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PRIVATE & CONFIDENTIAL

Report prepared by Dr X
Consultant General Physician, Pain Management Specialist
and Medical Oncologist

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…………………..
……………….

Attention: Mr ……………

Dear Sir

Re:	**X**
Date of Birth:	**../../19.., aged .. years.**
Address:	**…………………..**
	…………………
Occupation:	**Primary School Teacher**
Date of Injury:	**23 March 20..**
Your Reference:	**………………**
Date of Assessment:	**………………**

Thank you for referring Ms X for medical assessment and report. Based on Ms X's medical condition as specified in your referral, I confirm that my specialty is appropriate for the conduct of this assessment.

Having reviewed the available records, interviewed and examined Ms X, I submit the following detailed medical report in answer to your request.

I obtained the following information from my interview with Ms X (unless otherwise specified).

FILE RECORDS:

I had the benefit of the following file material:

1. Multiple reports from …………., the most recent dated 28 February 20.. from ……….. and …………
2. Multiple reports from …………… (Sports and Exercise Physician). These include Dr ……….'s initial assessment dated 6 May 20.. as well as the note from 6 November 20.. where Dr ………… requests permission to arrange for three injections into the sacroiliac joint. I also note the letter from Dr ……….. dated 31 January 20.. where Dr ………….. notes that Ms X had decided against having an injection.
3. I note the report from ………….. (Registered Psychologist) dated 30 November 20...
4. Documents from "…………" including the final case conference Summary dated 5 March 20... In that report it is stated that a "pre-injuries progress medical certificate was obtained".
5. Letter from Dr ……………., dated 30 January 20... He notes that she has some left leg paraesthesia and that she had previously seen a rheumatologist and pain specialist. He requested review by neurologist (Dr ………….) before she has a final certificate. I did not have any material from Dr …… to review.
6. Referral letters from Dr …………… (General Practitioner).
7. Medical certificates from Dr …………… outlining the diagnoses of sacral fracture with post fracture chronic pain syndrome and sacroiliac joint incompetence.
8. Report from Dr ………… (Colorectal Surgeon).
9. Letter from Dr ……….. (Pain Specialist) dated 2 March 20...

HISTORY:

Occupation/Work Duties:

Ms X is a .. year old woman.

She came from ………… in 20.. to settle in Australia. In ………… she was a teacher. She had been a university tutor from 19.. to 19.. teaching in English. She then moved to teach children English.

She has been a primary school teacher in Australia since 20... She obtained permanent status in 20...

Initially she was working for three days per week. This had increased to five days per week but I understand before her injury in 20.. she was back to working to four days per week as an "ESL Support Teacher".

Onset of Symptoms (or Illness)/Sequence of Events:

On 23 March 20.. she was doing playground duties. A ball was kicked by a Year 6 child. It hit her in the left lower back and buttock.

She did not fall.

Initial/Early Treatment Received:

She stayed at work although she did have pain over the left buttock.

She saw her local medical practitioner the next day as there were many people in the waiting room on the day of the accident.

Subsequent Progress/Specialist Management:

She attended work the next day.

She continued to have pain and I understand was referred to a rheumatologist. The rheumatologist arranged for an injection of the sacroiliac joint which did not help.

She was referred for physiotherapy.

I understand she continued to work for 3-4 days per week during the rest of 20... In 20.. she was up to five days per week. In early 20.. she returned back to four days per week.

I note that she had been referred to Dr …………. (Pain Specialist). I note in the letter of 2 March 20.. that Ms X was described by Dr ………… as having left buttock pain of muscular origin with symptom amplification and "probable somatisation disorder". At that time she had some lower limb lumbar interspinous ligamentous and left paraspinal tenderness. The left gluteal muscle was tender but there was no piriformis tightness.

I note during this period she also had problems with defecation. She was referred to Dr ………. who in his letter of 26 September 20.. noted that she had had a colonoscopy in 20.. by Dr ……….. which did not reveal any abnormalities. Dr …………. noted chronic back and lower abdominal muscle spasm which did not allow her to defecate in a regular fashion.

