

# Work injuries, chronic pain and the harmful effects of WorkSafeBC/WCB compensation denial

## A policy brief

### SUMMARY

THIS PAPER REVIEWS THE EXPERIENCES of nine patients dealing with chronic pain and WorkSafeBC (formerly the Workers' Compensation Board, and referred to as the WCB throughout this paper). One of the authors (Cecil Hershler), a physician, selected these patients as examples from thousands of patients over the past 25 years who had sought medical help for chronic pain. The authors explored a complex medical and social problem by listening to, summarizing and analyzing patient narratives and then identifying a number of common themes and issues. The authors suggest that these themes and issues point to a need for policy changes for the compensation of injured workers.

The issues raised by the patients interviewed include:

- off-and-on payment of compensation, or no compensation at all, over long periods of time;
- long delays between initial termination of payments and the completion of appeals;
- lack of income and depletion of financial resources;
- mental health problems (including suicide attempts) and other health issues aggravated by the claims experience;
- wrestling with disbelief on the part of employers and WCB;
- frequent change of claims managers; and
- undue pressure to engage in job search, even when injuries should have ruled out such requirements.

by Cecil Hershler, MD,  
PhD, FRCP(C), and  
Kia Salomons, MSc

JUNE 2015



**CCPA**  
CANADIAN CENTRE  
for POLICY ALTERNATIVES  
BC Office

Suggested policy changes include the following:

- separate chronic pain from other work-related injuries dealt with by WCB and return the medical care of such injuries to each patient's own family doctor and specialists;
- ensure economic security for injured workers with chronic pain during the review and appeal process;
- allow access to a second opinion without cost to the injured worker;
- allow injured workers a choice of therapy providers;
- stop punitive job-search programs;
- ensure workers are given adjusted or modified work during a gradual return-to-work process;
- ensure workers are rehired and given work appropriate to their physical abilities, or provide adequate and appropriate retraining for workers with permanent impairments; and
- return the care of injured workers with chronic pain to their family (attending) physicians and their respective pain specialists.

In this paper we examine the effect of the compensation process on injured workers with severe chronic pain — pain that is debilitating and constant — whose compensation payments have been terminated and who are engaged in an appeal process with WCB.

Workers with chronic pain who cannot work should receive appropriate compensation or be provided with a pension that is comparable to their pre-injury earnings.

A reasonable supportive system of care with concrete timelines is long overdue. Although the reforms proposed in this paper might require an increase in WCB employer premiums to cover improved benefits, a pre-defined approach to workers with severe chronic pain could reduce some expenses and duplication and may produce cost savings in other public-health expenditures.

## INTRODUCTION

CHRONIC PAIN IS COMMON in Canadian adults and has major social and economic implications, including family breakup, social isolation, poor self-image, low confidence, loss of income and absenteeism. Its prevalence in Canada has been reported to be as high as 29 per cent.<sup>1</sup> Work-related injuries are among the most common causes of chronic pain.

In this paper we examine the effect of the compensation process on injured workers with severe chronic pain — pain that is debilitating and constant — whose compensation payments have been terminated and who are engaged in an appeal process with WCB. These patients are more difficult to treat because they have to deal not only with chronic pain itself and its secondary effects as described above but also with the effects of lengthy interactions with WCB. These patients are under considerable stress for extended periods of time due to financial hardship, economic insecurity, lack of control over medical treatments or choice of practitioners and, for some, having to work while still injured and in pain. The ability to medically manage their symptoms is impaired primarily by stress.

The authors explored this complex medical and social problem by listening to, summarizing and analyzing the narratives of nine patients dealing with chronic pain and the WCB. In this paper we report on a number of common themes and issues that emerged and also provide suggestions for policy changes.

---

1 Moulin et al. 2002.

While the approach taken does not represent a formal study — the patients interviewed were not randomly selected but were all drawn from Dr Hershler’s practice, and the sample is small — we do believe, based on years of practice, that the experiences and insights shared represent all-too-common occurrences. Moreover, these experiences offer important lessons for how WCB manages cases of chronic pain, point to a false economy in how WCB seeks to “save” money and lead us to recommend policy reforms that we believe would enhance the mental and physical health of patients and potentially reduce public expenditures.

