

NOTEWORTHY DECISION SUMMARY

Decision: WCAT-2015-01459

Panel: Melissa Clarke

Decision Date: May 7, 2015

Section 5(1) of the Workers Compensation Act – Policy item #C3-22.30 in the Rehabilitation Services and Claims Manual, Volume II – Compensable Consequences – Psychological Impairment – Interactions with Board

This decision is noteworthy for its conclusion that under policy item #C3-22.30 of the *Rehabilitation Services and Claims Manual, Volume II*, in the absence of special and exceptional circumstances, a worker is not entitled to compensation under the Act for psychological impairment resulting from his or her interactions with the Workers' Compensation Board, operating as WorkSafeBC (Board).

The worker's claim was accepted for multiple injuries, including spine, rib, and facial fractures, chronic pain, and post-traumatic stress disorder. Ultimately, the worker was granted a permanent partial disability award for permanent physical injuries, chronic pain, and PTSD. The worker sought acceptance of Panic Disorder under his claim as a compensable consequence of his injuries. Expert opinion evidence indicated that the worker's panic and anxiety were reactive to conflicts with the Board. Another expert stated that the worker's panic symptoms were not only due to his difficulties with the Board but also to his ongoing pain and worry about his vocational and financial future, but he did not clearly articulate a causal relationship between pain and worry and the worker's psychological condition. The panel preferred the first expert's opinion. The panel reviewed a number of previous Appeal Division and WCAT decisions dealing with the issue in the context of earlier versions of the policy, and with reference to policy #C3-22.30 concluded that absent "special and exceptional circumstances," a worker is not entitled to compensation under the Act for psychological impairment resulting from his or her interactions with the Board. Consequently, the panel denied Panic Disorder as a compensable consequence of the worker's accepted injuries.

An amendment was issued for WCAT-2015-01459 and is attached to this document.

WCAT Decision Number :	WCAT-2015-01459
WCAT Decision Date:	May 07, 2015
Panel:	Melissa R. Clarke, Vice Chair

Introduction

- [1] The worker appeals the August 12, 2014 decision of the Review Division of the Workers' Compensation Board, operating as WorkSafeBC (Board). I also have jurisdiction to consider the issues addressed in the Board's decision of January 27, 2014, which was the decision letter that the worker requested a review of by the Review Division. The Review Division decision (*Review Reference #R0173180*) confirmed the Board's denial of compensation for the worker's Panic Disorder symptoms.
- [2] The worker is represented in this appeal by counsel. The employer is not participating in the appeal.
- [3] The worker did not request an oral hearing of this appeal. I have considered the Workers' Compensation Appeal Tribunal (WCAT) *Manual of Rules of Practice and Procedure* (MRPP), including Rule #7.5, "Appeal Method," and I have reviewed the issues, evidence and submissions in this appeal. I am satisfied that the worker's appeal does not raise significant factual disputes, nor does the appeal involve questions of credibility or other compelling reasons for an oral hearing. Rather, the appeal primarily involves the application of law and policy to evidence already on file. The worker's claim file is well documented and detailed. I therefore find that an oral hearing is not necessary for the full and fair adjudication of this appeal.
- [4] The worker's representative made written submissions with respect to this appeal. In this decision, I will generally refer to the submissions that have been made by the worker's representative as the worker's submissions.
- [5] Pursuant to MRPP item #3.3.1, I will restrict my decision to those matters raised by the worker in his notice of appeal. MRPP item #3.3.1 sets out that WCAT "will generally restrict its decision to the issues raised by the appellant in the notice of appeal and the appellant's submission to WCAT". In this case, the worker does not dispute the Board's acceptance of his post-traumatic stress disorder (PTSD) under the claim in the decision under appeal. I make no decision with respect to that matter.

Issue(s)

- [6] Is the worker's Panic Disorder a compensable consequence of the accepted work-related injuries under this claim?

