

ACC Pain Management Services

Launa Steel, Health Partner

The Occasional Pain Practitioner Day

DATE:

23rd March 2025



**He Kaupare. He Manaaki.
He Whakaora.**
prevention. care. recovery.



Session Overview

- Eligibility Criteria & Referral Sources
- Pain Management Services Outline
- Referring into ACC Pain Management Services – ‘how to / where to’
- Case Studies
- Questions

ACC Pain Management Services

Service Eligibility Criteria

Chronic pain lasting three months or more as a result of the ACC covered injury which is not resolving within normal clinical expectations, **OR**

A Complex Regional Pain Syndrome (CRPS) diagnosis, **OR**

a suspected CRPS diagnosis.

Referral Sources

Any registered health professional or rongoā practitioner who is providing care for a particular patient.

Refer directly to an ACC Pain Management Services Supplier.



ACC Pain Management Services

ACC Pain Management Service Components

Triage Assessments

- Allied health assessment.
- Interdisciplinary team discussion of case (allied + psychology + medical practitioners)
- The supplier seeks approval from ACC for any rehabilitation recommended

Specialist Pain Medicine Physician (SPMP) assessments

- Optional 'add on' to a triage assessment or to a community pain programme
- In-person, telehealth or desktop file reviews



ACC Pain Management Services

ACC Pain Management Service Components

Community Services Interdisciplinary Pain Management Programmes

- May include physiotherapist, occupational therapist, psychologist, clinical pharmacist, medical specialist considered most appropriate for the patient, registered nurse, nurse practitioner, social worker, dietitian, osteopath, chiropractor, counsellor.
- Level One or Level Two depending on complexity

Group Pain Management Programmes

- Stand alone or alongside a Community Level programme
- No prior approval required from ACC