## BACKGROUND

### Chronic pain in the context of insurance-based medicine

Insurance companies, including WCB, are effective in assessing and treating workers who have injuries that are quickly resolved but less effective in assessing and treating patients with chronic injuries, particularly those with chronic pain related to musculoskeletal injury. Insurance companies have created their own rehabilitation or work-return programs where injured workers are assessed and treated by the insurer’s medical staff and therapists. Insurers also engage private clinics to assess injuries and make use of privately contracted pain clinics. In this paradigm, the recommendations of the worker’s family physician and independent specialists are often disregarded.

The return to work process may be initiated at the request of the employer, the injured worker, WorkSafeBC staff or the injured worker’s attending physician, any of whom can identify an opportunity for work as a part of recovery. Many individuals are available to assist the employer in developing an appropriate individual plan for their employee. The attending physician is available to consult with the employer regarding the restrictions and capabilities of the injured employee,<sup>2</sup> but sometimes this input is not requested.

This can lead to an injured worker being required to return to work without his or her attending physician being consulted. Premature or inappropriate work-return situations can compromise ongoing treatment initiated by the injured worker’s attending physician or by specialists referred by the attending physician and involved in the care. The injured worker is caught between an obligation to follow the WCB instruction and the recommendations from the attending physician or specialist.

Disturbingly, some patients are forced to return to work prematurely because their benefits are terminated. Given the chronic nature of their injuries, those who cannot carry out their jobs efficiently are often forced to quit or are fired and end up with vastly inadequate pensions.

### The perception of chronic pain

Pain is generally considered chronic if it lasts from three to six months or more or, alternatively, if it persists after an injury has healed.<sup>3</sup> In spite of the fact that chronic pain is now considered a disease

Premature or inappropriate work-return situations can compromise ongoing treatment initiated by the injured worker’s attending physician or by specialists referred by the attending physician and involved in the care.

2 WorkSafeBC, Understanding return-to-work programs. At: [http://www.worksafebc.com/health\\_care\\_providers/related\\_information/understanding\\_return-to-work/default.asp](http://www.worksafebc.com/health_care_providers/related_information/understanding_return-to-work/default.asp).

3 Melzak, R., and P.D. Wall. 1988.

in its own right,<sup>4</sup> patients with severe chronic pain continue to encounter widespread skepticism. Misconceptions and negative stereotypes about chronic pain abound among the general public, employers, government agencies and insurance companies and, sadly, among medical professionals as well. Some of the more common misconceptions about chronic pain are that it is caused by a psychological disturbance, that patients exaggerate their symptoms for financial or other gain and that they should learn to tolerate their pain as time goes on.<sup>5</sup> To put it succinctly, patients with severe chronic pain who have no identifiable other signs of illness or injury are rarely believed, and stigma is “a fact of life for those with chronic pain.”<sup>6</sup> Stigma and disparagement have a devastating impact on the patient with chronic pain; the negative perceptions of others are demoralizing, hinder healing, lead to depression and make life worse in many ways.

### Who did we interview?

Misconceptions and negative stereotypes about chronic pain abound among the general public, employers, government agencies and insurance companies and, sadly, among medical professionals as well.

We interviewed nine patients, all individuals with severe chronic pain resulting from work-related musculoskeletal injuries, who were or had been engaged in a claims appeal process with WCB. Five of the patients were male, four female; two were health-care workers, three service workers and four production workers. Four were between the ages of 40 and 49, four between 50 and 59, and one between 60 and 65. Three had pre-injury yearly incomes between \$20,000 and \$40,000, four between \$40,000 and \$60,000 and two between \$60,000 and \$80,000.

All patients had signed a consent form in the previous year and were contacted again by telephone to reconfirm their willingness to be interviewed. The interviews were conducted by telephone or in person.

### Survey questions

In addition to demographic questions relating to age, gender, ethnicity, language, job title, income and education, we asked:

- when the workers were first injured;
- the nature of their injury;
- whether there were delays in filing their claim;
- when and why their claim was discontinued;
- what happened during their review and appeal process and what the outcome was;
- how many claims managers they dealt with;
- how they rated their claims experience with WCB;
- how the claims experience affected them (personal, relationships, mental health and stress, economic situation); and
- what they feel could have made their experience less difficult.

