

## IMPAIRMENT ASSESSMENT TRAINING



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It is some time since you last received a newsletter from us but there have been some important changes which have occurred in this time.

The most major change relates to spinal impairment assessment and you will see below an article relating to the Spinal Impairment Guides Modification Document (SIGMD). This document alters the way in which spinal impairments are assessed but only for TAC claims and only for those TAC claims relating to an accident occurring on or after 14th December 2016. The methods for spinal impairment in the Wrongs Act and Workcover jurisdictions are unchanged.

We would strongly recommend that assessors who are involved in assessment of spinal impairment for TAC cases should attend the special SIGMD modules which have been arranged.

The second article relates to the assessment of sleep apnoea. This has always been a difficult issue as the AMA4 methodology is in the neurological chapter whereas in Australia most sleep specialists come from a background of respiratory medicine rather than neurology. There may have been some uncertainty as to what specialists in each area are entitled to do in terms of providing impairments for conditions such as sleep apnoea and this article should make the process clear.

Issues such as this raise the question of exactly which conditions assessors are entitled to assess following completion of specific modules of training. We are in the process of preparing a document which will address this point. This is quite a complicated issue and may have some legal implications so the article is being reviewed carefully before being circulated but we are hoping that it will appear in a newsletter in the near future.

**Associate Professor Richard Stark**  
**Chair, AMA4 Guides Impairment Assessment Training Program**

## **Spinal Impairment Guides Modification Document (the SIGMD) module Background**

For the TAC Jurisdiction there has been a significant change in the methodology for assessing Spine with the adoption of the Spinal Impairment Guides Modification Document (the SIGMD)

Legislation was passed by the Victorian Parliament in December 2016 which has resulted in a change to the method of assessing spinal impairment for TAC claims.

The change does not have any effect on the methodology of assessment of spinal impairment for Worksafe or the Wrongs Act.

The changes for the TAC have seen the adoption of the Spinal Impairment Guides Modification Document (SIGMD), but only for transport accidents which occur on or after 14 December 2016.

### **What does the SIGMD do?**

The SIGMD modifies the method of assessing spinal impairment by reference to Structural Inclusions, including modification by substituting new descriptors of structural inclusions.

The new descriptors for structural inclusions deal with single fractures, multiple fracture patterns, as well as spinal surgeries.

The SIGMD also simplifies and amends some other aspects of the instructions for the assessment of spinal impairment.

A copy of the new SIGMD can be found here for your reference. Again, please be mindful that the SIGMD does not apply to Worksafe or Wrongs Act assessments

### **As an accredited spine assessor, what does this mean for me?**

You are encouraged to attend the new module of training on the SIGMD which will add the new accreditation to your existing spine accreditation.

All assessors who perform spinal impairment assessments for the TAC jurisdiction are asked to attend one of the forthcoming modules so that they will be accredited to perform spinal impairment assessments which will require use of the new methodology.

Assessors who do not currently perform spinal assessments in the TAC jurisdiction may be interested to attend to remain fully up to date and to learn more about this new methodology, and to be in a position to accept referrals for this work in the future.

In addition to teaching the SIGMD, the module will include the roll out of a comprehensive new document with updated advice by the Spine Reference Group. This document will assist spine assessors to better understand the assessment process as required for TAC, Worksafe and Wrongs Act assessments.

Assessors may also be interested to know the initial Spine Training (Stream 1) this year will teach both the existing Guides approach and the SIGMD.

### **Why has this new methodology been adopted in the TAC Jurisdiction?**

The change is aimed at addressing issues with spinal impairment assessment which

arose from the decisions of the Supreme Court in the cases of TAC v Serwylo, and, Elsdon v Victorian Workcover Authority

Most assessors should be aware of the impact of the judgements from these cases via the Newsletters from the Training Program. The relevant newsletters are from December 2012 (which can be found here) and November 2014 (which can be found here)

The decisions have meant that the presence of fractures of two or more vertebrae in a spinal assessment region is deemed to satisfy Structural Inclusion (2) of DRE Category IV, regardless of consideration of the nature of the fractures.