ACC Pain Management Services

ACC Pain Management Service Components

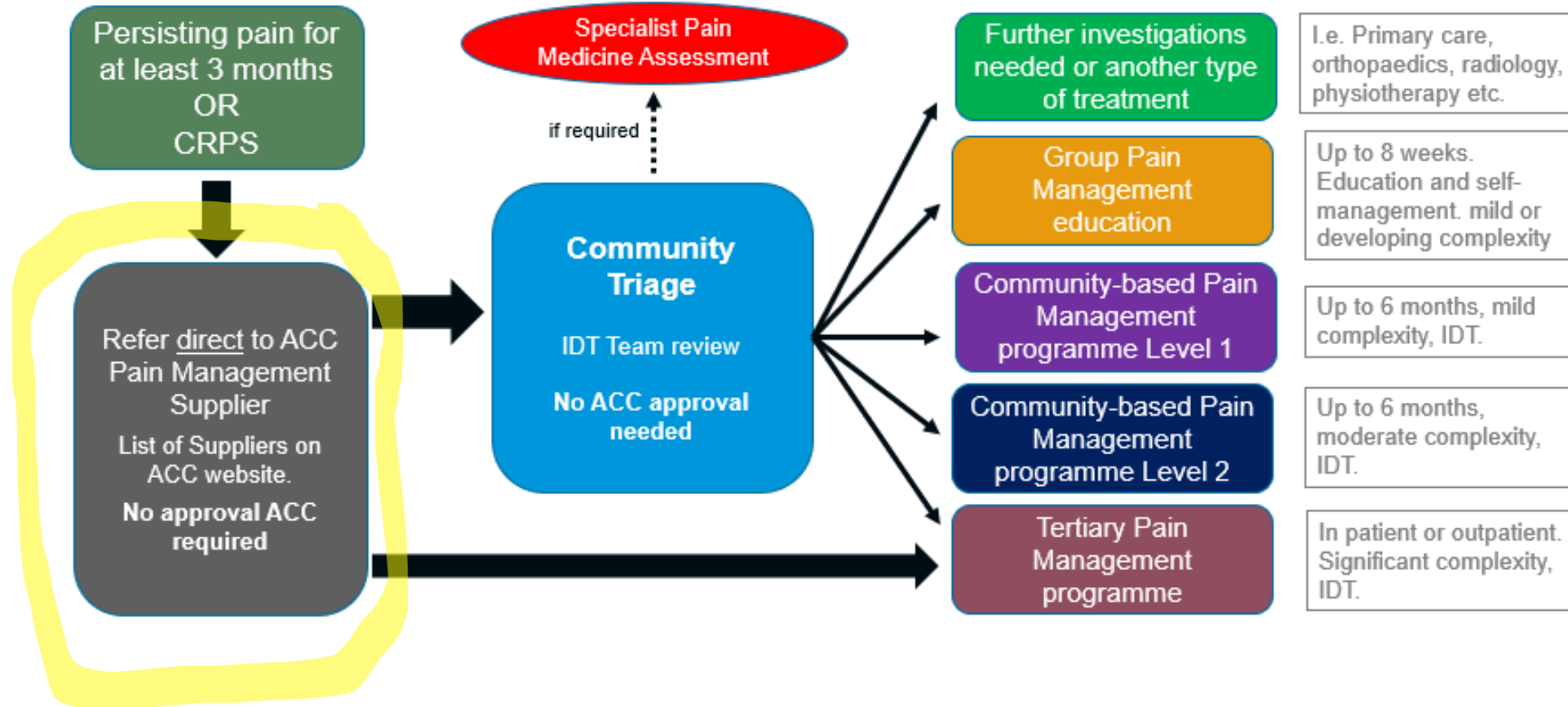
Tertiary Services

- For more complex pain presentations
- Specialist Pain Medicine Physician led
- Can include the same interdisciplinary team members as Community Services
- 3-week intensive programme (TARPS, Burwood & QE Health only) **OR** less intensive longer term programme

Interventional Procedures

- Pamidronate infusions
- Spinal cord stimulators

ACC Pain Management Service Components - Summary



Referring into ACC Pain Management Services

- Registered health professional or a rongoā practitioner sends referral directly to an ACC Pain Management Services Supplier
- Prior approval **not** required from ACC before referring a patient when pain is due to an ACC covered injury
- Lists of ACC Pain Management Services Suppliers on ACC website
- Referral form on ACC Website (ACC6273)
- If referring directly to Tertiary Pain Management Service – the Supplier will seek approval from ACC



Referring into ACC Pain Management Services

How to refer:

1. Visit www.acc.co.nz
2. Click 'Health providers' tab
3. Select 'referring a patient for rehabilitation'

The screenshot shows the ACC website interface. At the top, there is a navigation bar with the ACC logo and tagline 'He Kaupare. He Manaaki. He Whakaora. prevention. care. recovery.' on the left, and links for 'About us', 'Preventing injury', 'Resources', 'Contact us', and a 'Log in' button on the right. Below the navigation bar, there is a secondary navigation bar with three tabs: 'I'm injured', 'For business', and 'Health providers'. The 'Health providers' tab is selected and highlighted in yellow. Below the tabs, there is a search bar with the text 'Search acc.co.nz'. The main content area is divided into four columns. The first column is titled 'Health providers → Ngā whare hauora' and contains a brief description. The second column is titled 'Getting started' and lists various links. The third column is titled 'Lodging claims' and lists various links. The fourth column is titled 'Provider contracts and services' and lists various links. The 'Referring a patient for rehabilitation' link is highlighted in yellow in the 'Lodging claims' column.

ACC He Kaupare. He Manaaki. He Whakaora. prevention. care. recovery.

About us Mō mātou Preventing injury Te kaupare wharanga Resources Ngā rauemi Contact us Whakapā mai Log in

I'm injured Kua whara ahau For business Mā ngā pakihī Health providers Ngā whare hauora

Search acc.co.nz

Health providers → Ngā whare hauora

Find what you need to make working together easy. Learn more about our contracts, invoicing and supporting patient treatment and recovery.

