




Secondary psychological injury in workers' compensation schemes

Clinical practice **guidelines** recommend **against routine imaging** for **new** episodes of **low back pain** unless clinical assessment suggests the **possibility** for a **serious pathology** such as malignancy, infection or fracture.

WE LOOKED AT..

-  Australians with accepted workers' compensation claims for low back pain
-  The prevalence of diagnostic imaging of the spine and the demographic and claim-related factors associated with it
-  The association between spinal diagnostic imaging events and time off work.

IMAGING vs TIME OFF WORK

No spinal imaging → 6.1 WEEKS

Single spinal imaging → 17 WEEKS

Multiple spinal imaging
→ **49 WEEKS**




Those who received single or **multiple spinal imaging** tests during their claim had significantly **longer time off work**.

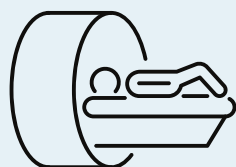


Male workers had **higher** odds of multiple imaging



Socioeconomically advantaged workers and workers from **remote** regions had **lower** odds of multiple imaging

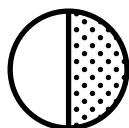
11,074 (36.3%) of workers received



14,772 MRIs

The most **common** type of imaging is MRI

WHAT DOES THIS MEAN?



50.7% of those off work for *more than two weeks* with low back pain received imaging.



Not every worker received guideline-adherent care



Overuse of diagnostic imaging extends into workers' compensation claims

For more information contact the HWLRG:

med-HWLRG@monash.edu

Study led by: Dr Michael Di Donato



Healthy Working Lives



MONASH University