Jurisdiction

- [7] This is an appeal of a Review Division decision pursuant to subsection 239(1) of the Act
- [8] Under section 250 of the Act, WCAT may consider all questions of fact and law arising in an appeal, but is not bound by legal precedent. WCAT must make its decision on the merits and justice of the case, but in so doing, must apply a policy of the board of directors of the Board that is applicable in the case. Section 254 of the Act gives WCAT exclusive jurisdiction to inquire into, hear and determine all those matters and questions of fact, law and discretion arising or required to be determined in an appeal before it.
- [9] This is a rehearing by WCAT. WCAT reviews the record from previous proceedings and can hear new evidence. WCAT has inquiry power and the discretion to seek further evidence, although it is not obliged to do so.
- [10] WCAT exercises an independent adjudicative function and has full substitutional authority. WCAT may reweigh the evidence and substitute its decision for the appeal decision or order. WCAT may confirm, vary or cancel the appealed decision or order. Evidence is weighed on the balance of probabilities. In the event that the evidence on an issue respecting compensation for a worker is evenly weighted, section 250(4) of the Act directs the panel to resolve that issue in favour of the worker.
- [11] All reference to policy in this decision, unless otherwise specified, pertains to the Board's *Rehabilitation Services and Claims Manual, Volume II* (RSCM II). As the worker's claimed injury is submitted to have occurred on (or after) July 1, 2010, the version of Chapter 3 of the RSCM II that became effective July 1, 2010 applies.

Background and Evidence

- [12] It is not necessary to provide a detailed recitation of the history of the claim. The prior Review Division decision provides sufficient detail which I have reviewed and accept as an accurate portrayal of the claim history.
- [13] The worker, a long haul truck driver, suffered injuries in a motor vehicle accident on October 17, 2012. The Board accepted his claim for fractures to his cervical, thoracic and lumbar spine, rib fractures and facial fractures. In a decision dated November 13, 2013, a Board officer in the Disability Awards Department granted the worker a permanent functional impairment pension award of 7.5% for chronic pain in the cervical, thoracic and lumbar spine. The Board's November 13, 2013 decision is not before me in this appeal.
- [14] The worker was assessed by Dr. Saper, a psychologist. In a psychological assessment report dated August 20, 2013, Dr. Saper said that the worker reported that his mood was "down primarily when discussing his medical treatment with WorksafeBC and program staff". Dr. Saper said that the worker reported "some" panic symptoms

“especially when he is feeling angry with WorksafeBC and his treatment providers.” Dr. Saper noted that the worker’s symptoms of panic included elevated heart rate, shortness of breath, sweating, trembling, chest pain, nausea/vomiting, derealization and sometimes dizziness. Dr. Saper said “thus, the panic and anxiety seem to be reactive to conflicts with WorksafeBC.”

- [15] In a decision dated January 27, 2014, a Board officer accepted that the worker had compensable PTSD and had limitations related to that psychological condition. The Board officer denied compensation for Panic Disorder because Dr. Saper had said that the worker’s symptoms in that regard related to his experiences with Board staff and treatment providers.
- [16] The worker disagreed with the January 27, 2014 Board decision and requested a review by the Review Division. In a decision dated August 12, 2014, the review officer denied the worker’s request for review. The review officer said that he relied upon Dr. Saper’s August 20, 2013 psychological assessment report.
- [17] The worker appealed the August 12, 2014 Review Division decision to WCAT and it is that decision which is before me in this appeal.
- [18] In a decision dated August 19, 2014, the worker was granted an increased permanent functional impairment pension award, including the various fractures of his ribs and cervical, thoracic and lumbar spine areas. The worker was granted loss of range of motion awards for his cervical, thoracic and lumbar spine and the prior chronic pain awards for his cervical and lumbar spine were confirmed. His prior award for chronic pain in his thoracic spine was removed. The worker was granted an award of 5% for his permanent compensable psychological condition, PTSD. His total physical impairment was found to be 21.97%, an increase of 14.47%. The effective date of the worker’s functional pension award was August 19, 2013. The Board’s August 19, 2014 decision is not before me in this appeal.
- [19] The worker filed new evidence, a December 12, 2014 psychological assessment report from Dr. Thinda, a psychologist. Dr. Thinda said that the worker’s panic symptoms (which did not always reach the level of a panic attack) were not only due to his difficulties with the Board, but also his ongoing pain and worry about his vocational and financial future. Dr. Thinda said that the worker fears pain and anticipates anxiety and panic attacks. Dr. Thinda said that the worker’s ongoing symptoms related to anxiety and Panic Disorder. Dr. Thinda said that the worker’s PTSD was in remission and he did not meet the *Diagnostic and Statistical Manual of Mental Disorders, Fifth Edition* diagnostic criteria for PTSD. Dr. Thinda rated the worker’s permanent psychological functional impairment with respect to PTSD at 15%. Dr. Thinda confirmed Dr. Saper’s diagnoses of PTSD and Panic Disorder, suggesting differential diagnoses of Somatic Symptom Disorder and Major Depressive Disorder (MDD).