The decisions have also seen Structural Inclusion (2) of DRE IV variably interpreted by assessors to account for spine fusion procedures.

### **Has the new methodology been adopted for Worksafe and/or Wrongs Jurisdictions?**

No

### **How was the new methodology developed?**

The SIGMD is based on work done by a panel of expert spinal specialists in 2014 and some readers may recall this work and may have participated in a consultation session at that time.

The spinal expert panel included:

**Mr Gary Speck** (Chair) (Orthopaedic surgeon)

**Mr David Brownbill** (Neurosurgeon)

**Mr Robert Dickens** (Orthopaedic surgeon)

**Associate Professor Stephen Hall** (Rheumatologist)

**Associate Professor Richard Stark** (Neurologist)

**Mr Peter Wilde** (Orthopaedic surgeon)

The SIGMD was published in the Victorian Government Gazette in October 2016 but was only adopted for use in the TAC Jurisdiction when legislation was passed by the Victorian Parliament in 2016. It applies to all TAC assessments of when the date of accident occurred on or after 14 December 2016

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## **What is the assessors role in sleep apnoea impairment evaluations**

Whilst sleep disorders such as sleep apnoea are commonly treated by Respiratory Physicians, the AMA4 Guides requires a combined, coordinated assessment approach involving both a Respiratory Physician (who has successfully completed the IAT Respiratory module) and a Neurologist (who has successfully completed with IAT Nervous System module).

Each specialist has a specific role to play - initially, the respiratory physician in the clinical investigation and review of treating and diagnostic information, diagnosis and stability of the sleep disorder with reference to chapter 5, section 5.3, page 5/163. This is followed by the neurologist's identification of reduced daytime attention, concentration and other cognitive impairments arising from the fragmented sleep pattern. Those impairments are then evaluated by describing the resulting restrictions or limitations in activities of daily living and selecting the most appropriate impairment assessment criteria in chapter 4, table 6, page 4/143.

### **Information required at each stage of the assessment**

The referral to the respiratory specialist should be accompanied by all relevant treatment & diagnostic information to assist in accurately determining the nature of the underlying medical condition impairing the sleep wake cycle. This should include the results of polysomnography and treatment trials. Where there has been no polysomnography or treatment trials then polysomnography should be arranged as part of the assessment prior to the physical examination. Where those polysomnography results indicate the presence of sleep apnoea then they are to be provided to the treating practitioner by the WorkSafe Agent or TAC for appropriate referral or treatment before proceeding further with the assessment.

The referral to the neurologist will need to include the respiratory specialists report detailing the diagnosis and the existence and extent of the sleep disturbance. In addition any documented reports of the intellectual impairment or personality changes resulting from the fragmented sleep pattern should also be provided to assist with the neurologic diagnosis and evaluation. The impairment criteria refers to activities of daily living and documentation providing background on the ability to carry out these activities and the need for supervision will also assist in an accurate impairment assessment.

### **Establishing the clinical nature of the sleep disorder**

Specifically, section 5.3 of the respiratory chapter (page 5/163) discusses sleep disorders, and emphasises that sleep studies should be conducted and a precise diagnosis confirmed. Formal objective evidence in the form of polysomnography is required and information regarding treatment (including those options trialled and implemented such as C-PAP) and prognosis obtained. The Respiratory Physician's assessment report should comment on diagnosis, stability and current symptoms, and is critical to clinically establishing the presence and nature of the condition. It is important at this stage for the respiratory physician to identify the affect that the sleep disorder may have on other body systems and functions, including psychiatry, cardiovascular system and the haematopoietic system. This will allow the referring source to arrange for the appropriate specialists to assess those specific areas.

Importantly, the respiratory chapter does not provide a method for evaluating the degree of impairment directly arising from sleep apnoea. In most instances this will come from a neurological or other consequential disorder.

