

**INQUIRY INTO 2022 REVIEW OF THE WORKERS  
COMPENSATION SCHEME**

**Name:** Name suppressed

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Partially  
Confidential

## Things that are wrong with the system

I divided the topic across care, compensation, claims management and other issues. I provided solutions at the end for each of these topics. I am aware there are many stakeholders involved whose views and ideas for solutions might need to be considered too, but these are the ones proposed from my perspective as an injured worker. I am happy to provide evidence for any statement made as I have my case very well documented.

### Care

1. **Delay treatment, surgeries and support when needed.** Rather than the focus being treatment, it is all about insurance companies denying liability. We are in a constant legal battle for our rights. There is a lot of money wasted on the dispute, usually more than the cost of the treatment or surgery. Things that cause delays:
  1. multiple rounds of cash-for-comments IMEs, our specialists advise is always challenged, even the non-challenging diagnosis shown on x-rays and MRIs reports.
  2. Appointments cannot be recorded; we cannot defend ourselves from cash for comment IMEs. Complaints go unheard as none has jurisdiction. IMEs with multiple complaints from injured workers are still on the SIRA approved list.
  3. Insurance companies retain reports supporting injured workers for long periods to delay care.
  4. When it comes to surgeries, more than often these are denied or else it will exacerbate the insurance company liability.
  5. Insurance companies purposely use the wrong legislation to deny everything, from treatment to surgeries, from rehabilitation to reimbursements for prescriptions.
2. **Enforcing us to recall our trauma.** Injured workers with psychological injuries are obliged to recall the trauma, in my case more than 10 psychiatrists' visits in between WPI, IMEs and AMS. It is harming and not needed. Initial liability assessment for workcover should be enough for them to know our background. But if you don't recall the trauma, then you are not collaborating or compliant with the insurance companies and they use this excuse to cut our payments.
3. **Needless use of private investigators** that follow us and made us housebound and paranoid.
4. **Push our specialists to increase our work capacity** and get a job when we are not recovered and have no capacity.
5. **Insurance companies contest alternative and healthier treatments.** When it comes to psychological injuries, insurance companies contest any alternative treatment that doesn't involve medication. In my case, Bach flowers for anxiety attacks work but is not a prescription (although recommended by my specialists) so it doesn't get paid. As psychiatrist treatment I opted for the neurofeedback non-invasive treatment but this was challenged by EML and their IMEs for a long period who insisted I should take prescription medication that has a lot of side effects, numbs you and cannot be cut easily as it increases the chances of suicide. The interactions I had with EML were the key cause to my immune system disorder, and despite my doctors' recommended vitamins and minerals to help boost my immune system, EML rejected the reimbursement of these.

### Solution to care:

- Central repository with injured worker trauma, so all specialists can access after liability accepted, to avoid them retelling the trauma. Avoid re-traumatising us. We cannot trust the information given to IMEs by insurance companies as they purposely withhold information.
- Specialists led, timely and proactive care as many injuries aggravate during the dispute.

- SIRA must remove cash for comments IME's who have complaints from injured workers as these are always the same ones. Put a solution in place so IME's do not know who pays them. If we are going to have a dispute, we want the assessment to be fair. Avoid making us subject to unethical and unfair IMEs.
- SIRA to enforce and penalise insurances to stop the harassment to return to work when injured workers have no capacity.
- Reform legislation. Key areas related to care: penalise insurance companies when they use the incorrect legislation to deny claims. Complaints must be investigated and resolved by those who have jurisdiction, and if not resolved fairly or with reason we need the chance to escalate complaints beyond these agencies who are deemed to have the final say. Change the legislation to allow for natural remedies and treatments for injuries, make this transparent to injured workers and specialists.
- Remove private investigators for psychological injuries as this adds to the trauma
- Let us record IME and AMS appointments so we can defend ourselves from unfair assessors
- SIRA to reintroduce the emergency counselling service they cut, it is very much needed

### Compensation

1. **Wrong weekly payments calculations**, 53000 injured workers are still underpaid after the findings made in a review. iCare was requested at parliamentary hearing to contact injured workers who were underpaid and do the right thing by reimbursing them. There is no update on this and very unlikely that this has happened.
2. **Payments and medical reimbursements are not processed sometimes**. We are required to chase this up and lodge complaints. This is very harming and increases our anxiety.
3. **Refusing to consider my secondary job and excluding this from my weekly payments** with an excuse that is not compliant with the legislation they cited. Complaints are unheard by authorities and merit reviews from SIRA are the final say. Continuing this fight on common law court, has the risk of me paying for the court costs if there is more bias corruption at that level, and I already lost all trust  
In this example, many injured workers (great example of it) fall into situations where we have many agencies covering each other up when dealing with neglect, lies, false statements. Then our only option is to go with a common law lawyer and fight it in court, as the ones funded by IRO won't go against IRO or government agencies or won't get funding for it. Given we do not have the resources to fight it anymore, that is the end of the road for many of us.
4. **Constant threats on cutting payments if not compliant with insurance companies' harassments**.
5. **The WPI assessment doesn't fit psychological injuries and we have no chance of financial compensation**. The opinion of the assessors will differ depending on who pays them. Then when it goes to an AMS, in my case they didn't even cover the key questions, the assessment lasted 20 minutes, I was constantly interrupted, the report came out with lies and the final score was half of the one determined by the two assessors. AMS can't be challenged, appeals are rejected with the most ridiculous answers, and it is their final say. Only one round of assessment and you are out from any chance of financial compensation despite not having work capacity since this assessment I had 3 years ago.
6. **No act of grace for compensation for EML and iCare mismanagement of my claim**. Despite EML and iCare recognised the harm made to me with apologies' letters where I had my treatment delayed now in total for more than 2.5 years (half the time of my claim) and having factual evidence of how this caused my injuries to be extended, aggravated and perpetuated, there is no 'act of grace' and we are not compensated for their harm and delays. This is an IRO recommendation on section 6.12 of their submission. There are no consequences for their bad

behaviour. Apologies are not enough; we should be compensated. While iCare executive receive bonuses and EML staff receive KPI incentives to get rid of us, we don't get anything. Money wrongly allocated.

