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Maximising Function | Minimising Pain & Suffering

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NSW State Insurance Regulatory Authority (SIRA)
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Lisarow, NSW, 2252
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Dear Sir/Madam

RE: Feedback on 'Health Professionals Managing People with Whiplash-Associated Disorders (WAD), Fourth Edition.'

SIRA is seeking feedback on the draft Australian Clinical Guidelines for the document entitled 'Health Professionals Managing People with Whiplash-Associated Disorders, Fourth Edition.' This draft document covers the management of both acute and chronic neck pain from whiplash associated injuries.

We under signed doctors practising at Frankston Pain Management (FPMx) are concerned that if these draft guidelines are followed that some of our patients will be denied evidenced based treatments for whiplash associated neck and headache resulting in social, ethical, medicolegal problems and additional unnecessary treatment delays, economic loss, distress and suffering to the patient, their family and community.(1)

Although the recommendations formulated in guidelines may be valid for a patient population, they may not be valid for an individual patient and situation. It is important that the specialist clinician can select the appropriate treatment based on the complete sociopsychobiomedical picture of the patient, which may not be possible for compensable patients if these guidelines are adopted.

The panel is not inclusive of all the parties involved in the management of people with whiplash associated injuries. There are no specialist pain medicine physicians on the panel. There are no representatives from relevant faculties and societies such as the Faculty a Pain Medicine of Australia and New Zealand, the Neuromodulation Society of Australia and New Zealand, Royal Australian College of Surgeons, Neurosurgical Society of Australia, Spine Society of Australia, Australasian Faculty of Occupational and Environmental Medicine or Australasian College of Sport and Exercise Physicians. This means if SIRA wishes to issue these guidelines for the management of whiplash, the scope and title of the guidelines should be changed to reflect the limited relevance.

The selection criteria for the convene panel is not stated. Although there are three medical practitioners on the panel, it is not stated if they represent their representative colleges and they certainly don't reflect specialist pain medicine practice or that of other medical specialists. This is seen in the draft guidelines that recommend against accepted evidence-based treatment used by pain medicine specialists.

Of note 25% of the panel are conflicted due to significant financial support from SIRA, and the sponsorship by SIRA itself, raises the question of independence. So contrary to the declaration there appears to be significant conflicts of interest in the development of this guideline.

Pain is a complex physical, psychosocial, ethnocultural, affective-cognitive and environmental phenomena. No single treatment can influence all aspects and consequently a multidisciplinary and multimodal approach is advocated by the Faculty of Pain Medicine ANZCA. Naturally, pain from acute whiplash, subacute and chronic whiplash injuries are managed in a stepwise fashion, beginning with conservative treatment options, supported by interventional treatment when indicated by appropriately trained practitioners.

Manchikanti 2010, showed therapeutic cervical medial branch blocks administered for proven cervical facetogenic pain, made with diagnostic and comparative medial branch local anaesthetic blocks with 80% concordant pain relief, repeated approximately six times over a period of 2 years, provided significant functional improvement and pain relief over that two-year period.(2)

Lord et al 1994, showed that symptomatic C2/3 and C3/4 facet joints can cause cervicogenic headaches, with a prevalence of about 50% coming from C2/3 and about 25% coming from C3/4 respectively. Lord etal in a landmark studies in 1996, 1999 and 2003 showed radiofrequency neurotomy performed on proven facetogenic pain with diagnostic and comparative blocks could provide effective long lasting pain relief.(3-6)

For the treatment of neck pain after whiplash injury, medial branch blocks and radiofrequency neurotomy has the largest and strongest body of evidence and is the only treatment that has been shown to completely abolish neck pain, restore activities of daily living and reduce or eliminate the associated psychological distress and the need for other interventions. Huygen etal 2019, wrote in a manuscript titled “Evidence-Based Interventional Pain 2018” that radiofrequency treatment to the medial branch of the dorsal ramus has “moderate evidence” and “should be used”(1). It is intellectual dishonesty to ignore this evidence and deny patients are proven treatment!

Cervical medial branch blocks and radiofrequency treatment are available to patients with chronic neck pain not covered by third-party insurance in public and private hospitals. If this draft guideline is adopted, it may lead to a two tier system that discriminates against patients with third-party funding.

SIRA have portrayed this flawed document as an Australian guide to the management of acute and chronic whiplash. We at FPMx fear it will be used to delay and decline appropriate evidence-based investigation treatment for people experiencing severe persistent pain refractory to more conservative treatment.

The selective use of evidence that recommend against published evidence-based treatment opens this document to the interpretation of literature manipulation that doesn’t put the patient first.

We ask SIRA to listen to our concerns and support evidence-based medical practice, rather than proceed with this flawed draft document.

Yours Sincerely

Dr Murray Taverner
Dr Surabhi Gupta
Dr Tony KwunTung NG
Dr Jigna Hapani
Dr WingSang CHAN

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