

Barriers to implementation:

- Insurers are required to code the injury according to TOOC which immediately classifies NSLBP as a 'disease' and therefore medicalising the condition.

Guidance should be provided to correlate the model to coding to limit the drive to seek 'diagnosis'. E.g. all NSLBP commence as code H2 459 Back Pain, Lumbago and Sciatica and progress only to other H codes where surgery is indicated following spinal surgical review.

<https://www.safeworkaustralia.gov.au/doc/type-occurrence-classification-system-toocs-3rd-edition-may-2008>

- SIRA WC Payment coding does not support multidisciplinary chronic pain management program (OTT004) unless medical services are included, limiting scope for allied health lead services to provide effective multidisciplinary pain management programs. Coding for management of complex musculoskeletal conditions for physiotherapy related to number of areas treated rather than complex biopsychosocial presentations.

Complexity could be defined by risk e.g. as assessed by Orebro or STarT or other factors e.g diabetes, obesity or mental ill health

<https://www.sira.nsw.gov.au/resources-library/workers-compensation-resources/publications/workers-compensation-policies/workers-compensation-insurer-data-reporting-requirements>

- All streams at 12 weeks to consider referral to multidisciplinary pain management program if there has not been improvement: There are not enough pain management programs available, especially for those outside of main cities (pain Australia only list 3 programs in NSW outside of Hospital led programs). The programs that are available have excessive wait times and massive costs of treatment (major barriers to access). It is not practicable to have every person attend these programs so providing a practical alternative or guidance on how this could/should be managed by primary healthcare setting external to a program would be helpful.

Considerations:

- Treatment providers are being encouraged to question people's smoking habits and encourage them to quit whilst they're in pain. I would think that would be a difficult task as most smokers will use the habit as a "crutch" for stress relief.