Getting started

- Quick guides
- Key contacts
- Provider videos

How to provide your services

- Register with us as a health provider
- Understanding your responsibilities
- Working under a contract
- Working with us as a rongoā Māori practitioner
- Providing services via Telehealth
- Providing therapy for sensitive claims
- How we support quality and resolve issues
- Cultural safety and competency
- Contact our provider relationship team

Working with us using our digital services

- Learn about ProviderHub

Lodging claims

- Understanding claims and cover
- Understanding complex cover
- Lodging a claim for a patient
- Using the right Read code
- Using SNOMED Clinical Terms
- Updating or changing a claim
- Sending patient notes
- Getting a decision on your patient's claim

Invoicing us

- Paying you for your services
- How to invoice us
- Sort out a problem with a payment

Treatment and recovery

- Helping your patient recover at work
- Issuing medical certificates
- Work type detail sheets
- Referring a patient for rehabilitation**
- Getting prior approval for further treatment
- Supporting safer treatment

Provider contracts and services

- Evolving the ISSC
- Integrated Care Pathways Musculoskeletal (ICPMSK)
- Kaupapa Māori health services
- Maternal birth injuries
- Non-Acute Rehabilitation Pathway service
- Home and Community Support (HCS)

Provider news and events

- Watch and learn webinars
- Provider email updates
- Innovation Fund
- Weekly claims data

Reporting health and safety incidents

Referring into ACC Pain Management Services

4. Select 'Rehabilitation programmes'

Referring a patient for rehabilitation

If your patient is ready for the next steps in their recovery, you can refer them to one of our rehabilitation programmes. You'll need to get pre-approval from us first.

On this page

1. [Rehabilitation programmes](#)
2. [Getting pre-approval for a rehabilitation programme](#)
3. [If we decline your patient's referral](#)
4. [Contact us](#)



Referring into ACC Pain Management Services

5. Select 'Help managing pain from an injury'

Rehabilitation programmes

We have various rehabilitation programmes that can help your patient with their recovery. This is only for injuries we cover.

Returning to the job they had before their injury	open ✓
Recovering from a traumatic brain injury	open ✓
Help managing pain from an injury	open ✓
Help at home, with childcare and education services	open ✓
Psychology services	open ✓
Nursing services	open ✓
Other rehabilitation services	open ✓



Referral Form and Pain Management Services providers list

Help managing pain from an injury

Our Pain Management Services have been designed for patients who have:

- persistent pain lasting three months or more as a result of the covered injury which is not resolving within normal clinical expectations, or
- a Complex Regional Pain Syndrome (CRPS) diagnosis or a suspected CRPS diagnosis.

Our pain management services include:

- Triage Assessments. This includes an interdisciplinary team review involving psychology and medical practitioners
- assessments by Specialist Pain Medicine Physicians
- Group Programmes
- Community Services, Level One and Level Two. These interdisciplinary pain management programmes can include physiotherapists, occupational therapists, psychologists, clinical pharmacist, medical specialists appropriate for the patient, registered nurses, nurse practitioners, nurse specialists, social workers, dietitians, osteopaths, chiropractors, counsellors.
- Tertiary Delivery Services. These are interdisciplinary pain management services for patients who need tertiary level input. These can include the same interdisciplinary team members as Community Services.

Pain management triage assessment

Your patients will generally need to be referred for a Triage Assessment. This determines the appropriate clinical pathway for them. This may include an ACC-funded Pain Management Service or other services.

A Triage Assessment is required prior to:

- Group Programme
- Community Service level one and level two programmes.

It is optional for Tertiary Delivery Services.

Referrals for a Triage Assessment and for Tertiary Delivery Services can be made by a registered health professional or a rongoā practitioner who is currently providing services to the patient.

You don't need to get approval from us before referring your patient for a pain management Triage Assessment or for Tertiary Delivery Services.

You will need to complete a referral form for pain management triage assessment.

[Provider referral form for a pain management triage assessment \(ACC6273\) \(DOCX 111 KB\)](#)

Pain management suppliers

All pain management suppliers need prior approval from us for any programme they recommend, except Group Programmes.

