

Aggravations, accelerations and recurrences

Liability

- ✓ Legislative tests and initial liability

- ✓ Decision making under the SRC Act

- ✓ Making an initial liability determination

Jump to:

[Introduction](#)

[Aggravation](#)

[Conditions that fluctuate in
symptomology](#)

[Acceleration](#)

[Recurrence](#)

[Flare up](#)

[Underlying and pre-existing
medical conditions](#)

[Assessing underlying and pre-
existing medical conditions](#)

Introduction

As the claim manager, you may receive a notification from an employee that they wish to claim compensation for an aggravation of a compensable, or a non compensable, underlying, or pre existing medical condition.

Aggravation is not well defined under section 4(1) the SRC Act, and merely indicates that it includes acceleration and recurrence.

Note: If you are uncertain about how to assess an aggravation or what evidence to request, you should discuss the claim with your Assistant Director or Injury Manager and further advice can be sought from the Clinical Panel.

[Return to top of page](#) | [Return to top of section](#)

Aggravation

Aggravation under the SRC Act includes acceleration and recurrence. However, the courts have found that an aggravation can be interpreted as an existing condition that has been made worse, not an existing condition that has simply become worse because of the natural progression of the condition. Something must occur to cause an aggravation for the existing condition to be made worse.

An existing condition is not in itself compensable under the SRC Act. However, an employee can have an existing condition which may be subsequently aggravated by a work related incident or other employment factors.

Example: An employee suffered a rotator cuff small tear in her right shoulder as a result of playing tennis for years. One day at work the employee tripped and used her right arm to break the fall. The force of using her right arm to break the fall resulted in the small tear becoming much larger. The employee lodged a claim in which liability was accepted for an aggravation of the rotator cuff tear in her right shoulder.

Break in causation

Break in causation has been taken to mean a new cause has supervened occurred. Chain of causation relates to how a condition occurred and whether that condition resulted from:

- a new, identifiable, triggering factor, or
- a re-emergence of pre-existing symptoms.

You should assess whether the pre-existing symptoms from the existing condition have ceased or become clinically insignificant. This can further assist with deciding whether the newly reported condition:

- should be treated as a new claim for an aggravation
- is merely a continuation of pre-existing symptoms
- is a worsening of symptoms, possibly resulting from another compensable condition or the effects of a non compensable condition.

Exacerbation

Exacerbation is not defined under the SRC Act. However, Legally Qualified Medical Practitioners (LQMPs) may use this term interchangeably with temporary aggravation.

An exacerbation can be a temporary worsening of an underlying or pre-existing condition without persistent effect, which recovers back to its baseline or pre-worsening level. It does not involve a permanent structural change or worsening in the underlying or pre-existing condition. It usually involves limited medical treatment and time off work after which the employee returns to pre-injury status.

If symptoms are only transiently increased and the natural history of the underlying or pre-existing condition is not permanently altered, then this should be considered as an exacerbation or a temporary aggravation.

Example: An employee reaches below a desk to move a computer box and experiences left-sided lower back pain. He has an MRI scan which shows degenerative change of the lumbar spine L4/5, L5/S1 facet joints on the left. The diagnosed condition is arthritis of L4/5, L5/S1 facet joints. There is a degenerative nature to the employee's symptoms and the condition existed prior to the work incident but the employee was not showing any symptoms. After receiving some medical treatment the employee's left sided lower back pain improved to the level it was at before the work incident (i.e. total elimination of pain).

Duration of an aggravation

Where an employee's employment has aggravated an underlying or pre-existing condition and the work factors are deemed compensable, compensation is payable for the duration of the aggravation.

Consideration should be given to the extent of the work-related aggravation. It may be that the effects of the aggravation are temporary and may cease some-time in the future. Temporary implies a return to pre-injury or 'pre-aggravation' status for the employee. Where medical evidence establishes this, liability for the compensable component of the condition may be determined as no longer present. However, an aggravation can also be permanent and in this circumstance the employee may continue to be entitled to compensation. Permanent implies that the aggravated condition will be worse forever as a result of something which has happened, as opposed to the natural progression of an illness or disease.

You should request the employee's treating LQMP and/or other treating practitioners to provide their opinion on whether they consider the employee's aggravation to be temporary or permanent in nature.

