ONA appeal a success: Member receives retroactive payment

Workplace
Hospital

The Issue
An ONA member was absent from work due to several conditions including chronic pain. The member was initially denied long-term disability benefits by the insurer because it noted that there was no basis for the pain and the insurer had not received medical information they had requested from one of the member’s doctors.

How ONA Helped
The ONA member worked with her Bargaining Unit representatives and ONA Labour Relations Officers, including our staff experts in long-term disability claims to appeal the decision. The appeal highlighted that the member had seen several specialists all who agreed that she had severe pain and is restricted from working.

The appeal also highlighted the fact that the insurer’s own medical reviewer agreed that the member had chronic pain. The insurer claims specialist focused on the lack of organic evidence instead of focusing on the rest of the review that favoured the member’s claim for total disability. The missing medical information was submitted which also supported total disability.

The Results
The appeal was successful. The member received a retroactive payment of more than $37,000 and monthly payments of more than $4,500.

Significance
Most of the time insurers deny claims for members with chronic pain because of the lack of tests/data that link back to the diagnosis. In addition, special attention should be paid to all information gathered, including all medical reports and opinions from insurance carriers.

(Produced January 2017)