- [20] I note that the diagnoses of Anxiety Disorder, Somatic Symptom Disorder and MDD are not before me in this appeal.

Reasons and Findings

- [21] The narrow issue in this appeal is whether the worker's psychological impairment, specifically Panic Disorder, is a consequence of his compensable injuries under the claim or due to his involvement in the claims process with the Board. I find that he is not.
- [22] The Board officer adjudicated this matter under section 5(1) of the Act and policy item #22.30. I note that the correct citation for the policy item is policy item #C3-22.30. I make no decision with respect to whether this matter should have been adjudicated under section 5(4) of the Act (as the original claim injury clearly arose from an accident) but I note that I would have reached the same decision regardless of which subsection applied. I note that the Board did not adjudicate this matter under section 5.1 of the Act and I make no decision in that regard. Policy item #C3-22.30 discusses compensation for psychological impairment that arises as a compensable consequence of a worker's personal injury. I note that the term "psychological impairment" is used in this policy not to imply a permanent condition, but rather to encompass various other descriptors (such as diagnosis, distress, injury or condition).
- [23] There is a long line of decisions which declare that psychological diagnoses arising due to the claims process are not compensable under the Act. I note that these prior WCAT (and former Appeal Division) decisions are not binding upon me in this appeal. However, I find the analysis and conclusions reached in those prior appeals to be helpful in reaching my decision in this appeal.
- [24] I also pause to note that many of the decisions I discuss below deal with earlier versions of policy item #22.00 and policy item #22.33 which discussed whether the previous injury was a significant cause of the later injury. The current policy item #C3-22.00 speaks in terms of causative significance of the earlier injury. The current policy item #C3-22.33 does not use either of the terms "significant cause" or "causative significance". I am not persuaded, for the purposes of this appeal, that there is a difference between the two terms such that the analyses in the prior appellate decisions are no longer valid or relevant. For the same reason, I find that the prior appellate decisions remain relevant notwithstanding that many of them relate to Board policy in RSCM I and not RSCM II.
- [25] In *Appeal Division Decision #00-2036* (December 20, 2000), the commissioners said:
- We do not consider that the expected "upset" and "distress" that will inevitably arise through dealings with an administrative agency such as the Board required to make entitlement decisions is compensable. On the other hand, we do consider that a strong argument exists for

compensability when there are “special and exceptional circumstances.” For the purposes of this case, we have taken into account the fact that there may be compensability where there are special and exceptional circumstances, and we have considered the worker’s situation assuming that possibility.

We have reviewed the worker’s entire file. Although it is apparent that the worker has disagreed with decisions of the Board, and has actively pursued his appeal rights, there is in our view no indication that the Board or any of its employees or representatives has acted in an improper manner. We do not consider there to be any evidence that a Board representative purposefully attempted to cause the worker psychological harm. Furthermore, we do not consider the worker’s annoyance and upset at the Board’s denial of his claim to be of itself compensable. A worker who is angry, upset, depressed or otherwise distressed by a denial of compensation benefits is not, without more, entitled to compensation for the anger, upset, depression or other distress.

We do not question the fact that the worker has been angry, irritated, frustrated and “stressed” throughout his dealings with the Board. He clearly perceives his relationship with the Board as one characterized by conflict. We accept that he experiences negative emotions with the Board as their focus. However, that conflict is based on matters that fall within the category of matters that are necessarily part of the administrative structure that is workers’ compensation. Obviously, the Board cannot allow every claim. There will always be workers who are unhappy with Board decisions and who will appeal those decisions, sometimes successfully. We have no doubt that workers become frustrated and angry. There are of course instances of compensable psychiatric and/or psychological problems that are causally linked to a compensable physical injury. In this instance, we are not persuaded that the worker’s neurodermatitis is compensable on the basis that the worker’s stress, upset and frustration about something arising out of the Board’s processes can be considered a compensable cause of his neurodermatitis. In that regard, we agree with the Review Board that the worker’s dermatitis is due to his own tendency to over-react to adversity and to internalize stressful circumstances. The work injury and its sequelae were not of causative significance.