7. **We are not paid super**, we are not even paid **full salary**, from 90% then it gets cut to 80%. Retired people who go back to work and get injured are not protected by workcover at all.

#### **Solutions to compensation**

- The current legislation is not protecting us and has to change. WPI assessments are not good as these currently are, and we only get one shot. We need to be protected if we do not have work capacity, the WPI assessment score is not a fair reflection of the return to health and work. The care and compensation must continue if injured worker is not recovered.
- In my case SIRA acted unfairly with the merit review about my secondary job. They send me to pursue this in court and I can't afford it. How do they get away with an opinion that contradicts the same legislation they are citing? Legislation must change as we are sent to an end road.
- I had an AMS appeal rejected with ridiculous reasons and this cannot be challenged. I should be able to challenge it as the excuses were totally illogical.
- Introduce 100% salary and super for injured workers, protect retired workers who get injured at work
- SIRA to penalise insurance companies behaviour when cutting or threatening to cut our payments

#### **Claim management:**

1. **Case managers abusive behaviour.** It is all a mess from care to compensation. Case managers get away with lies, abuse, threats and humiliating attitude towards injured workers. I had case managers lying to IRO about approvals being granted, when they were not. I had to get my specialist to intervene and tell EML case managers to never call me again because of the impact to my mental health, and that all communication must be done in writing. They also abuse their power when they overrule our doctors' decisions, when they interfere in our private doctor's appointments without our consent (sometimes even sending rehab providers) to push them to increase our capacity,
2. **Our records are not released.** They don't want to release our records, even if you pay a fee to iCare. In my case I am aware I had private investigators and they look for any excuse not to release that.
3. **Constant delays** already explained
4. **Complaints to IRO and SIRA are not always resolved.** IRO will tend to challenge our views when escalating complaints after they contact insurance companies, despite having clear and unrefutably evidence, this is very frustrating for us as we are put in a situation where we have to continuously probe ourselves as they are too lazy to look at the evidence. Once I had SIRA taking 5 months to respond to a complaint to say they didn't have jurisdiction to manage the complaint.
5. **Payments to our specialists are delayed or cut** and we can't schedule and receive treatment.

#### **Solutions to claim management:**

- Introduce the act of grace proposed by IRO on section 6.12 to compensate injured workers for mismanaged claims and include EML and iCare
- SIRA to get some teeth and penalise insurance companies, is the only way to change behaviour. Sometimes IRO resolves but SIRA fails to enforce.
- Get IRO to review documentation provided before challenging the injured worker complaint
- Train case managers on trauma, as their behaviour is aggravating it
- Stop any excuse for not releasing our records

- Pay our doctors and specialists on time

#### Other

1. There is no clarity for injured workers that is **step by step guide of what is to transition the system**. We are constantly being thrown more challenges that are endless. The guide should include the rights and responsibilities of both injured workers and the insurance companies and must include the right to appeal processes and the inclusion of other parties (e.g., commission, IRO, SIRA) or regulators at every step.
2. **Legislation cut us out after 5 years if not reaching the WPI**, this is wrong. People should be supported if they don't have work capacity not only in their care, treatment but also financial weekly payments. This relates to sections 39 & 59A of the Workers Compensation Act 1987.
3. **We have no way out**. Even if I have 3 psychiatrist reports stating that the only way for me to recover is to discharge me from the system, I can't because the legislation doesn't allow for people to be compensated and leave this torturous system.
4. **Injured workers complaints are not reviewed and used to improve the system**. Many complaints are dismissed, unresolved due to lack of jurisdiction or unfairly unresolved.
5. **Injured workers are discriminated from future work**. They have to disclose they have been on workcover which will result to not getting the job. If they lie and it is found out, they are sacked.
6. **Changes in legislation for those who had Court Ordered Workers Compensation wage until retirement were cut**. Making them rely on Centrelink poverty payments or disability pension that is hard to get. This needs to be reviewed and reversed.
7. **There is nothing done in Workcover to interfere with unsafe workplaces**, held them accountable and prevent work injuries, even though they know who are the companies that cause recurrent injuries to their workers.
8. **Treating parties do not declare conflict of interest with insurance companies** if they work for the insurance companies, or participate in their board. Hence, their treatment or reports on capacity are biased towards insurance companies.

#### Solutions

- Step by step guide for injured workers.
- Remove the WPI assessment or make it fair, rejected appeals can't be challenged, remove sections mentioned 39 & 59A of the Workers Compensation Act 1987.
- Provide a way out of the system out as an alternative to injured workers
- Use complaints to improve system and propose policy and legislation changes
- Change legislation so injured workers do not have to disclose if they were on workcover
- Reintroduce court ordered workers compensate wage until retirement
- Extend the powers of SIRA to employers to protect workers from unsafe work practices.
- Get treating parties to declare conflicts of interest
- Strengthen the State Insurance and Care Legislation Bill through introducing injured worker representation on the board of iCare, placing injured workers in the objectives of any amending legislation, and stopping iCare from writing their own procurement practices and giving their executives bonuses.