



YUKON WORKERS'
COMPENSATION
HEALTH AND
SAFETY BOARD

SUBJECT: CLAIMS & BENEFITS POLICY NO.: CL - 25
BOARD APPROVAL: UNDER REVIEW
APPROVAL DATE: _____
BOARD ORDER NO.: _____
EFFECTIVE DATE: January 01, 1993

POLICY STATEMENT

REVOKED

JUN 15 2004

SECTION
REFERENCE:

POLICY:

BACK CLAIMS

1. A history resume is to be compiled as per the attached form, on all new back claims where previous injury is indicated.

Areas to be checked in determining history:

- (a) previous claims with this Board;
 - (b) the worker's report (reverse) and doctor's first report;
 - (c) if previous injury indicated but no record with this Board, a letter is to be written to the worker as per the attached.
2. Where a worker has a history of recurrent back claims, the current claim is to be brought to the attention of the Medical Consultant as soon as possible for consideration of referral to the Back Program.
 3. Where a worker has had previous back surgery or major back injury, the claim is to be referred to the Medical Consultant to determine relation to the current episode and to advise the attending physician of the past history or to obtain additional information from the attending physician.
 4. Where medical reports are inadequate, the claim is to be brought to the attention of the Medical Consultant for a letter to the attending physician requesting required information.
 5. All new back claims after six weeks duration are to be referred to the Medical Consultant for review.
 6. Physiotherapy treatment - see Policy No. CL - 17
 7. Chiropractic treatment - see Policy No. CL - 11
 8. Medication - see Policy No. CL - 24

9. Except in emergency situations, the recommendation of a specialist must be obtained before back surgery is performed.

In all cases where second back surgery is recommended, the claim is to be brought to the attention of the Medical Consultant who will obtain an opinion from a second specialist.

Where there is a conflict of opinion, approval of the Board, in consultation with the Medical Consultant, must be obtained before surgery is performed.

To: Yukon Workers' Compensation Board
Suite 300 - 4114 - 4th Avenue
Whitehorse, Yukon Territory
Y1A 4N7

Name _____

Address _____

SIN _____

Date of Birth _____

The following is information respecting my previous back injury.

Date of accident or onset _____

Place it happened _____

Description of accident or injury _____

Name and address of attending physician _____

Name of hospital _____ Name of chiropractor _____

Back surgery ___yes___ no Date ___/___/___ Surgeon's name _____
(day mo. year)

Period of Disability - from _____ to _____

Degree of permanent disability _____ Arthritis ___yes___ no

Disc Disease ___yes___ no

Pension as a result of injury ___yes___ no

Paid by _____

Name of Workers' Compensation Board involved in the above _____

Additional Information _____

Name _____ Date _____

CLAIM HISTORY

DATE _____

Worker _____

Social Insurance # _____

D.O.B. _____

Claim # _____

Employer _____

Occupation _____

Date of Accident _____

Description of Accident _____

Injury _____

Treated By _____

Hospital _____

X-rays _____ yes _____ no Where _____

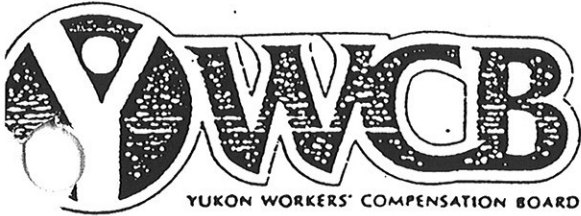
Surgery _____ yes _____ no Where _____

Name of Surgeon _____ When _____

Description of Surgery _____

Period of Disablement _____

Remaind Disability _____



Letter to Worker
Additional information on
previous back injury.

SUITE 300 - 4114-4TH AVENUE
WHITEHORSE, YUKON Y1A 4N7
TEL: (403) 667-5645 TELEX: 036-8-260

FILE NUMBER:

Date

Worker
Address
City and Prov
Post Code

Dear

Re: Employer-
Accident -

On reviewing your claim it is noted that you had previous back problems. In order that your claim may be given further consideration please complete and return the attached form respecting each incident involving your back.

Your early reply will be appreciated.

Yours truly,

Claims Officer

/

Enclosure