She had also seen Professor ………….. (Gynaecologist) because of symptoms of a prolapse. I note in the report from the rehabilitation team that Profession …………… did not feel she needed any treatment and did not feel she had a significant problem with prolapse.

In early 20.. she was referred to Dr ………….. (Sports and Exercise Physician).

Dr ………….. felt that she had signs and symptoms of left sacral joint dysfunction. I understand an "ultrasound of the pelvis" said that she had a sacral fracture. A left hip MRI had been reported on as normal.

Dr …………. arranged for a focussed bone scan on 21 May 20.. by Dr ……….. This showed scanned findings consistent with "left sacroiliac joint incompetence".

Dr ………… initiated specialist physiotherapy to assist with any sacroiliac joint problems. During this time Ms X was also having acupuncture and continuing yoga.

In June 20.. Dr ………… felt that she needed time off work and she remained certified unfit for work until around September 20... She was gradually returned to work but is now only working two hours per day for two days per week.

Current Status:

She described spasms in her muscles. She feels her muscles are tight over the low back and trunk. The muscle spasm can go “all over”.

She still describes her bowel movements as “not good”. She feels her muscles are in spasm. She said that she is not constipated but does have trouble with defecation.

She describes numbness in the left leg. She describes “sore and stiff muscles in the left leg and pelvis and the left hip”. She also pointed to the left lumbar region.

She said that she is “quite depressed”. She said she is tired all the time. Her energy levels are low.

She said that “Doctors could not accept what I told them”.

Present Work Status:

She was off work for approximately 5-6 months. She has started a graduated return to work program in 20.. working two hours a day for two days per week.

She lives at …………. which is a 90 minute commute to …………. She had done this commute for four years previously however.

Present Activities:

She does most of the tasks around the house although does ask her children to do the vacuuming.

Present Treatment:

She walks for 15-20 minutes per day.

She sees her psychologist weekly.

She is not having any physiotherapy at present as funding for this has ceased.

She has acupuncture treatments funded by the insurance.

She is not on any medication. She does have some nutritional drinks.

She sees Dr …………. and her general practitioner regularly.

Past Medical History:

She has been well with no previous operations or major illnesses.

Personal/Social History:

She is married with three children aged 25, 16 and 15.

She is a non-smoker and does not drink alcohol.

PHYSICAL EXAMINATION:

She was a small, thin woman with a height of 166cm and a weight of 49kg.

She had a somewhat flat affect.

She had a "sacral Velcro support".

Her left leg gets "numb" she reported if she sits for too long.

Head/Neck:

The range of movement of the cervical spine was normal although she did feel tightness extending from the neck up into the head.

Upper Limbs:

Upper limb range of movement was normal. Power and sensation in the upper limbs were normal. Reflexes were normal.

Back and Spine:

She could flex to touch her toes easily.

While sitting in the chair during the interview she moved frequently because of discomfort she said.

She pointed to the area of pain over her left buttock. There was no tenderness in the region. She described the pain as being "deep inside".

She stood on either leg easily.

There was no restriction in hip range of movement.

Lower Limbs:

She felt some "numbness" in the left thigh. This sensation was subjectively decreased. She described this as being worse after physiotherapy.

There were no abnormalities otherwise of power and sensation. Reflexes were normal.

INVESTIGATIONS:

She stated that she had forgotten to bring in the films of her investigations.

I noted that Dr …………. reported a pelvic ultrasound as showing a "sacral fracture".

This would be rather unusual as ultrasound is not good at picking up bony abnormality.

Her left hip MRI I understand was reported as normal although Dr ………….. felt that there may have been some abnormal signal in the labral area.

The bone scan performed by Dr …………. did not show any fracture I note. It did however show increased uptake in the left sacroiliac joint consistent with left sacroiliac joint "incompetence".

