

Claim number	Teleclaim Application - Worker
Social insurance number	Personal health number

If you have any questions, please call our Contact Centre at 604-231-8888 or toll-free 1 888 967-5377

Report Setup

Claim type:	Injury
Are you the injured worker reporting the injury?	Yes

Worker Details

Last name:	
First name:	
Date of birth:	
Do you need an interpreter?:	No

Worker Employment Details

How many employers do you have?	1
Did the injury occur while performing volunteer activities?	No
Do you have an account with WorkSafeBC (POP)?	No
Are you a relative of your employer?	No
Do you deduct business or equipment expenses from your employment income?	No
Are you a new entrant to the workforce?	No
Are you re-entering the workforce?	No
Did you collect EI during the past 12 months?	No

Incident Employer Details

Employer/organization name:	
Address:	
City:	
Postal code:	
Phone number:	
Employer's Account Number:	

Incident Details

Injury Dates

Date of injury:	2017-
-----------------	-------

Reported to Employer

Did the worker report the injury/exposure to the employer?	
Date and time reported to employer (includes first aid) :	
Incident reported to:	

Incident Location

Did the incident occur on your employer's premises or an authorized worksite?	Yes
Did the incident occur outside of British Columbia?	No
Provide the address, and province and country if not in BC:	

Application for Compensation and Report of Injury or Occupational Disease

Claim number	Teleclaim Application - Worker
Social insurance number	Personal health number

Incident Detail

Describe how this incident happened:

JOBTITLE: resident care co-ordinator. The worker had just finished a resident care conference with the family and medical professionals. The family left the worker stood up from the chair and grabbed the residents chart from the table and felt shooting pain across the right lower back. One of the doctors that was in the meeting asked if he could help her but the worker was already standing, when standing and walking slowly the pain was not too bad, sitting, standing and turning caused the pain to increase. The worker managed to finish the rest of her shift. The worker noted that when the pain started she had been sitting for approx. 1/2 hour in a soft chair with no back support.

Witness Information

Were there any witnesses?	Yes
---------------------------	-----

Injury/Exposure Information

Did your injury(ies) result from a specific incident?	No	Chart was on the table and when I was standing I turned and grab the chart from table, it was like behind me and when I was yet not standing fully I felt excruciating pain in my back that I make some "noise" and all people in the room saw me in great pain and asked me what happened and if I am OK.
What was/were the contributing factor(s) for the injury?	No	
Lifting:	No	
Struck:	No	
Overexertion:	No	
Repetitive:	No	
Slip or trip:	No	
Fire or explosion:	No	
Harmful substance:	No	
Sharp edge:	No	
Twist:	No	
Fall:	No	
Crush:	No	
Unsure:	Yes	
Third party involvement:	Not Applicable	

Incident Detail

Describe the injury in detail. What part of the body was injured? (i.e. sprained left ankle, broken right wrist, etc.)	right low back pain
--	---------------------

Injury Details

Did you receive first aid?	No
Did you go to the hospital, medical clinic, or see a physician / qualified practitioner?	No
Were your actions at the time of injury for the purpose of your employer's business?	Yes
Did your injury happen during your normal shift?	Yes
Were you performing your regular work duties when you were injured?	Yes
Have you had prior problems with the injured areas?	No

Wage Details

Did you miss time from work beyond the date of injury?	Yes
--	-----

Last Day Worked

Claim number

Electronic Form 8 Submitted by Physician
23485240

Date of service:

Are you the worker's regular physician?

If yes, how long has the worker been your patient?

Receiving concurrent treatment?

Yes

Greater than 1 year

No

Demographic Information

Last name:

First name:

Gender:

Date of birth:

Personal health number:

WCB Claim number (if known):

Address:

City:

Province:

Postal code:

Home phone number:

Employer Information

Employer/organization name:

Phone number:

Address:

City:

Postal code:

Injury

Prior / Other Problems Affecting Injury, Recovery, and Disability

NO

Diagnosis: R LOWER BACK STRAIN

Injury Date: 2017-12-07

ICD9 Code: 781

SYMPTOMS INVOLVING NERVOUS AND MUSCULOSKELETAL SYSTEMS

CSA BP/Side: 23900

CSA NOI: 00000

BACK, INCLUDING SPINE, SPINAL CORD, N.E.C.
TRAUMATIC INJURIES & DISORDERS, UNS

Clinical Information

What happened? Subjective Sx, Examination, investigations, treatments/meds, Specialist Consult?