[26] In *WCAT-2003-02912* (October 8, 2003), the panel stated that:

There is no question that an infinite number and variety of connective links exist between the work injury and subsequent events. The test for compensability however, is not whether there exists a connection between the work injury and a subsequent injury or disability, but rather whether the

subsequent injury or disability was consequent to the work injury. In other words, the work injury must have had causative significance in producing the subsequent injury or disability. The more direct the causal relationship may be, the greater the likelihood that the Board will be responsible for it. There are however, limits, and even the “but for” test, which requires that a subsequent event would not have happened but for the occurrence of a previous event, is not definitively reliable in assessing the extent of the Board’s responsibility.

- [27] The panel quoted with approval from the Appeal Division and said that “although the worker by necessity had to deal with the Board because of his work injury, his adverse psychological reaction to dealing with the Board was not a compensable consequence of his work injury.” The panel said:

Dealing with administrative or regulatory agencies is a part of everyday life, and the fact that the agency in this case is the Board, does nothing to distinguish the worker’s situation from that of other people who experience frustration, impatience or dissatisfaction through such everyday dealings. It was in this case the reaction of the worker, and not the action of the Board that is responsible for his psychological distress.

- [28] In *WCAT-2004-02059* (April 23, 2004), the panel said that:

Individuals do find it stressful to deal with compensation issues and do find it depressing to deal with decisions concerning their occupational diseases and the adaptations required. However, anxiety, stress and depression resulting from dealings with the Board and compensation issues are not necessarily consequences of the injury or occupational disease. There are situations where a compensable injury or occupational disease is a significant cause of the worker’s subsequent psychological condition. However, it must be the compensable injury which is the significant cause of the psychological condition and not the worker’s reaction to dealing with the Board and with compensation issues.

- [29] In *WCAT-2004-06166* (November 24, 2004), the panel said:

The previous WCAT panels, as did the Board officers in this case, have found that it is not sufficient that there be a “relationship” between the worker’s psychological distress and the circumstances of the claim. In order to be compensable, a psychological impairment must be directly caused by the injury or disease accepted under the claim.

[30] The panel continued, saying:

The policy makes it clear that not all consequences of a work injury are compensable. A circumstance may come about because of a work injury, yet that fact alone does not create entitlement to compensation under the Act. To create entitlement it is necessary that the compensable injury or disease directly cause the subsequently diagnosed psychological impairment.

[31] That panel also expressly considered the “but for” test and said that even though without the compensable injury, the worker would not have had to deal with the Board, that fact was not sufficient to create the causal relationship described in Board policy.

[32] In Noteworthy decision *WCAT-2005-05830* (October 31, 2005), the panel discussed the “special and exceptional circumstances” discussed in *Appeal Division Decision #00-2036*. The panel noted that those circumstances would include situations where a Board officer knowingly attempted to cause a psychological injury, but would not include any expected upset and distress that arose through ordinary dealings with the Board. The panel also noted that the same special and exceptional circumstances may exist where a Board officer was reckless or negligent in dealing with a worker, or where Board officers acted in bad faith.

[33] In *WCAT-2007-00024* (January 4, 2007), a panel denied a reconsideration of *WCAT-2005-05830*. The panel in *WCAT-2007-00024* expressly considered a worker’s argument that “but for” the compensable injury, he would not have been required to deal with the Board. The reconsideration panel rejected that worker’s argument that the thin skull rule meant that where a worker had a reaction to his dealing with the Board, the worker’s injury was of sufficient causative significance such that the psychological reaction was compensable. The panel said that policy item #22.33 did not provide that psychological conditions arising from a worker’s dealings with the Board must be regarded as psychological conditions arising from a physical injury, or that such condition must be accepted as compensable.

[34] In *WCAT-2005-06848* (December 22, 2005), a panel said that even where a worker’s psychological functioning was made worse by negative Board decisions, that did not make the worker’s psychological condition compensable. In *WCAT-2006-03114* (August 4, 2006), a panel denied a reconsideration of *WCAT-2005-06848*. The reconsideration panel said that the panel in *WCAT-2003-02912* (discussed above) incorrectly cited WCAT Decision (*WCAT-2003-0693-ad*) and that the panel in that decision had quoted with approval from *Appeal Division Decision #00-2036*. The panel said that test articulated in *WCAT-2003-02912* was not different than that in *Appeal Division Decision #00-2036*.

[35] The above cases are only a sampling of the various prior appellate decisions on this issue. To summarize, absent “special and exceptional circumstances”, a worker is not

entitled to compensation under the Act for psychological impairment resulting from his or her interactions with the Board.