[Return to top of page](#) | [Return to top of section](#)

Conditions that fluctuate in symptomology

There are conditions that can fluctuate in symptomology. However, this does not necessarily mean that each reactive episode is consistent with a new injury. An increase in symptoms that may be experienced in the workplace from time to time does not automatically constitute a new injury but can be consistent with the persistent effects and the enduring nature of the existing/original condition.

When an employee has an existing claim and provides notification that they wish to claim for an aggravation of a compensable condition as a result a new work incident, you will need to establish whether the:

- employee merely experienced an increase in symptoms in the workplace
- the increase in symptoms in the existing condition resulted in incapacity or medical treatment
- the increase is consistent with the persistent effects and enduring nature of the existing condition
- there is evidence to indicate that the underlying or pre-existing compensable or non - compensable condition fluctuates in symptomatology.

Example: An employee has an accepted claim for a psychological condition for which she was taking medication, receiving medical treatment and participating in a gradual return to work. The employee advises the claim manager managing her existing claim that she has been experiencing conflict with her manager and wishes to claim for an aggravation of her psychological condition. The employee's treating specialist opined that she did suffer from an increase in her original psychological symptoms as a result of the conflict with her manager. However, her psychological condition did not encompass any changes or require an increase in medication, further medical treatment or time off work. The original psychological condition was not made worse by the employee's employment. Therefore, an additional injury had not occurred to warrant a new claim as the original psychological condition was not aggravated (made worse).

[Return to top of page](#) | [Return to top of section](#)

Acceleration

While the SRC Act includes acceleration in the definition of aggravation, the courts have ruled that acceleration 'connotes the hastening of the normal underlying disease'.

An acceleration can be a quickening of a pre-existing pathological process due to a work-related incident or employment contribution. A work-related incident may make an underlying or pre-existing condition evident long before it would have been noticed and cause the condition to manifest sooner.

Degenerative diseases where work has accelerated the degenerative process could be considered as an acceleration. In the presence of existing conditions that involve some form of degeneration, specialist medical opinions may assist when considering whether the degeneration has been accelerated by a work-related incident or other employment factors. However, an acceleration will only occur where the circumstances of a condition do not meet the definition of a permanent aggravation.

Aggravation should be positively excluded as a definition prior to considering acceleration.

Example: An employee suffers underlying osteoarthritis of the knee joint; they twist their knee at work and the condition becomes symptomatic or more symptomatic resulting in an increase in pain and loss of function. It leads to further degeneration within the joint. The medical evidence supports that the pathological process is the osteoarthritis and its impact

has been worsened or quickened by the work related incident which has brought forward the need for the employee to undergo knee replacement surgery.

When considering whether an underlying or pre-existing condition has been accelerated by a work related incident, (or other employment factors) the claim manager needs to consider whether the:

- condition would not have manifested as soon as it did but for the work-related incident or other employment factors
- existing condition become symptomatic or more symptomatic resulting in an increase in pain and loss of function as a result of the work-related incident or other employment factors.

These considerations may assist with deciding whether the existing condition would not have manifested as soon as it did but for the work-related incident (or other employment factors) which subsequently brought forward the need for incapacity, or medical treatment, such as the need for surgery.

[Return to top of page](#) | [Return to top of section](#)

Recurrence

To provide a legislative basis to recommence the payment of entitlements when symptoms of an existing compensable condition spontaneously recur, the SRC Act includes recurrence in the definition of aggravation.

A recurrence is where the symptoms of a previous condition or injury re-emerge either spontaneously or because of the ordinary stresses and strains of daily living and working. Without an identifiable trigger, any liability to pay further compensation falls back to the initial injury if it is confirmed that the employee's current symptoms are due to the original injury. This differs from an aggravation where the symptoms of an underlying or pre-existing condition are worsened and precipitated by a new incident that should be regarded as a new injury and claim.

Example: An employee has an accepted claim for her lower back. One day the employee reaches for a coffee mug on a shelf at home. The action of reaching out was not excessive and is a normal day to day living activity. However, the employee's symptoms associated with her previous compensable condition had not completely resolved. The employee experienced

more severe symptoms in exactly the same position as her earlier and continuing symptoms after reaching for the coffee mug.