SUMMARY AND ASSESSMENT:

Ms X is a .. year old primary school teacher who was struck by a ball in a relatively minor injury to the left buttock in 20...

She continues to have symptoms in this area and more widespread symptoms. She has been inactive with marked fear avoidance.

She has had more widespread symptoms including periods in 20.. where she had symptoms consistent with "panic disorder".

She has been depressed and fatigued.

She has had problems with defecation thought likely to be due to abnormal pelvic and abdominal muscular coordination.

In answer to the specific questions in your letter:

1. ***Do you agree with the current diagnosis. If no, please indicate what you believe is Ms X's diagnosis.***

   a. ***In your opinion, is work the main contributing factor to this current diagnosis? If yes please advise in detail what recent medical evidence you have to support this diagnosis.***

   I understand that the current diagnosis is "sacroiliac joint incompetence and associated muscle spasm and abnormal illness behaviour". I understand that she does have some asymmetry on bone scan of the sacroiliac joints with the left having greater uptake. She does report symptomatology beginning over the left buttock with symptoms now widely spread down the left leg to the left groin and whole left side of the pelvis.

   I did not find any specific abnormalities suggesting that the sacroiliac joint was the source of the ongoing problem. I note that her symptoms are now very widespread.

I believe there is definite evidence of abnormal illness behaviour with fear avoidance, inactivity and depressed mood.

I did not see any definite evidence of any bony fracture and I would doubt that, considering the description of the injury, she would have had any fractures.

I believe the best diagnosis is “soft tissue injury to the left buttock and pelvis with abnormal illness behaviour”.

I believe that the work contributed to the initial soft tissue injury but that the entrenched “abnormal illness behaviour” is difficult to relate to this initial relatively minor injury.

2. ***Do you believe that Ms X's workplace injury suffered on 23/03/20.. has resolved? If no, please advise in detail why Ms X has not recovered and provide an expected timeframe for her workplace injury to resolve.***

I believe that the soft tissue injury has resolved. I believe her ongoing symptomatology is more related to “somatisation” and abnormal illness behaviour rather than any physical effect of the injury on 23 March 20...

She does seem to be more accepting of a “rehabilitation” model and less focussed on finding the “diagnosis”.

She feels she will get to two full days but this will take her three months.

She said that she “doesn’t know when she can get to four days because of the fracture in the sacroiliac joint”.

This marked pain focus, with inactivity and belief in her inability to work, make her prognosis very uncertain for return to pre-injury duties.

3. ***In your opinion, do you believe that there are any additional external factors (e.g. hobbies, pre-existing conditions, degenerative change, lifestyle, social activities etc.) which are impacting on Ms X's current condition and recovery from her work- related injury? If yes, please list these factors and the impact which they are having on her condition.***

I do not believe there are any definite external factors except for the fact that she requires a 90 minute commute to get to work.

4. ***In your opinion, are there any work related OR physical barriers which are impacting on Ms X's recovery from her work-related injury?***

   a. ***If yes, please identify these barriers, how long they have been present and the strategies you currently have in place to overcome them.***

She is seeing a psychologist very regularly. However, she remains very pain focussed and inactive.

5. From the medical certificate dated from 30/01/20.., Ms X was able to maintain her pre-injury duties for a period of approximately 4 months until 21/05/20... Since this point Ms X has been certified unfit for work for approximately 5 months from June until November 20.. and has only recently achieved an upgrade to suitable duties. Please explain the reasons why Ms X's progress in her return to work has been drastically altered to the point where she is now only capable of working 2 hours per day, 2 days per week?

I believe that this period back at work indicates that the physical injury is not a significant factor in her current presentation. I believe the physical injury has resolved.

She says that in June 20.. she was exhausted and depressed. I believe that these psychological factors were the reason for her being certified unfit for work for five months from June until November 20...

I do not believe that the severity of the soft tissue injury explains this depression and fatigue.