- [36] I turn now to the evidence in this appeal. Specifically, does the evidence support a conclusion that the worker's Panic Disorder arose from his interactions with Board officers and treatment providers or does the evidence support a conclusion that the worker's Panic Disorder arose from his compensable injuries under this claim?
- [37] I have considered Dr. Thinda's assessment of December 12, 2014. Dr. Thinda appears to give considerable weight to the fact that the worker did not have a psychiatric/psychological history prior to the compensable accident. Dr. Thinda said that while the triggers to the worker's Panic Disorder were multi-factorial, because all the major contributors result from and after the workplace incident, that suggested a significant causal relationship.
- [38] Dr. Thinda says that the worker's interactions with the Board were "only one" of other co-existing triggers, which include his chronic pain, mild/moderate reactivity to stimuli related to the accident, and worry and negative ruminations about his physical healing and ability to work in the future.
- [39] I have considered Dr. Thinda's evidence on this point. Adjudicating various psychological diagnoses separately can be particularly challenging. In this regard, I find it difficult to give weight to Dr. Thinda's evidence as his assessment does not differentiate between the worker's physical impairments (which are not before me in this appeal) such as chronic pain, as well as other psychological diagnoses (such as PTSD). In order to allow the worker's appeal, I require persuasive evidence that the worker's Panic Disorder was a compensable consequence of his claim injuries, or was due to special and exceptional circumstances surrounding his interactions with the Board. I find as a fact that Dr. Thinda's assessment does not provide sufficient evidence that the worker's Panic Disorder was directly caused by the injuries accepted under this claim. As stated clearly in *WCAT-2004-06166* "it is not sufficient that there be a 'relationship' between the worker's psychological distress and the circumstances of the claim". More than a mere relationship between the psychological diagnosis and the claim is required. I am not persuaded that Dr. Thinda's assessment provides this level of clarity on the causation issue.
- [40] Conversely, I find Dr. Saper's assessment to provide clear reasons for his opinion with respect to causation of the worker's diagnosed Panic Disorder. I find Dr. Saper's assessment to be cohesive, persuasive, and cognizant of the relevant medical and non-medical facts. I prefer and give greater weight to the evidence of Dr. Saper. Dr. Saper said that the worker reported some panic symptoms, especially when he was feeling angry with the Board and treatment providers. Dr. Saper described the worker's panic symptoms in detail and said "he does not get these episodes if everything is running normally". Dr. Saper said that the worker's Panic Disorder was caused by anger and attempts by the Board to "persuade the worker that he should exercise in

spite of pain.” While Dr. Thinda’s assessment discussed the causation issue as being multi-factoral and temporally linked, Dr. Saper’s assessment discusses the causation of the worker’s Panic Disorder on a stand-alone basis and not with reference to other psychological or physical diagnoses. For this reason, I give considerably greater weight to Dr. Saper’s assessment.

- [41] I also note Dr. Thinda’s assessment took place over a year after Dr. Saper’s assessment. The passage of time alone could, hypothetically, account for the differences in the two expert’s opinions. I note that Dr. Saper’s assessment is dated August 20, 2013 and the worker’s physical and psychological pension awards under this claim were effective August 19, 2013. I accept that the fact that Dr. Saper’s assessment is contemporaneous with the date of plateau is another reason to give greater weight to his evidence.
- [42] I note that the worker submits that Dr. Saper was of the opinion that the worker’s Panic Disorder was unlikely to resolve, even with treatment, and that this supported the worker’s appeal. With respect, whether the worker’s Panic Disorder is temporary or permanent does not answer the question of causation. I have also considered the worker’s submission that I should prefer Dr. Thinda’s evidence because he reviewed the claim file, medical documents, and conducted a thorough interview, assessment and report. I am not persuaded by the worker’s submission in this regard because the same could be said of Dr. Saper’s evidence. With respect to causation, I must decide whether I should give greater weight to the evidence of Dr. Thinda or the evidence of Dr. Saper. If the evidence were equally weighted, section 250(4) of the Act requires me to find in favour of the worker. However, as discussed above, I do not find that the evidence is equally weighted. I prefer and give greater weight to the evidence of Dr. Saper.
- [43] I have considered the various Pain Management Program reports in the worker’s claim file from 2013. However, I prefer and give greater weight to Dr. Saper’s and Dr. Thinda’s psychological assessment reports because they give far greater detail with respect to the worker’s psychological conditions and the causation issue. I note that while the worker relied upon the Pain Management Program evidence at the Review Division, at WCAT he relied upon the evidence of Dr. Thinda.
- [44] I find that there is insufficient evidence to indicate that this is a “special and exceptional circumstance”, as discussed in *Appeal Division Decision #00-2036*. I note that neither Dr. Saper’s nor Dr. Thinda’s assessments provide evidence that a Board officer (or by extension, treatment provider) had knowingly attempted to cause the worker psychological injury, been reckless or negligent in dealing with the worker, or had acted in bad faith. I note that the worker did not submit that special and exceptional circumstances exist in this case.
- [45] Having considered all of the evidence before me, I find that the worker’s Panic Disorder is due to his interactions with the Board under this claim and not a compensable