When assessing a recurrence, you are required to consider:

- the cause of the condition and decide whether it meets the definition of aggravation or recurrence
- whether there is a relationship between the original injury and the current symptoms
- whether the parts of the body affected now are the same as or related to those affected initially
- whether the employee's symptoms of a previous condition or injury re-emerged either spontaneously or because of the ordinary stresses and strains of daily living and working
- whether there is evidence to indicate that the employee appeared to recover and then suffered a recurrence of the previous condition or injury.

[Return to top of page](#) | [Return to top of section](#)

Flare up

Another term that LQMPs and other treating practitioners use is flare up. Flare up is not a legislative term. However, a flare up may fall within the definition of an aggravation, temporary aggravation or recurrence.

The term is generally used as a descriptive term by medical professionals in its ordinary usage, as "a sudden appearance or worsening of the symptoms of a disease or condition".

Flare up in a medical context may imply the natural waxing and waning of an underlying pathological process without any specific identifiable trigger. However, use of the term flare up in the courts has generally implied a return to pre-flare up levels of the injury.

Depending on the evidence provided and the circumstances of a case, if a flare up has a known cause, which is distinct from the original injury, it should be considered an aggravation, likely of a temporary nature. Alternatively, if a flare up is considered to be a continuation of an original injury it may be best described as a recurrence.

Example: An employee that suffers from chronic back pain may often have periodic flare ups requiring medical treatment which can be regarded as a recurrence.

[Return to top of page](#) | [Return to top of section](#)

Underlying and pre-existing medical conditions

An underlying or pre-existing medical condition is not in itself compensable under the SRC Act. However, an employee can have an underlying or pre-existing condition which may be aggravated by a work-related incident or other employment factors.

A medical examination with an independent specialist may be required in the presence of underlying or pre-existing conditions, to help clarify the contribution of work to an employee's current presentation.

Underlying medical conditions

An underlying medical condition refers to a condition that may be hidden by something more obvious and may or may not be present with another medical condition. Underlying medical conditions may contribute to another symptom or disease. Many underlying medical conditions may also be considered co-morbidities (co-diseases).

In the context of a claim, an underlying condition can be relevant in that it could affect a newly reported condition or be directly related to the onset of that condition.

An underlying condition can:

- be present before any other medical conditions emerge, including the newly reported condition claimed by the employee
- be discovered at the same time the employee claims compensation for a new condition
- occur after (and be independent of) an employee's work-related injury and depending on what that condition is, have an influence on the presentation of the work-related condition.

Examples of underlying medical conditions include:

- obesity
- diabetes

Pre-existing medical conditions

A pre-existing condition is a medical condition that existed before the onset of the compensable condition. It can be caused by injury, age related degeneration or may be congenital. It is a condition an employee is aware of and has or is being treated for.

Pre-existing conditions include conditions such as:

- arthritis
- asthma
- obesity
- epilepsy
- diabetes
- carpal tunnel syndrome
- psychological conditions
- heart problems including hypertension
- a previous workers compensation injury.

Example: An employee lodges a claim for compensation for neck pain as a result of working long hours at work. They have previously been involved in a motor vehicle accident, sustaining a soft tissue injury to the cervical and thoracic spine. They received ongoing physiotherapy treatment as a result of the motor vehicle accident which continued at the time of the work related injury. In this case, the cervical condition from the motor vehicle accident is a pre-existing condition which is directly relevant to the claimed work condition.

Symptomatic underlying and pre-existing conditions

Symptomatic is the term used to describe the signs and symptoms of an underlying or a pre-existing condition that existed before a work-related incident has occurred.

Example: An employee suffers from osteoarthritis in his right knee and also had undergone surgery for a meniscus tear some years ago. The employee has continued to suffer pain in his right knee and receive medical treatment, even after the surgery. One day at work the employee walked over to visit another work colleague and when he stood up and commenced walking he rolled his ankle, fell, and landed heavily on his right knee. The employee sustained a further trauma to his right knee. The employee's pain and symptoms that were related to his underlying/pre-existing non-compensable right knee condition (i.e. **osteoarthritis**) were symptomatic because they existed prior to the fall he sustained at work.