Suppliers also are responsible for ensuring their patients are eligible for ACC-funded pain management services.


[Pain management service providers](#)

Select 'Provider referral form' →

Select 'Pain management service providers' to access list →

Referral Form

ACC6273



PREVENTION. CARE. RECOVERY.
Te Kāpōwhiri Awhiri Hanga Whāia

Provider Referral for Pain Management Triage Assessment

Complete this form to refer a client for an ACC Pain Management Triage Assessment.

When you've finished, please return this completed form and any relevant records and reports to the appropriate ACC Pain Management service provider, or return to ACC to arrange the Triage Assessment

The purpose of Triage is to assess and identify the client's needs and recommend the best clinical pathway and services to meet those needs. This may include referral on to a pain service, an alternate service or back to the referrer for ongoing management.

1. Client details			
Client name:		ACC claim number:	
Date of birth:		NHI number:	
Email address:		Ethnicity:	
Phone number:	Mobile phone:	Work phone:	
Residential address:			
Postal address (if different from above):			
2. Referrer details			
Referrer name:		Profession:	
Date of referral:		Email address:	
Phone number:		Preferred method of contact, eg phone, email:	
3. ACC contact details			
Does the client have a Recovery Team Member? Yes <input type="checkbox"/> No <input type="checkbox"/> (If yes please provide details below)			
ACC Recovery Team Member:			

Pain Management Services Providers by region

Pain management service provider

Find a pain management service provider in your area.

Search the regional list for a pain management service provider close to you.

Group Programme

The following service providers offers the Group Programme:

- Active+
- APM Workcare
- Australis Specialist Pain Clinic
- Body in Motion
- Habit Health
- Proactive
- TBI Health
- Occupational Health Canterbury

Northland

open ▾

Auckland

open ▾

Waikato

open ▾

Bay of Plenty

open ▾

Gisborne

open ▾



Northland

[close](#) ^

Supplier

Email

Active+

referrals@activeplus.co.nz

APM Workcare

nzreferrals@apmworkcare.co.nz

Health New Zealand - Te Whatu Ora Auckland (*tertiary only*)

TARPSACCCRefAdmin@adhb.govt.nz

Habit Health

referrals@habit.co.nz

Proactive

referrals@proactive4health.co.nz

TBI Health

referrals@tbihealth.co.nz

Auckland

[open](#) v

Waikato

[open](#) v

Bay of Plenty

[open](#) v



Case Studies

Roshni, 58

*Roshni, 58, is now 10-weeks following a wrist fracture and while the orthopaedic surgeon is happy with the x-rays she is experiencing severe pain and has noticed the limb tends to change colour. Dr GP would like a Specialist Pain Medicine Physician to review ASAP for possible CRPS - **what is the appropriate pathway to arrange this?***

Roshni, 58 cont.

ACC's Suggestions

- Refer to an ACC Community Pain Management Services supplier for a Pain Triage Assessment.
- Within the referral, request a Triage Assessment with additional SPMP assessment.



Andrew, 54

Andrew, 54, developed sudden onset back pain six months ago while trying to pull out a tree stump. He consulted a PT who then referred him on to a sports dr, who arranged an MRI. This showed a large central disc bulge at L4/5 without neural impingement. He was advised to continue with PT. However as he found the strengthening exercises flared his pain Andrew decided to rest up instead. Dr GP took a thorough history and examination and found no red flags but a number of yellow flags including belief that he should not return to PT until his pain was gone - what is the appropriate pathway for Andrew?

ACC's Suggestions

If you believe the L4/5 disc bulge to pre-date the tree-stump event, refer to public health pain management services.

If you believe the L4/5-disc bulge to have been caused by the tree-stump injury, or are unsure of causation:

- consider asking ACC to cover the disc bulge via ACC18, **and**
- refer to an ACC Community Pain Management Services supplier for a Pain Triage Assessment.

