

**From:** [REDACTED]  
**Sent on:** Monday, August 28, 2023 1:40:49 AM  
**To:** VBHC [REDACTED]  
**Subject:** Feedback on Model of Care for the Management of Low Back Pain

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Good morning,

Thank you for the opportunity to provide feedback on the Model of Care for the Management of Low Back Pain. Our Injury and Technical Specialist have reviewed all the documents and links attached to the Model and provided the following feedback.

They agree it's great that SIRA is publishing this model with a focus on maintaining activity post injury, recovery at work, active treatment and that rest and prescription of opioids is not recommended. They also like that the lack of benefit of diagnostics for acute back pain is highlighted.

In response to the 3 questions proposed by icare/SIRA:

**1) Feedback on how the model can best be implemented to ensure people with low back pain receive best practice treatment.**

- a) To implement this model, widespread education needs to be provided to Doctors, Treatment Providers, and the PIC. Following this, information brochures could be developed by SIRA that CSP/Insurers could provide to all Doctors, Treatment Providers, Workers and Employers when a claim is made for acute lower back pain.
- b) A recent study published, [Opioids no more effective than placebo for acute back and neck pain - The University of Sydney](#), highlights that opioids are no more effective than placebo's for acute back and neck pain. The model of care documents could be enhanced to highlight this recent study "Opioids should not be recommended for acute back and neck pain full stop."
- c) While the Model is focussed on acute low back pain, as opposed to Chronic, many of the principles could be equally applied to chronic conditions. Is there scope to have documents make reference to this?

**2) Potential barriers to implementation?**

- a) The Model will rely heavily on providers implementing the recommendations. There are many providers who are stuck in "old" methodologies, such as bed rest, passive treatment, and imaging for all forms of back pain.  
We anticipate there will be resistance to the Model from these providers. The relevant provider Associations will need to have a high level of involvement for the implementation to ensure that the Model is appropriately accepted.
- b) The main barrier will be changing the way Doctors and Treatment Providers manage and treat acute lower back pain where their management style of this type of injury doesn't conform to current evidence-based recommendations.  
Following the education campaign about the Model of Care for the Management of Low Back Pain, SIRA could use data to highlight claims where Workers were:
  - prescribed opioids,
  - sent for diagnostics, or;
  - certified with no capacity for greater than 1 week following an acute lower back injury.

This data could be used to identify Doctors and Treatment Providers that would benefit from greater supervision and engagement to adopt the Model of Care for the Management of Low Back Pain.

c) With respect to surgeries, which are frequently “low value care”, a large proportion of these are dictated by the PIC. Insurers follow the relevant pathways and models to direct injured workers towards more appropriate treatment options, but almost invariably, if a surgery is referred to the PIC, it will be approved. What scope is there to engage with the PIC to ensure that they also seek to utilise this model where appropriate?

**3) What resources would facilitate adoption of these recommendations in practice?**

Outlined above.

Thank you,