Asymptomatic underlying and pre-existing conditions

Asymptomatic is the term used to describe a condition (underlying or pre-existing) in which no signs or symptoms are suffered until after a work-related incident has occurred. In these cases, the underlying or pre-existing condition is present but not discovered until medical tests, such as x-rays or other investigations have been undertaken.

If an asymptomatic condition becomes symptomatic due to an employee's employment they may have suffered a permanent aggravation or acceleration.

Example - An employee was involved in a motor vehicle accident (MVA) where her car was rear-ended by another driver who was speeding. After the MVA the employee underwent x-rays and other diagnostic images of her spine in which studies showed that she had an underlying, asymptomatic, degenerative disc disease (DDD) in her spine. The DDD was not problematic for the employee, nor did she show any signs or symptoms of the disease prior to the MVA. The MVA rendered the employee's DDD in her spine symptomatic which resulted in her suffering from on-going chronic symptoms.

Underlying and pre-existing conditions that overlap in definition

A medical condition can also be both an underlying and a pre-existing condition which is illustrated in the examples provided below:

Example - An employee with osteoporosis which was present for some years prior to sustaining an injury at work which lead to a compression fracture of a thoracic vertebra. In this example the osteoporosis that pre-existed the work related injury rendered the individual more vulnerable to compression fractures than an individual who did not have osteoporosis. The osteoporosis is still present and ongoing and therefore is not only a pre-existing condition but also an underlying condition.

Example - An employee presents with a fractured arm after a heavy load falls on him at work. The employee suffers a cardiac condition (e.g. incompetent heart valve) as well. The cardiac condition most likely pre-existed but could have been coincidentally diagnosed after the work related injury. The cardiac condition is certainly both an underlying and a pre-existing condition. However, it has no bearing on the causation of the injury or the likely progress of recovery from the fractured arm.

Example - An employee has a BMI (body mass index) of 35 which is considered obese. They sustain a neck injury in a work situation and subsequently put on 20kg. The employee claims that sleep apnoea has developed as a result of the weight gain following the neck injury. In this case, the employee has an underlying condition of obesity. Obesity is a causative factor for the development of sleep apnoea and this underlying condition needs to be considered by Comcare in any liability determination regarding sleep apnoea.

[Return to top of page](#) | [Return to top of section](#)

Assessing underlying and pre-existing medical conditions

As claim manager you will need to obtain information in respect of an employee's underlying or pre-existing condition to gain an understanding and a comprehensive history of the underlying or pre-existing condition including the level of impairment/symptomatology experienced (if any) prior to the work injury.

You will need to evaluate the employee's pre and post injury state. Establishing how an employee was functioning pre and post injury state will assist with considering:

- whether they have suffered a work-related aggravation of a condition
- the extent of that aggravation
- the expected level of recovery, and
- when the effects of the work aggravation have ceased (i.e. the employee has returned to their pre-aggravation level of function/symptomatology).

When assessing an underlying or pre-existing condition, a CM may need to consider whether:

- there is evidence in relation to the employee's pre and post injury state
- the cause of any pathology demonstrated through radiological investigations
- have any pathological changes taken place to the underlying or pre-existing condition
- the natural progression, extent or severity of the underlying or pre-existing condition
- there is evidence in relation to the employee's underlying or pre-existing compensable or non-compensable condition
- whether the underlying pathology was symptomatic or asymptomatic prior to the work related incident or the contributing employment factors
- the extent the underlying or pre-existing compensable or non-compensable condition has been affected by the newly reported condition (or vice versa)

The above considerations are a guide only. There may be other factors that are relevant to a case which have not been covered in the above.

In order to obtain information about an employee's condition pre and post injury, you should source information from relevant treating practitioners. This could include obtaining:

- clinical notes – to determine the presence and level of underlying or pre-existing conditions at the time of injury or prior
- copies of any diagnostic tests and/or investigations concerning the employee's pre and post injury condition
- a medical report from an employee's treating practitioner
- an independent medical examination – to assess the employee's pre and post injury symptomology in detail and source answers to specific questions regarding the claimed aggravation.

Note: If you are uncertain about the factors to assess or what evidence to request, you should discuss the claim with your Assistant Director or Injury Manager and seek further advice, if necessary, from the Clinical Panel.

[Return to top of page](#) | [Return to top of section](#)