4 Breivik, H. 2013.

5 Avery, C. 2012.

6 Ibid.

## WHAT WE FOUND

THE THEMES THAT emerged from an analysis of the interviews were:

- off-and-on compensation, or no compensation at all, over long periods of time;
- long delays between initial termination of payments and the completion of appeals;
- lack of income and depletion of financial resources;
- mental health problems and other health issues aggravated by the claims experience;
- disbelief by employers and WCB;
- employers' attitudes;
- frequent change of claims managers;
- undue job-search pressure;
- absence of choice of treatment providers and arbitrary decisions by claims managers; and
- what injured workers wish would change.

### Off-and-on compensation, or no compensation at all, over long periods of time

Most of the patients reported that they were on and off compensation over a period of several years, experiencing little difficulty in obtaining initial compensation but then having their claim discontinued. Typical reasons given for why payments were revoked were that the injured worker was deemed fit for work or that the injury had "plateaued." The injured worker had the option to appeal and could either return to work while still injured and in pain or not return to work and have no source of income. If the worker won the appeal, payments would be reinstated from the date of the appeal decision, frequently with no back pay for the interim period. During the claims and appeal processes, these injured workers were in pain and also frequently without any income for long periods of time. One of the workers we interviewed reported that, although a decision review determined that she was entitled to compensation, payments were not reinstated because the claims manager was not able to determine the appropriate level of compensation. Another reported that although a Workers' Compensation appeal tribunal determined he was entitled to compensation, WCB failed to make any payments for more than a year.

During the claims and appeal processes, these injured workers were in pain and also frequently without any income for long periods of time.

### Long delays between initial termination of payments and the completion of appeals

Among our small sample, time to complete the claims appeal varied dramatically. Several workers spent years with a great deal of economic hardship and insecurity and lodged numerous appeals. None of these workers had been able to return to work, and the majority were eventually rewarded disability pensions (see Tables 1 and 2 on the following page).

Table 1 shows that the time to complete a claim ranged from almost two years to 20 years. The median time was three years.

Table 2 shows that four out of nine patients reported that they were worried about feeding themselves and their families; two used up all of their savings and RRSPs; six had difficulty paying their rent or mortgage; one moved away to a small town; and another had her home put in foreclosure.

**Table 1: Time to complete WCB file and current source of income**

| Time to complete file          | Current source of income                                                                 |
|--------------------------------|------------------------------------------------------------------------------------------|
| Twenty years                   | WCB pays 55 per cent wage-loss compensation pension plus treatment cost.                 |
| Six years three months         | Long-term disability pay commenced six years after compensation was discontinued.        |
| Five years                     | WCB pays 100 per cent wage-loss compensation plus treatment cost.                        |
| Three years                    | CPP disability (\$850 per month)                                                         |
| Three years                    | Provincial disability pension commenced three years after compensation was discontinued. |
| Two years six months (ongoing) | WCB pays full wage-loss compensation, pending retraining.                                |
| One year 11 months             | WCB pays 50 per cent loss of income plus treatment cost.                                 |
| One year 11 months             | No income assistance of any kind despite 50 per cent activity restriction                |
| Eleven months (ongoing)        | Long-term disability payments commenced 11 months after compensation was discontinued.   |

### Potential sources of income for injured workers:

**WORKERS' COMPENSATION (WCB BENEFITS):** Worksafe BC, the province's Workers' Compensation Board, pays different types of benefits to workers injured on the job. These include "wage loss" benefits (for temporary disabilities that result in shorter-term absences from work) and pensions (for permanent disabilities). Wage loss benefits typically cover 90 per cent of a worker's average net earnings (up to a maximum ceiling). Pensions range in size from covering most of a worker's prior earnings to covering only a small fraction. WCB may also pay medical and retraining costs. Since 2002, WCB benefits have become much more difficult to access. For more on the policy context, see *Insult to Injury: Changes to the BC Workers' Compensation System (2002-2008)—The Impact on Injured Workers*. <http://bcfed.ca/news/briefs/insult-injury>

**LONG-TERM DISABILITY BENEFITS (LTD):** Refers to disability insurance purchased from private insurance companies, which some employers provide as part of an extended health plan. The insurance premiums for LTD may be paid by the employer, the employee, or both. LTD benefits generally become available after a prolonged absence from work. Most LTD companies will not pay benefits if the injury was sustained in the workplace, unless the worker has been denied WCB benefits. LTD companies may require a worker to appeal a WCB decision denying a claim before they will pay any benefits (a process that can take years), though they may pay LTD during the appeals process (but will seek reimbursement if the worker wins the appeal).