INVOLVED IN RESIDENT CARE CONFERENCE, SITTING IN A SOFT CHAIR. DEVELOPED ACUTE RIGHT LOWER BACK PAIN **WHEN SHE STOOD UP AND REACHED** FOR RESIDENT CHART AFTER MEETING . SOME RADIATION TO R LEG. WORSE SITTING OR STANDING AND TWISTING. NO WEAKNESS. TAKING ANTI-INFLAMMATORY MEDICATIONS. USING ICE TO AREA.
CLINICAL INFORMATION COMPLETE

Return to Work Planning

Is the worker now medically capable of working full duties, full time? No

If no, what are the current physical and/or psychological restrictions?

UNABLE TO SIT OR STAND FOR ANY LENGTH OF TIME BECAUSE OF PAIN. I HAVE TOLD PATIENT TO TAKE TIME OFF WORK TO ALLOW INJURY TO HEAL. RECOMMEND TWO WEEKS AND WILL REASSESS.

Estimated date before the worker will be able to return to the workplace 14-20 days

in any capacity:

If appropriate, is the worker now ready for a rehabilitation program? No

Do you wish to consult with WCB physician or nurse advisor? No



Physician's First Report

Claim number

Electronic Form 8 Submitted by Physician
23485240

If possible, please estimate date of Maximal Medical Recovery (full recovery or best possible recovery):

Physician Information

Payee number:
Payee name:
Phone number:
Address:
City:
Postal code:
Country:
Date Received:

Practitioner Number:
Practitioner Name:

5488 VODNIAKOV



Claims

Mailing address: PO Box 4700 Stn Terminal, Vancouver BC V6B 1J1
Phone 604.231.8888 | 1.888.967.5377 | Fax 604.233.9777 | worksafebc.com

[Redacted]

[Redacted]

Your WorkSafeBC Claim number	[Redacted]
Your Customer Care number	[Redacted]
Date of your injury	[Redacted]



Dear [Redacted]:

Thank you for discussing your claim with me on [Redacted]. As we discussed, I have carefully considered your request for compensation for the injury that occurred on [Redacted] and am not able to allow the claim. This letter explains my decision and the reasons for the decision.

Background

I understand that you were employed as a [Redacted] at the time of injury. You describe that on [Redacted] you were at work attending a regularly scheduled shift. At one point in your shift on [Redacted], you describe **standing from a seated position** when suddenly you felt a sharp pain in your right Low Back region, resulting in immediate decrease in active range of motion. You confirm that no direct trauma occurred relative to this region of your body at any time, and that there was no contact with any identified hazard at any time: no slip, trip, or fall occurred; no awkward sustained posture or excessive weight was declared; there was nothing in your hands at all.

Issue

The issue I must decide is whether your employment activity on [Redacted] was a cause of your Right Low Back Strain.

Law and Policy

Section 5(1) of the Workers' Compensation Act states that an injury must not only happen at work; something from the work or employment must have caused the injury. Speculating that work is the cause is not enough to accept a claim.

The policies that apply are found in the Rehabilitation Services and Claims Manual Volume II:

- Policy Item 12.00 'Personal Injury' states, in part: 'It is not a bar to compensation if an injury results from a series of incidents occurring over a period of time rather than from a specific incident. To be compensable as an injury, however, the evidence must warrant a conclusion that there was something in the employment that had causative significance in producing the injury. A speculative possibility that this might be so is not enough.'

This means that compensation is paid when there is evidence that a personal injury happens at work *and* is caused by work. The evidence must warrant a conclusion that there was something in the employment that had causative significance in producing the worker's injury; a speculative possibility is not enough.