Patti, 62

*Patti, 62, slipped over and landed awkwardly three years ago. She attended ED that night with back pain where x-rays showed expected age related changes only and she was discharged with analgesia and a diagnosis of lumbar sprain. She has had ongoing widespread pain in her back but also aching in her arms and legs ever since, and has struggled to go to work. Her previous GP performed a thorough history and examination and blood tests with no red flags and encouraged her to keep active with gentle activity. Patti asks her Dr GP to sign her off work because of her pain. Mary's previous GP documented "chronic widespread back pain" as the diagnosis - **what is the appropriate pathway for Patti?***

ACC's Suggestions

- Consider whether Patti's persisting pain is likely to be attributable to the fall of 3 years ago and the covered sprain injury.
- If you believe this to be the case, refer to an ACC Community Pain Management Services supplier for a Triage assessment.
- If not, refer to public hospital pain service.

Stefan, 52

*Stefan, 52, has had persisting pain following a tibial plateau fracture a year ago. The orthopaedic surgeon who undertook the ORIF was happy with the imaging and felt the ongoing pain was “a regional pain syndrome” and referred him to a local community pain provider. Stefan participated in a group education program and had a course of hydrotherapy with a PT and was given a new chair from an OT. He has now been discharged from the PMP. Stefan comes to see Dr GP saying that he is really not much better and asking lots of questions about medications he heard about on his pain education programme and if he should try gabapentin or maybe CBD. Dr GP would like a specialist to review and advise- **what is the appropriate pathway for Stefan?***

ACC's Suggestions

- If Stefan was under an ACC Community Pain Management Services supplier, and both he and yourself were happy with the service:
 - consider asking that supplier to arrange an SPMP assessment, or
 - if you feel further interdisciplinary team pain management is required, ask the supplier to request a further Community Pain Programme from ACC, and to include a medical specialist in the programme.
- If Stefan was under an ACC Community Pain Management Services supplier, and the client and yourself were not happy with the service, consider asking ACC to refer Stefan to a different ACC Community Pain Management Services supplier for a further Triage Assessment, and request an SPMP assessment be included at the Triage Assessment stage.
- If Stefan's previous pain management was not with an ACC Pain Management Services supplier, refer the client to an ACC Community Pain Management Services supplier, and request an SPMP assessment be included at the triage stage.

Doris, 89

*Doris, 89, lives in a retirement village along with Sooty, her beloved cat. Two months ago she tripped over Sooty and broke her arm. The hospital discharged her with analgesia for conservative management advising likely 3-4 months to heal. Her family have been trying to keep her comfortable with pillows but she is seen to be tearful and groaning much of the day. Doris has been prescribed a number of medications and currently has pregabalin and a fentanyl patch prescribed by the 'bone shop' which her family feel is making her confused and at risk of another fall so they have been looking into nursing homes, but Doris does not want to move and leave her cat. Dr GP does not think that Doris would be able to engage in an MDT rehab program but would like an expert review of her medications. The local hospice has declined a referral as Doris is not dying, and the older person health clinic has a 6 months waitlist- **what is the appropriate pathway for Doris?***

ACC's Suggestions

Several options, depending on your opinion on the best specialty to assist Doris.

- 1) refer directly to a local rehabilitation physician who holds an ACC Clinical Services Contract.
- 2) ask ACC to arrange (and fund) a geriatrician assessment for Doris.
- 3) refer Doris for a Pain Management Triage Assessment and request that they arrange an SPMP assessment at the Triage stage – they may be able to provide further insight on whether MDT input might be appropriate.