**CANADA PENSION PLAN (CPP) DISABILITY BENEFIT:** A person with a "severe and prolonged" disability (whether workplace related or not) who has paid into CPP for at least 3–4 years can apply for a CPP disability pension. The maximum monthly taxable benefit is \$1,264.59. If the disability was caused by a workplace injury and the worker is receiving WCB benefits, WCB will usually claw back 50 per cent of that benefit.

**INCOME ASSISTANCE FOR PERSONS WITH DISABILITIES:** Provincial income assistance, or welfare, is available to people with a "severe" mental or physical disability (whether workplace related or not), but only if they have no other sources of income or assets. Monthly benefits range from \$531.42 to \$1,043.06, depending on family type.

**Table 2: Income loss and financial strain during claims appeal process**

|                                      |                  |
|--------------------------------------|------------------|
| Difficulty paying rent or mortgage   | 6/9 participants |
| Worries about feeding self or family | 4/9              |
| Depleted all savings and RRSPs       | 2/9              |
| Took out line of credit              | 1/9              |
| Moved away from Lower Mainland       | 1/9              |
| House foreclosed                     | 1/9              |

**Table 3: Mental health issues aggravated by claims experience**

|                                      |                  |
|--------------------------------------|------------------|
| Depression                           | 7/9 participants |
| Anti-depressant medications          | 5/9              |
| Ongoing disruption of sleep patterns | 7/9              |
| Anxiety                              | 4/9              |
| Relationship problems                | 5/9              |
| Suicidal ideation                    | 4/9              |
| Suicide attempts                     | 2/9              |

### Mental health problems and other health issues aggravated by the claims experience

Among the nine workers we interviewed, seven reported that they had developed depression over the course of their WCB claims experience and at least five were still on anti-depressant medications. None of these individuals had a prior history of mental illness. Four had suicidal ideation at some point during the claims process (after losing an appeal), and two people made suicide attempts and required hospitalization (see Table 3).

### Disbelief by employers and WCB

The injured workers we interviewed reported that they encountered much disbelief, not only on the part of their claims managers but also from their employers (see Table 4).

As a result of the refusal of the Board to accept the evidence of the chronic pain and resulting disability, injured workers were pressured into returning to work too soon. Four participants reported that they were pressured to keep working or to return to work while still injured. For example, two workers with repetitive strain injuries had their claims repeatedly disallowed largely due to their employers' statements denying that the injuries could be the result of working conditions. These workers had to continue working through increasing pain and stress. They both developed serious mental health problems and subsequently made suicide attempts. Eventually their claims were accepted.

Denial can cause delayed or inadequate medical investigation and/or treatment. Three of the nine workers we interviewed had a delayed diagnosis. The injuries of one worker were not revealed by initial physician and neurologist examinations and MRI and CT scans. More than two years after the initial injury, subsequent medical investigation revealed serious tissue damage requiring surgery. Another worker was told that he was "faking injuries" and was cut off compensation because his injury had "plateaued." He appealed and continued to work for several months while injured and in

Among the nine workers we interviewed, seven reported that they had developed depression over the course of their WCB claims experience and at least five were still on anti-depressant medications. None of these individuals had a prior history of mental illness.

| Table 4: Effects of disbelief                                                  |                  |
|--------------------------------------------------------------------------------|------------------|
| Pressured back to work too soon                                                | 4/9 participants |
| Delayed or inadequate medical investigation or treatment                       | 3/9              |
| Delayed reporting of injury by employer                                        | 3/9              |
| Unmodified or inadequately modified descriptions during gradual return to work | 5/9              |
| Undue job-search pressure                                                      | 4/9              |
| Fired due to disability resulting from injury                                  | 6/9              |

severe pain. His requests for an MRI were repeatedly denied. Eventually (after a politician intervened on his behalf), medical examinations revealed a need for surgery. A third worker reported her injury without delay, was examined and supplied with a cast but was not given an X-ray. Four weeks later, an X-ray revealed a fracture. Seven months after the original injury, this worker underwent surgery and was left with reduced function and much pain.

**Negative responses from employers**

Some employers fire workers rather than modify the job description to accommodate the injured worker’s ability. In fact, six of the nine workers we interviewed were fired as a result of their injury.