- Policy Item 14.00 'Arising Out of and In the Course of Employment' provides that an injury must have happened at work and something in the work activities must have caused the injury.
- Policy Item 15.00 'Injuries Following Motions at Work' explains that the WorkSafeBC Officer considers all relevant evidence to determine if the natural body motion or movement was of causative significance in producing the injury. **This means that for the injury to be accepted, the motion has to have been more than a trivial cause of the injury. A possibility that the motion contributed to the injury is not enough to allow a claim. The Board will also consider whether the motion had significant employment connection and the likelihood of the motion causing the injury.**
- Policy item 97.00, 'Evidence' states that we must not start with any presumption for or against a worker. Evidence is to be examined to see whether it is sufficiently complete and reliable to arrive at a sound conclusion with confidence. Evidence is weighed and if there is preponderance in favour of one view over the other that is the conclusion that must be reached.

Facts and Evidence

In making my decision, I considered the following facts and evidence:

- You were employed as a [REDACTED] at the time of your injury.
- You were **standing from a seated position** when you suddenly felt pain in your Right Low Back region.
- **No awkward sustained posture** or excessive weight was declared at any time.
- You reported to your employer immediately, seeking assessment on [REDACTED]
- You have confirmed that you were not performing any strenuous activity at the time of injury on [REDACTED].
- You have not declared knowledge of any identified hazard that may have caused any slip, trip, or fall, confirming that no slip, trip or fall occurred at any time.

With respect to the above in totality, the question then is: When is a natural or normal body movement that is done at work sufficient to be considered a work required motion *and* one that caused the injury?

Section 5(1) says that an injury must **arise out of AND in the course of employment.**

This two-part test requires that, in order to be compensable, more is required than concretely establishing that an injury occurred while the worker was at work.

The Board interprets "out of employment" to mean that the activity was required in the course of employment and was **sufficiently strenuous, repetitive or awkward** that it constituted a significant cause of the injury. The activity which precedes the onset of symptoms may, in some cases, be so

trivial that the injury must be seen to have occurred solely as a consequence of internal biological mechanisms rather than "out of" the work activity.

Such a trivial motion is referred to and defined as a "natural body motion".

The simple act of walking up or down stairs or turning one's head (whether to look at the scenery or to speak to a co-worker), rotating one's body and feeling pain in your hip or foot, walking across the floor and developing hip or leg pain, stretching to relieve pressure in one's joints or stiffness in one's muscles, or simply bending over to pick something up, does not make an ensuing disability compensable. Similarly, standing up from a chair, lifting a measurably light object from a table, or tying shoe laces does not typically create an ensuing disability.

Such motions, while "required" by your employment, have no "work status". These are all normal activities that would not be considered sufficiently strenuous, repetitive or awkward to have caused the injury.

The real point of focus lay upon confirming, via evidence available at the time of decision, the "significance" of the motion that results in injury, *not* the status of the motion as "work-required". In the absence of such factors as repetition, exertion, or awkward movement, or significant flexion or extension, an injury that arises from natural body motions at work is not compensable.

Decision

After reviewing this information, I have decided that your claim does not meet Section 5(1) of the Workers' Compensation Act.

I have therefore not allowed your claim. Health care and wage-loss benefits will not be paid.

Reasoning

The specific reasons for my decision are:

- You confirmed nothing out of the ordinary occurred that may remove the motion of turning from what would be considered ordinary or natural.
- There was no hazard identified.
- You confirmed via conversation with me on [REDACTED] that you were simply standing from a seated position when you felt sudden pain in your Back, doing so in absence of any sustained weight or awkward sustained posture at the time symptoms were first felt.
- The act of standing from a seated position at work is not considered sufficiently strenuous, repetitive or awkward to have caused the injury.
- While the motion was considered by you to be necessary to continue with your work, the activity was so trivial that the injury must be seen to have occurred solely as a consequence of internal biological mechanisms rather than "out of" the work activity.
- Without any specific traumatic event, the body motion standing from a seated position is considered to be within one's typical activities of daily living -- namely that of a normal body activity -- and not a causal factor for your Right Low Back Strain.
- In the absence of such factors as exertion, awkward movement, or significant flexion or extension, an injury that arises from natural body motions at work is not compensable.
- Based on the above it is my opinion that your symptoms -- although they occurred at work -- were not caused by any work activity; therefore so there is no link established between the activity described and the injury for which you are claiming compensation.