Simon, 59

*Simon, 59, was in a high speed MVA in 1986 and suffered multiple injuries including concussion. He also has a diagnosis of PTSD which he has decided to manage by smoking cannabis, declining offers of mental health referral. He has had extensive input for his pain both surgical and MDT over the years but has never returned to work. Simon comes to see Dr GP to ask for a prescription of morphine. He has been taking 150mg of M-Eslon twice daily which he bought from a friend who has cancer but is now struggling to afford it. Dr GP feels concern about referral pathways as the last person with a complex pain presentation who he sent to TOPP central community triage team just received an education program and did not have any 1:1 reviews and then returned to Dr GP saying he felt that was a waste of time. Dr GP tried to refer Simon directly to the regional tertiary service but this was declined saying referrals have to come from ACC- **what is the appropriate pathway for Simon?***

ACC's Suggestions

- A Tertiary Pain Management Service appears to be appropriate for Simon. ACC is able to assist with travel and accommodation for Simon if necessary.
- Refer directly to a Tertiary Pain Management Service, or you could ask ACC to make the referral. Ensure the request includes sufficient detail as to why a Tertiary Service is appropriate here.
 - e.g. psychiatric concerns, concussion and mental health concerns.
- If access to a Tertiary Services is difficult for Simon, consider a Community Pain Triage Assessment with additional SPMP support. Further recommendations would be made from this assessment.

Ariel, 21

*Ariel, 21, has a history of childhood sexual abuse and has been under the care of a sensitive claims therapist for 4 years. She has discussed her problems with dyspareunia with her therapist who has suggested that this is likely a sequelae of her trauma and to ask Dr GP to refer her for MDT care for her sexual pain - **what is the appropriate pathway for Zoe?***

ACC's Suggestions

- Request that ACC cover Ariel's dyspareunia. This would trigger ACC to refer Ariel for a Medical Case Review (MCR) with a gynaecologist.
- Following MCR, further assessment may be required from a psychologist or psychiatrist.
- If confirmed Ariel's dyspareunia is causally linked to her sensitive claim, Ariel's ACC Recovery Team Member can assist with appropriate pain management referral.

Suzanne, 29

*Suzanne, 29, fell off her horse three years ago suffering multiple fractures and requiring several months of inpatient rehabilitation. She was discharged from the hospital on a cocktail of medications for her persisting post traumatic pain and these have been continued. She is now unexpectedly pregnant and comes to see Dr GP in tears as she has read that many of her medications are not recommended in pregnancy however she does not think she could do without them. Dr GP calls the obstetric team however they do not feel able to advise on what she could take instead- **what is the appropriate pathway for Suzanne?***

ACC's Suggestions

- Refer for a Triage assessment from a community ACC Pain Management services supplier
- Within the referral, request a Triage assessment with additional SPMP assessment.

Claire, 24

*Claire, 24, had her first baby 8 months ago by waterbirth at home. She sustained a first degree tear which was not sutured. Since that time Claire has had ongoing vulvar pain. She has seen a pelvic PT who completed an ACC birth injury claim, and while her bladder control is now much better she did not find much improvement in her pain. She attended the sexual health clinic where the doctor found no abnormalities and hoped the pain would settle when the baby weaned. Sadly despite ceasing breastfeeding and return of her periods Claire's pain continues and she attends Dr GP in tears- **what is the appropriate pathway for Claire?***

Claire, 24 cont.

ACC's Suggestions

- Refer for a Triage assessment from a community ACC Pain Management services supplier.



Michael, 21

*Michael, 21, sustained an ACL tear playing soccer 6 months ago. He was reviewed by an orthopaedic surgeon who advised that he be put through an ECP as pre-hab as his pain appears 'somewhat neurogenic'. Michael has been attending PT each week and the gym twice a week. He has also visited Dr GP multiple times asking for stronger pain relief (apparently on the advice of his PT) as the rehab exercises are leaving him in pain for a few days after each session. Dr GP would like to refer for expert assessment and management of the pain rather than agree to escalating analgesia - **what is the appropriate pathway for Michael?***

ACC's Suggestions

- Refer for a Triage assessment from an ACC Community Pain Management services supplier.
- Within the referral, request a Triage assessment with additional SPMP assessment.

Michael, 21 cont.

ACC's Suggestions

- Refer for a Triage assessment from an ACC Community Pain Management services supplier.
- Within the referral, request a Triage assessment with additional SPMP assessment.



Thank you!