The workers we interviewed reported that some employers tend to dismiss workers’ injuries, disbelieve workers or even harass workers during their gradual return to work. Some employers do not report injuries and fail to modify the worker’s job during gradual return to work, which in some cases results in reinjury. Four of the workers we interviewed experienced delays in their claims because their employer delayed reporting the injury or had to continue working because their claim was initially denied. Five encountered resistance on the part of employers to modify job descriptions for permanently disabled workers. Some employers fire workers rather than modify the job description to accommodate the injured worker’s ability. In fact, six of the nine workers we interviewed were fired as a result of their injury.

**Frequent change of claims managers**

We asked the workers how many claims managers they had dealt with during the claims experience, and we asked them to rate how the claims managers treated them. We further asked them to rate the quality of the communication they received from WCB and to describe their experience with the online claims information.

In our sample, the median number of claims managers was seven (range: from two to 13), while the median length of time to close a file, after the injured worker had initially had their compensation terminated, was three years (range: from one year and 11 months to 20 years).

When asked to rate the treatment they received from WCB claims managers during telephone conversations on a scale of 1 to 5 (with 1 being extremely poor and 5 excellent), four workers rated their treatment as extremely poor, two rated it as below average and three rated it as fair (average). We also asked participants to rate the quality of the communication with WCB they received during their claims process as well as the overall handling of and timeliness in the processing of their claim (see Table 5).

**Table 5: Time to complete WCB file and current source of income**

| Topic                                                | Extremely poor | Below average | Fair | Good | Excellent |
|------------------------------------------------------|----------------|---------------|------|------|-----------|
| Treatment from claims managers                       | 4/9            | 2/9           | 3/9  | 0/9  | 0/9       |
| Quality of communication with WCB                    | 3/9            | 4/9           | 2/9  | 0/9  | 0/9       |
| Overall handling and timeliness in claims processing | 6/9            | 2/9           | 0/9  | 0/9  | 0/9       |

### Undue job-search pressure

Four of the nine workers reported that they had had to submit to what appear to be harsh and punitive job-search programs. They said they had to apply for jobs that were inappropriate to their level of injury; some were told not to disclose that they had been injured or that they had physical limitations; they had to apply for a (high) minimum number of jobs every day or be cut off compensation.

### Absence of choice of treatment providers and arbitrary decisions by claims managers

The majority of the injured workers we interviewed noted that their claims managers made arbitrary decisions, picking and choosing evidence, frequently in disregard of medical opinions. Some of the workers said that they were not listened to and that they had to receive therapy treatments only in a WCB-designated clinic or else be cut off benefits. Some reported that they were refused necessary medical investigations (e.g. MRI scans) or a second opinion by a medical specialist. Two participants paid personally for MRI scans that showed injury.

The majority of the injured workers we interviewed noted that their claims managers made arbitrary decisions, picking and choosing evidence, frequently in disregard of medical opinions.

### What injured workers wish would change

We asked each of the participants to name two or three changes that would have made the claims experience less difficult. Their responses can be summarized into the following themes: be listened to; be believed; modify work to accommodate the injury and/or provide appropriate retraining; reduce time delays; improve communication within WCB; and change the nature of WCB.

## DISCUSSION

### What determines the discontinuation of benefits?

Most of the workers in our sample eventually had their payments reinstated: four currently receive compensation from WCB, three of them permanently. Two workers receive long-term government disability pensions and another two receive long-term disability payments through their place of work. The remaining individual, who receives no compensation, is still out of work. The fact that almost all of the workers we interviewed are currently receiving long-term compensation of some kind strongly suggests that these workers should not have had their compensation denied in the first place. This begs the question of what criteria determine whether a claimant's benefits are

terminated or not. Our interviewees indicated that they felt that claims managers did not fairly consider all of the available evidence and that no allowances were made for the fact that not all injuries heal at the same rate and that some fail to heal within a standard time frame.

It is our understanding, based on clinical experience, that most of those who eventually receive compensation do so as the result of appeals, and not because WCB reverses its opinion. In fact, Section 96(5) of the Workers' Compensation Act provides that WCB may not reconsider a decision on the worker's average earnings if more than 75 days have passed since the decision was made. Appeals are expensive and, if workers are not unionized, it is difficult for them to proceed.

### Prolonged appeal periods increase financial hardship and insecurity

While injured workers are engaged with the WCB appeal system, they sometimes cannot access long-term disability (LTD) pay through work. Moreover, until the injury has "plateaued" they cannot qualify for a government disability pension. As well, until the workers have depleted most of their resources, they do not qualify for social assistance. It can take a very long time to complete a WCB claim: the time to file requests for reviews and appeals, the time waiting for the hearings, the time for WCB to determine whether the injury has plateaued and the time for WCB to conduct investigations into the level of disability in order to determine whether or not a worker is entitled to full or partial compensation.