[REDACTED], Claim [REDACTED]

Next steps

If you or your employer do not understand or agree with this decision, please contact me. I can explain the reasons for the decision and/or consider any additional information you may have. If appropriate, I can change this decision within 75 calendar days. You can also request a review of this decision by the Review Division within 90 calendar days. Please see the enclosed "Claims Review and Appeal Guide" for more information.

You can reach me at [REDACTED] or toll-free at [REDACTED].

Sincerely,

Mr [REDACTED]
Entitlement Officer
Entitlement and Support Services

Copies to: [REDACTED]

Enclosure(s): Claim Review and Appeal Guide for Workers and Dependents (CM008)

**RE: Injuries Following Natural Body
Motions at Work**

ITEM: C3-15.00

BACKGROUND

1. Explanatory Notes

This policy sets out the principles to consider when determining the compensability of an injury following a natural body motion at work.

2. The Act

Section 5(1):

Where, in an industry within the scope of this Part, personal injury or death arising out of and in the course of the employment is caused to a worker, compensation as provided by this Part must be paid by the Board out of the accident fund.

Section 99(3):

If the Board is making a decision respecting the compensation or rehabilitation of a worker and the evidence supporting different findings on an issue is evenly weighted in that case, the Board must resolve that issue in a manner that favours the worker.

POLICY

A natural body motion is one that is commonly performed as part of daily living. The motion may occur both at work and away from work. For instance, standing up from a chair or turning one's head to speak to someone, are considered natural body motions.

Item C3-14.00, *Arising Out of and In the Course of the Employment*, is the principal policy for determining whether a worker's injury arises out of and in the course of the employment. This policy provides additional guidance for determining the compensability of injuries that do not result from an accident, but which follow a natural body motion at work. In these circumstances, it is generally clear that the injury arose in the course of the employment, and the adjudication rests on whether the injury also arose out of the employment. The Board considers both whether:

- the natural body motion has an employment connection; and
- the natural body motion was of causative significance in producing the injury.

This policy applies whether the injury results from one motion or a series of motions occurring over a period of time.

A. Sufficient Employment Connection

A natural body motion is sufficiently connected to the worker's employment where the motion is required or incidental to the employment.

Sufficient employment connection may exist where, for example, a health care worker undertakes the employment activity of bending over to retrieve a lunch tray to serve to a patient. Sufficient employment connection may not exist where, for example, a worker undertakes the personal action of bending over to retrieve his or her lunch from the office refrigerator.

If the natural body motion is not sufficiently connected to the employment, the personal injury did not arise out of the employment and is therefore not compensable.

B. Causative Significance

A natural body motion is of causative significance in producing the injury where the evidence, and in particular the evidence relating to medical causation, shows that the motion was more than a trivial or insignificant aspect of the injury.

When reviewing medical evidence, the Board considers whether:

- the force and/or physical placement involved in performing the motion has the likelihood to be of causative significance in producing the injury;
- the symptoms are medically known to have a spontaneous occurrence, or are more likely to occur following a specific motion or series of motions;
- there is a temporal relationship between the motion and the onset of symptoms; and
- there is evidence of any non-work-related medical conditions that contributed to the injury.

The Board also considers any other relevant medical evidence to assist in determining whether a worker's injury arises out of and in the course of the employment.

In addition to medical evidence, the Board considers the description of the activities or events leading up to the injury provided by the worker, any witnesses and the employer.

Where there is insufficient evidence that the motion had causative significance in producing the injury, it is not compensable. A speculative possibility that the motion contributed to the injury is not sufficient.

PRACTICE

For any relevant PRACTICE information please consult the WorkSafeBC website at www.worksafebc.com.

EFFECTIVE DATE:	July 1, 2010
AUTHORITY:	Section 5(1) of the Act.
CROSS REFERENCES:	Item C3-14.00, <i>Arising Out of and In the Course of the Employment</i> ; Item C3-18.00, <i>Personal Acts</i> .
HISTORY:	This policy replaces former policy item #15.20, <i>Injuries Following Motions at Work</i> of the <i>Rehabilitation Services & Claims Manual</i> , Volume II.
APPLICATION:	This item applies to all claims for injuries occurring on or after July 1, 2010.



date

Via Fax: (604) 232-7747

[Total pages:]

Review Division
WorkSafeBC
PO Box 2071 - Stn. Terminal
Vancouver, BC V6B 3S3

Attention: [REDACTED] Intake Officer

Dear [REDACTED]

**Re: [REDACTED] [REDACTED]
Workers' Compensation Board Claim No. [REDACTED]
Review Division No [REDACTED]
Board Decision under Review: [REDACTED]**

Thank you for the opportunity to provide submissions on behalf of Ms. [REDACTED], and for the additional time allowed for our submissions.