It should be noted that page 164 of the Guides states that, "Patients with

documented sleep apnoea who have received effective therapy should be re-evaluated by polysomnography before they are judged to be severely impaired.” Stability in the context of possible or available treatment should be considered in the assessment of a sleep disorder.

### **Providing a WPI%**

The process for assessment can be found in chapter 4. The emphasis is on the identification of deficits arising from the neurologic evaluation resulting from the fragmented sleep pattern. Table 6 of 'Impairment Criteria for Sleep and Arousal Disorders' (page 4/143) evaluates impairment arising from reduced daytime attention, concentration and other cognitive impairments. Taking into account;

- the Respiratory Physician's findings,
- documentation of the intellectual impairment or personality changes,
- clinical examination and interview,
- documented restrictions or limitations on activities of daily living,

the appropriate descriptor, whole person impairment value range and final figure within that range that best represents the patient's functional presentation should be assigned and explained.

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## MODULES IN DETAIL

### 2017 Module Program

Dates for the 2017 modules will be available on the [IAT website](#) in the coming weeks.

Core (Stream 1)	Wed 3 May	6:00pm–9:00pm
Core (Stream 1)	Tue 16 May	6:00pm–9:00pm
Nervous System (Stream 1)	Tue 30 May	6:00pm–9:00pm
Spine SIGMD	Tue 6 Jun	6:00pm–9:00pm
Spine SIGMD - TENTATIVE ONLY	Tue 13 Jun	6:00pm–9:00pm
Psychiatry GEPIC (Stream 1)	Wed 14 Jun	6:00pm–8:30pm
Spine (Stream 1)	Tue 27 Jun	6:00pm–8:30pm
Hand & Upper Extremity (Stream 1)	Tue 4 Jul	6:00pm–9:00pm
Cardiovascular (Stream 1 & 2)	Wed 19 Jul	6:00pm–9:00pm
Lower Extremity (Stream 1)	Wed 26 Jul	6:15pm–9:00pm
Visual System (Stream 1 & 2)	Tue 1 Aug	6:00pm–8:30pm
Obstetrics and Gynaecology (Stream 1 & 2)	Tue 8 Aug	6:00pm–8:30pm
Spine (Stream 2)	Wed 9 Aug	6:00pm–8:30pm
Respiratory System (Stream 1 & 2)	Tue 15 Aug	6:00pm–8:00pm
Nervous System (Stream 2)	Wed 16 Aug	6:00pm–8:00pm
Urology (Stream 1 & 2)	Tue 22 Aug	6:00pm–8:00pm
Psychiatry (Stream 2 - GEPIC)	Wed 30 Aug	6:00pm - 8:30pm
Digestive (Stream 1 & 2)	Tue 19 Sep	6:00pm - 8:00pm
Spine & SIGMD (Stream 1)	Mon 25 Sep	6:00pm - 8:30pm
Core (Stream 2)	Tue 3 Oct	6:00pm - 8:30pm
Spine SIGMD (Stream 1)	Tue 17 Oct	6:00pm - 8:30pm
Lower Extremity (Stream 2)	Tue 24 Oct	6:00pm - 8:30pm
Dermatology - Skin & Scarring (Stream 1 & 2)	Tue 31 Oct	6:00pm - 8:30pm
Hand & Upper Extremity (Stream 2)	Wed 8 Nov	6:00pm - 9:00pm
Haematology & Infectious Occupational Disease (Stream 1 & 2)	Tue 14 Nov	6:00pm - 8:00pm
Ear, Nose & Throat (Stream 1 & 2)	Tue 5 Dec	6:00pm - 8:30pm

To book one of the sessions, click [here](#)

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#### DISCLAIMER:

*This Newsletter forms part of the material in the application of those Guides or methods as part of the Ministerially approved course for the Victorian WorkCover Authority (VWA) and Transport Accident Commission (TAC) under Section 91(1)(b) of the Accident Compensation Act 1985 and Section 46A(2)(b) of the Transport Accident Act 1986 and for the purposes of Part VBA of the Wrongs Act 1958 (personal injury).*

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