Please note that I am not a consultant psychiatrist but that I believe that psychological factors unrelated to work have led to her stopping work and her difficulty returning to work.

6. Ms X has been recently been diagnosed with the, 'abnormal illness behaviour'. Please discuss Ms X's current presentation and how this condition is related to her workplace injury suffered on 23/03/20...

Her abnormal illness behaviour I believe has been characterised by the inability for her to accept specialist opinion that she does not have a major injury, her pain focus and her “somatisation”. Her somatisation is indicated by examples such as her belief that she had a significant prolapse and her belief that she had a significant problem with defecation.

As mentioned above, her “abnormal illness behaviour” I see as being difficult to relate to her workplace injury.

While she had ongoing symptomatology during 20.. and 20.., she was able to maintain her pre-injury duties. I believe that this indicates that any physical factors stopping her work as a primary school teacher were not significant and now cannot be the cause of her not working. However, in 20.. it was her psychological state became such that she ceased work.

7. Ms X has been referred for psychological treatment for her anxiety in regards to her return to work and also to assist her pain management. Ms X has attended approximately 16 sessions to date. Please advise if you feel that this treatment is reasonable and necessary and also discuss potential time frames for treatment discharge if required.

There is no doubt that she requires psychological assistance in any return to work. She sees Ms ……….., although I note that Ms ………… is having trouble in helping her return to work – in a letter from ……………… dated 28 February 20.. …………….. notes that she is "defensive when talking about the idea of returning to work".

She has had a great deal of psychological treatment. I believe that it would be appropriate for her to have a further 2-3 months of regular psychological treatment but, by then, if she had not improved I believe this psychological treatment required for her return to work would be no longer required.

8. Do you believe that Ms X still requires treatment for her workplace injury, which can be considered reasonably necessary under the WorkCover Guidelines?

a. If yes, please advise the type of treatment, expected duration, anticipated outcome and timeframes for completion.

I do not believe that she requires any physical treatment for her workplace injury. She is now mobile and flexible. I believe that a self management approach is ideal with home exercise.

I do not agree with Dr …………'s suggestion of the sacroiliac joint injection. Ms X has also, I understand, refused this as her earlier injection had not helped.

I am not sure whether Dr ………….. was suggesting a type of "prolotherapy" or an injection of local anaesthetic and steroid into the sacroiliac joint. Either invasive approach is very unlikely to help and may in fact focus and worsen her symptoms.

With regard to psychological therapy, the reason for the psychological therapy now is to help her to return to work. I am not a consultant psychiatrist but my impression of her situation is that the "somatisation" is difficult to relate to her work and is likely to be more related to personality factors. However, reducing this pain focus is the only way to return her to work.

In summary, I believe that the ongoing psychological treatment is only related to her injury in the sense that it is supportive in helping her return to work.

9. Do you believe that Ms X is capable of performing her Pre Injury Duties?

If no,

a. Please advise in detail if it is her work related condition or her non work related issues that are impacting on an upgrade to her Pre Injury Duties.

b. If no what are the permanent restrictions for Ms X and why?

If yes,

a. Please indicate when you believe Ms X can achieve an upgrade OR if you believe she is capable of performing her duties now.

I believe that she is physically capable of performing her pre-injury duties.

I believe the upgrade should occur over the next one to two months to enable her to regain “work fitness” and be supported psychologically. This should be a return to four days per week I understand with no restrictions.

I do not believe there are any permanent physical restrictions required. I believe the main “non work related issue” is the distance that she has to travel.

I acknowledge that I have read the Expert Witness Code of Conduct and agree to be bound by it.

The contents of this report are true to the best of my knowledge and belief.

I trust that the foregoing meets your requirements regarding Ms X. Please do not hesitate to contact me if I can be of any further assistance.

Yours faithfully

Dr X
MB BS, BSc(Med), BLegStud, FRACP, FACLM, FFPMANZCA, FAChPM
Consultant General Physician, Pain Management Specialist and Medical Oncologist