consequence of his claim injuries pursuant to policy item #C3-22.30. The worker is not entitled to compensation under the Act for his Panic Disorder.

[46] The worker's appeal is denied.

Expenses

[47] I am satisfied that it was reasonable in the circumstances of this appeal for the worker to have obtained Dr. Thinda's psychological assessment report of December 12, 2014.

[48] The issue I must address, however, is whether Dr. Thinda's psychological assessment report should be paid at or above the Board's schedule of fees for psychological assessment reports. The worker submitted that Dr. Thinda's report was comprehensive, helpful and relevant. MRPP item #16.1.3.1 sets out that WCAT panels may award expenses over the Board fee schedule in limited circumstances: examples of the limited circumstances include whether the case is so difficult that it required significant time and effort, the length of the report, and/or whether the detail and analysis of the report is uncommon.

[49] I note that the worker's claim does not appear more complex than other Board matters. I also note that while the worker has been seen by other psychologists, again this is not at all unusual in Board files which reach WCAT. The opinion portion of Dr. Thinda's report is only two pages and of the length that I would expect from a psychologist in his area of practice. Based on these facts, I am not persuaded that Dr. Thinda's report required significant time and effort, or that the length of the report was uncommon.

[50] With respect to the detail and analysis in Dr. Thinda's report, I am not persuaded that it is uncommon either. Much of his report is a recitation of the history of the worker's medical treatment and psychological assessments, which had been detailed in the review officer's decision. I am therefore not persuaded that the detail and analysis in Dr. Thinda's report was uncommon either. The worker also submitted that Dr. Thinda set his own rate over which the worker had no control. This is not one of the criteria in MRPP item #16.1.3.1 and I am not persuaded by this fact.

[51] Having considered all of the factors in MRPP item #16.1.3.1, I am not persuaded that this is one of those limited circumstances which would warrant the exercise of my discretion to award payment of the full amount of Dr. Thinda's invoice in excess of the Board's fee scheduled for psychological assessments.

[52] Therefore, under section 7 of the *Workers Compensation Act Appeal Regulation*, I direct the Board to reimburse the worker for expenses (if any) related to Dr. Thinda's psychological assessment report, only up to the amount in the Board's schedule of fees for a psychological assessment report.

- [53] There has been no request for reimbursement of other appeal expenses. Therefore, I make no order in that regard.

Conclusion

- [54] I deny the worker's appeal and confirm the August 12, 2014 decision of the Review Division. The worker is not entitled to compensation under the Act for his Panic Disorder.

Melissa R. Clarke
Vice Chair

MRC/rh/tv

WCAT Amended Decision Number: **WCAT-2015-01459a**
WCAT Amended Decision Date: **August 28, 2015**
Panel: Melissa R. Clarke, Vice Chair

Introduction

In WCAT Decision *WCAT-2015-01459*, issued on May 7, 2015, I denied the worker's appeal regarding entitlement to compensation under the *Workers Compensation Act* (Act) for his Panic Disorder. It has come to my attention that there was a typographical error in the citation of policy. After reviewing the original decision and based on the statutory authority set out in section 253.1(1) of the Act regarding correction of decisions, I am amending paragraph #24 of page 4 of the original decision as follows (changes in bold):

I also pause to note that many of the decisions I discuss below deal with earlier versions of policy item #22.00 and policy **item #22.30** which discussed whether the previous injury was a significant cause of the later injury. The current policy item #C3-22.00 speaks in terms of causative significance of the earlier injury. The current policy **item #C3-22.30** does not use either of the terms "significant cause" or "causative significance". I am not persuaded, for the purposes of this appeal, that there is a difference between the two terms such that the analyses in the prior appellate decisions are no longer valid or relevant. For the same reason, I find that the prior appellate decisions remain relevant notwithstanding that many of them relate to Board policy in RSCM I and not RSCM II.

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Vice Chair

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