy reference numbers and other housekeeping changes.

APPLICATION:

The adjudicative guidelines contained in this Practice Directive are relevant to initial adjudications of chronic pain made on and after January 1, 2003. If a worker received a pension prior to January 1, 2003, Disability Awards assessed the worker's compensable condition under the relevant policies at that time and granted an award for subjective complaints where appropriate.