

Berwick Pain Management

PO Box 399, Narre Warren North, Vic 3804
Fax: 8790 4837
berwickpainmanagement@bigpond.com

Dr John Monagle, Anaesthetist (057345FB)

Appointments and Enquiries
Phone: 0432 816 020

10th November 2014

Zaparas
Zaparas Lawyers
PO Box 2145
OAKLEIGH VIC 3166

Dear Sirs

Re: Mr Siva Kumar Reddy - DOB: 23/11/69
3 Tarwin Place, CRANBOURNE EAST VIC 3977
Claim Number: 21130058689
Ph: Mobile: 0430 866 234
Your Ref: YZ:MM MM:224464

Thank you for your letter dated 30th October 2014. I provide the following answers to your questions:

a) History Given

Siva worked as a mechanical assembler assembling heavy machinery. He had a gradual onset of back pain starting in about September 2013. This slowly increased until he described a significant injury on the 12th February 2014 where he felt a terrible pain in both his neck and his back and heard a cracking noise in his neck and his back. The pain has persisted since that time. The pain is now described as being primarily at the base of his neck or the base of his spine however his neck pain extends to his shoulders and arms and head, while his low back pain extends to his legs and feet. His pain is constant and there are no pain free days. His pain is marginally better when he first gets up in the morning but then after half an hour or so the pain steadily increases as he is active through the day.

On examination he walked into the room with a stiff back slightly hunched forward. He moved slowly in all his movements. He needed to alternate between sitting and standing to remain comfortable. He was tender in the low lumbar region, left more than right. He was tender at the base of his neck. There were no neurological deficits demonstrable. Any movements of his back or neck increase his pain.

His neck and spine MRIs show minor disc changes but no other significant pathology.

He had seen Mr Chris Xenos and there is no surgical intervention required.

b) Diagnosis

Siva has non-specific back pain, with his pain related disability significantly increased by his lowered mood. His self rated depression and anxiety scales indicated moderate distress at initial review (19/8/2014), and had worsened by the next review (21/10/2014).

There is no identifiable cause on imaging to account for his symptoms (although this is not uncommon).

c) Consistency of condition with stated cause

I have no reason to doubt Siva's description of events.

d) Worker's current fitness for work.

Siva continues to report significant pain and more significant pain interference. He moves slowly and feels incapable of doing any work. I believe this to be due to a combination of his pain and significant depression. I am not qualified to determine the basis of Siva's mental health issues.

Siva states he could manage work if able to rotate his tasks and not be expected to do heavy lifting repeatedly. This is possibly correct – however I am not sure his current mood would allow him to return to work.

Siva tells me he has discussed work role rotation with his employer prior to his acute pain flare up, and has been told this is not possible. He felt that his pain was increasing and from his point of view he tried to negotiate a rotating workplace as well as point out his perceived safety risks within his workplace but felt he was ignored. Then when he had his subsequent injury he feels somewhat a victim in this, related to his previous discussions. This is a significant source of frustration to him.

e) Necessity for further treatment

The ketamine infusion may help break Siva's pain perception and provide him with sufficient impetus to move forward with his rehabilitation and return to work. Medications have not helped him. There are no specific interventions that I believe will help him.

f) Prognosis

Siva should be able to return to work. He needs a break from his pain (hopefully the role of the ketamine infusion) and a significant improvement in his mood to be able to start a return to work program. This would continue to involve psychiatry and also rehabilitation care.

Yours sincerely,

Electronically sighted and verified by

Dr John Monagle
Specialist Anaesthetist