Due to lack of income, some workers were forced to work while still injured and in pain, causing additional stress and sometimes leading to more injury.

We identified a number of issues. First, most of the workers we interviewed eventually received permanent pensions; however, the pensions were often inadequate and were not comparable to their pre-injury earnings. Second, the time delay between the injury and the pension award is often unacceptably long and filled with hardship for the injured worker. Third, several workers did not receive retroactive pay for the periods during which their compensation had been terminated while they were appealing their claims; also, in some instances WCB delayed payouts after pensions had been awarded by the appeal tribunal.

### Financial hardship makes managing chronic pain more difficult

All of the workers we interviewed reported that they experienced financial hardship when their benefits were arbitrarily discontinued. Due to lack of income, some workers were forced to work while still injured and in pain, causing additional stress and sometimes leading to more injury. Financial worry and hardship cause stress and additional health problems such as depression, anxiety, sleep problems and also relationship problems. Clearly, this is not conducive to good management of injuries.

### The pitfalls of an insurance-based compensation system

As an insurance-based system, WCB is an inherently adversarial system and, not unlike other insurance companies, there is pressure to keep payouts low and to opt for low and early settlements. Injured workers are compelled to attend rehab facilities where the practitioners are paid by WCB and, at least to some extent, are subject to WCB guidelines and policy. There is an appearance of conflict of interest when injured workers do not have the option to receive treatment from an independent practitioner.

## LIMITATIONS

AS STATED IN THE INTRODUCTION, this is not a formal research project but rather an exploratory paper that identifies common issues and themes that emerged from an in-depth review of narratives gathered from nine injured workers. The limitations of this paper include the focus on a select population of patients with severe chronic pain who are or were engaged in a claims appeal process with WCB. As such they represent a relatively small percentage of the overall population of injured workers. Other limitations include that the interview subjects were all patients in the clinic of one pain specialist and that the data was self-reported and not independently verified, despite participants consenting to share their disclosure documents.

Importantly, although only nine injured workers were interviewed for this paper, the participants were diverse in age, sex, occupations and income. Despite the diversity of interview subjects, the experiences recounted by these patients were similar and consistent. The findings of this survey would have added strength if it included randomly selected injured workers with severe chronic pain in the general population of WCB claimants who are attending other clinics. Such a study would require funding and support.

## POSSIBLE POLICY AND STRUCTURAL CHANGES TO PROMOTE HEALING AND SUPPORT RETURN TO WORK

THE CURRENT COMPENSATION system does not adequately serve patients who have a work injury that results in chronic pain. There is a need for changes that ensure economic security for workers during the review and appeal process; allow injured workers a choice of therapy providers and access to a second opinion without extra cost; stop punitive job search programs; ensure adjusted or modified work during the gradual return-to-work process; and guarantee rehiring and adjusted work that is appropriate to the injury, or adequate and appropriate retraining for workers with permanent impairments. If unable to work, workers with chronic pain should receive compensation or be provided with a pension that is comparable to their pre-injury earnings.

Below are a number of suggestions aimed at promoting better management and return to work for patients with chronic pain:

1. These patients should receive uninterrupted compensation until the end of the appeal process — during the entire period before the claim is closed — in order to avoid economic hardship. There should be a defined time frame within which a definitive answer with respect to treatment must be provided and care should be taken not to impose additional stress on the injured patient. Penalties should be imposed on the insurer if the set time frame is not respected.
2. Treatment should be defined. If the treatment is not successful within evidence-based or clinical guidelines, alternative strategies could be employed—all within a pre-defined time frame.
3. The opinion and treatment suggestions of the patient's regular physician and medical specialist must be the primary basis of care. This applies to work-related injuries that manifest as chronic pain and necessitates a clear change from WCB's usual approach to chronic pain management. The injured worker's family (attending) physician, supported

If unable to work, workers with chronic pain should receive compensation or be provided with a pension that is comparable to their pre-injury earnings.

by an appropriate pain specialist, should be given the opportunity to manage the chronic pain condition for a designated length of time. WCB should abide by their treatment recommendations.

