



18th September 2019

Hon Jill Hennessy MP  
PO Box 6519  
Point Cook Town Centre  
Point Cook VIC 3030

Dear Jill,

I am writing this letter from sheer frustration, anger and dismay from a recent bad experience I had relating to my work cover claim involving **[agent, name redacted]**.

I injured my back at work during a shift as a district nurse in 2013, aged 49yrs. The resultant nerve injury has caused me to have chronic debilitating neuropathic leg and back pain. I have required many spinal surgeries since then and have a dorsal root ganglion stimulator implanted on my spine for pain relief. I lost my career which I loved and have never been able to return to work.

In April of this year I required urgent spinal surgery to decompress another nerve as a direct result of my original injury. I was hospitalised as I was unable to walk and in extreme pain due to pressure on the dorsal root ganglion of my L3 nerve root. My neurosurgeon sent an urgent request to **[agent, name redacted]** to gain approval for the surgery. They did not reply to this request even after the unit manager from Melbourne Private neurosurgery ward spoke to them regarding the situation. As I also had private health insurance my fund (Latrobe) kindly offered to pay for the surgery and to get the money from **[agent, name redacted]**. I was operated on on the 20th April. This surgery was major spinal surgery consisting of a double level nerve decompression at L2/3 and L 3/4. Because a large amount of bone was removed I required a 2 level spinal fusion. Removal of scar tissue and adjustments to the electrodes on the spinal implant were also done. It took **[agent, name redacted]** until the 20th of May (4 weeks) to accept liability for this surgery.

Prior to my discharge home, a letter requesting a short term increase in my home help from my neurosurgeon was faxed to **[agent, name redacted]**. They received the fax on the 23rd of April and I went home fully expecting to receive some extra

home help because I was not allowed to lift, twist, bend or sit in a chair for the following 3 months. I was in a lot of extra pain and very upset that I required such major surgery.

I contacted my case manager to follow up on why the home help had not been arranged and was told I required an occupational therapy report to be done before they could make a decision about the home help. This was not arranged until the 24th of June, 8 weeks after my discharge from hospital. I was stranded at home, struggling with pain and unable to manage. My mental health was also deteriorating. Ten days after the assessment was done they denied my Drs request for the home help and I was advised I could take the matter to conciliation.

I filled in the required conciliation request form, formally complained to the **[agent, name redacted]** hierarchy, complained to Worksafe and the Victorian ombudsman about this decision because I felt it was totally wrong that a case manager could deny such an important request from a neurosurgeon. The risk of re-injury was huge and that is why restrictions are put in place to protect the back and the surgery that has been done. Morally this decision was wrong as well, as I was abandoned by the system that was supposed to assist me. The conciliation conference is scheduled for early October, 6 months after the home help was required.

The response I received from work safe was unhelpful. They stated that **[agent, name redacted]** had not broken the law so there was nothing they could do to help. The ombudsman was just as unhelpful. Their response was that because there were no errors in administration they could not help me. The work safe online claims manual states that home help requests following surgery are to be fast tracked, surely this would constitute an error in administration??. When liability for my surgery was accepted there was a full page included from **[agent, name redacted]** advising me to arrange extra home help if it was required. I was already receiving 2hrs/week from the commencement of my claim in 2014 and all I required was an extra hour per week for the 3 months whilst I was on restrictions. After all my previous surgeries this was arranged very quickly with just an email from the case manager to the home help provider. As a registered nurse of more than 30 yrs I am appalled that a basic requirement that was crucial to my postoperative recovery was denied by an uneducated office worker.

My questions to you are:

How can a case manager deny a request from a neurosurgeon ?

Why wasn't I given the help I so desperately required ?

How can a case manager ignore a request for urgent surgery ?

Why is it that **[agent, name redacted]** can treat an injured worker so badly yet there is no practical system to assist the worker deal with their bullying and total disrespect ?

How can the delays in conciliation be managed ? No point fighting for home help 6 months after it was required.

Why are **[agent, name redacted]** allowed to ignore the recommendations from the 2016 ombudsman report ? Why aren't they enforceable ?

When will there be a royal commission into WorkCover.

The insurance companies administering work cover are untouchable. My issues that I have highlighted here are the tip of the iceberg. At a recent follow up appointment with my neurosurgeon he stated to me that he frequently receives requests from work cover case managers telling him to change the type of surgery he wants to perform on his patients! Clearly this is ridiculous that a case manager can tell a neurosurgeon what surgery is best to do?

This is a very broken system and injured workers are being treated very badly. Many are committing suicide or walking away from a system that is supposed to help them.

I look forward to a response from you as I would like all my questions answered. I would be more than happy to discuss these issues in more detail.

Kind regards