Background

Ms. [REDACTED] is a [REDACTED] who sustained a back injury while at work on [REDACTED]. In the decision letter under review, the Board determined that Ms. [REDACTED]'s injury arose out of a natural body motion. While accepting that there was a sufficient employment connection, they found that the motion was not of causative significance in the development of Ms. [REDACTED]'s diagnosed back strain.

Issue

Was the work activity of significance in producing the injury?

Submissions

We submit that the Board's conclusion is incorrect because they did not fully appreciate the mechanism of Ms. [REDACTED]'s injury, and failed to properly consider the factors outlined in Policy C3-15.00B¹. We enclose a picture provided by Ms. [REDACTED] of the chair and table where she sustained her injury. Ms. [REDACTED] took this picture recently, but advises that the position of the chair and table are the same as on the date of injury.

I asked Ms. [REDACTED] to provide more details regarding the mechanism of injury, and she advised the following:

Chart was on the table and when I was standing I turned and grab the chart from table, it was like behind me and when I was yet not standing fully I felt excruciating pain in my back that I make some "noise" and all people in the room saw me in great pain and asked me what happened and if I am OK.

¹ Rehabilitation Services & Claims Manual, Volume II.

Members name
Workers' Compensation Board Claim No.
Review Division No.
Board Decision under Review:

2

While more detailed, we submit that this description corresponds with Ms. [REDACTED]'s previous statements to the Board and should be accepted. If the Review Officer would like to interview Ms. [REDACTED] directly regarding this evidence, we would be pleased to arrange a hearing or teleconference.

This mechanism of injury is more than simply "standing from a seated position" as described by the Board. Instead, Ms. [REDACTED]'s back was both flexed forward ("not yet fully standing") and twisted ("[the chart] was like behind me"). The enclosed picture shows that Ms. [REDACTED] would have started from a low seated position and would have had to twist or turn to grab the chart.

Policy C3-15.00 states that a movement is of causative significance if it is "more than a trivial or insignificant aspect of the injury". The Policy instructs that all relevant evidence be considered, and lists four specific elements for analysis.

The first item is the force and physical placement involved with the motion. We submit that the combination of flexion and rotation described above was of causative significance in the development of Ms. [REDACTED]'s back strain.

The second item is whether the symptoms are "medically known" to have a spontaneous occurrence. The Board did not obtain any medical opinion in relation to this issue. The sole piece of medical evidence, the [REDACTED] Physician Report, states that Ms. [REDACTED] "developed acute right lower back pain when she stood up and reached for resident chart". Although the brief report does not make it explicit, the family doctor appears to be relating the symptoms to the body motion. There is certainly no suggestion in the report that those symptoms were medically known to occur spontaneously.

The third consideration is of the temporal relationship between the motion and the onset of symptoms. In Ms. [REDACTED]'s case, this was immediate ("I felt excruciating pain in my back that I make some 'noise' and all people in the room saw me in great pain and asked me what happened and if I am OK").

Finally, the Policy instructs us to review any evidence of non-work-related conditions. The Physician Report states there were no prior/other problems affecting the injury.

Conclusion

When submit that when the factors outlines in Policy C3-15.00 are actually applied, they support a finding the described work-related activity was of causative significance in the development of Ms. [REDACTED]'s back strain. We therefore ask that her claim be accepted and the matter returned to the Board to determine Ms. [REDACTED]'s entitlement to benefits for this injury.

All of which is respectfully submitted.

Yours truly,

British Columbia Nurses' Union

Greg Rabin, J.D.
Labour Relations Officer
Occupational Health & Safety, WCB Advocacy

Encl

cc.

GR/jnj/MoveUP/#