4. A patient with severe chronic pain should not be subjected to painful and lengthy assessment processes to prove that the pain is truly debilitating.
5. Despite the prevailing view that returning to work as soon as reasonably possible results in better outcomes for injured workers, and although this may be true in a subset of injuries, successful work return depends on a number of factors, including flexibility and accommodation within the work environment, attitudes of the worker's colleagues and employer, severity of injury, ongoing medical support, etc. The determination of when a worker should return to work must take into consideration all of these factors.
6. After a set period of time, workers should be provided with work that accommodates their condition, possibly flex-work and supportive care, as needed. The employer should be assisted in providing modified work. Currently, employers fear the added cost associated with employing disabled workers, and this is part of the reason why injured workers get fired. If unable to work, workers with chronic pain should receive compensation or be provided with a pension that is comparable to their pre-injury earnings.
7. Workers with chronic pain who experience a deterioration in their clinical condition (i.e. a worsening of the chronic pain and associated disability) during a work-return process or otherwise should have their claim reopened and receive wage-loss benefits.

A reasonable supportive system of care with timelines that take into account the complex needs of workers with chronic pain is long overdue. The way that injured workers with chronic pain are treated by WCB needs to change.

A reasonable supportive system of care with timelines that take into account the complex needs of workers with chronic pain is long overdue. The way that injured workers with chronic pain are treated by WCB needs to change. This paper does not address all aspects of potential system reform and it does not discuss the potential role of injured workers and their representatives (i.e. unions) in highlighting problems and making changes. However, we hope that the stories we have shared and the recommendations we have presented, based on our clinical experience as well as our discussions while writing this paper, will contribute to a more comprehensive dialogue about system reform and, ultimately, changes within the workers' compensation system.

## REFERENCES

- Avery, C. 2012. The stigma of chronic pain. *Chronic Pain*. At: <http://www.chronicpain.org/articles/tsocp.html>.
- Breivik, H. 2013. World Health Organization supports global effort to relieve chronic pain. World Health Organization. At: <http://www.who.int/mediacentre/news/releases/2004/pr70/en/print.html>.
- Melzak, R., and P.D. Wall. *The Challenge of Pain*. Markham: Penguin Books, 1988.
- Moulin, D.E., A.J. Clark, M. Speechley and P.K. Morley-Forster. Chronic pain in Canada—prevalence, treatment, impact and the role of opioid analgesia. *Pain Research and Management* 2002;7(4):179–84.

## ACKNOWLEDGEMENTS

We would like to acknowledge the patients who contributed their time, despite physical discomfort, relating stressful and traumatic experiences. Without exception, the patients expressed the hope that their participation would contribute to improving the treatment of others who may need WorkSafeBC/WCB assistance in the future. Our thanks also to three anonymous reviewers of an earlier draft of this report.

The opinions and recommendations in this report, and any errors, are those of the authors, and do not necessarily reflect the views of the publishers and the funders of this report.

This report is available under limited copyright protection. You may download, distribute, photocopy, cite or excerpt this document provided it is properly and fully credited and not used for commercial purposes. Photographs may not be reproduced separately without permission of the photographer.

## ABOUT THE AUTHORS

CECIL HERSHLER specializes in physical medicine and rehabilitation and has been working in Vancouver since 1985. Over 25 years, he has interviewed more than 30,000 patients with chronic pain. Referrals to his clinic come mainly from family physicians and to a lesser extent from orthopedic surgeons, rheumatologists and psychiatrists. More than 80 per cent of referrals involve work- and/or accident-related injuries, and approximately 20 per cent of his patient population are injured workers engaged in the WCB/WorkSafeBC appeal process.

KIA SALOMONS obtained her MSc in health care and epidemiology from the University of British Columbia.

Copyedit by Maja Grip.

Layout by Susan Purtell.

ISBN: 978-1-77125-204-1



**CCPA**  
CANADIAN CENTRE  
for POLICY ALTERNATIVES  
BC Office

The Canadian Centre for Policy Alternatives is an independent, non-partisan research institute concerned with issues of social and economic justice. Founded in 1980, it is one of Canada's leading progressive voices in public policy debates. The CCPA is a registered non-profit charity and depends on the support of its more than 10,000 members across Canada.

1400 – 207 West Hastings Street  
Vancouver, BC V6B 1H7  
604.801.5121  
ccpabc@policyalternatives.ca

[www.policyalternatives.ca](http://www.policyalternatives.ca)