28 August 2026

Stewart McRobie
Acting Chief Executive
ACC

By email: stewart.mcrobie@acc.co.nz

Tēnā koe

Complex Regional Pain Syndrome – OIA requests

With respect to injury-related chronic regional pain syndrome (CRPS), the Faculty of Pain Medicine New Zealand (FPMNZ, the faculty) requests the following information:

- Yearly statistics for the number of claims for injury-related CRPS since 2020.
- The number of claims accepted or declined over the same period, and the basis for decline.
- The number of cases where causality was assessed, and by whom (ie which clinical group)
- The average length of time between injury, acceptance (or decline) of claim, specialist medical assessment/ diagnosis of CRPS, and provision of pain MDT treatment?
- The number of those diagnosed with CRPS that have never seen a qualified specialist pain medicine physician (SPMP)?

We also request ACC guidelines or "consideration factors" regarding the diagnose and management of CRPS and other chronic pain conditions following injury. Specifically, are there are chronic pain diagnoses that ACC has excluded for coverage.

Background to the request

The faculty is alarmed by the lack of transparency with regard to changes signalled in the Turnaround Plan 2026/27 published less than a month ago, specifically in relation to the management of injury-related chronic regional pain syndrome (CRPS). There is an established association between limb trauma and CRPS developing from the injury site, which requires priority treatment since delayed treatment can lead to irreversible harm.

FPMNZ nominated SPMPs to ACC's Expert Advisory Group Earlier this year (12 March 2026), FPMNZ wrote to ACC expressing deep concern at the pain services management model outlined in the Turnaround Plan 2025/26 because it was clearly inimical to recognised international standards for pain medicine and would limit access to specialist medical assessment for patients at risk of developing persistent pain and long-term disability. Subsequent - largely futile - engagement with successive leaders of the pain services management team ensued, though not before, at ACC's request, members of the faculty had provided ACC with a range of cases where an SPMP had diagnosed injury-related CRPS and the claim had subsequently been declined. The faculty understood that this information was to assist ACC in its Turnaround Plan in relation to evidence-based clinical leadership and the development of clinical position statements and treatment plans that would:

- improve the quality and consistency of decision-making,
- lead to better outcomes for patients, and
- reduce costs.

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However, the latest iteration of the Turnaround Plan 2026/27 identifies *implementing* clinical position statements for priority treatments.

This is alarming in terms of CRPS because, to date, FPMNZ has had no response to the information supplied. Moreover, despite SPMPs being the only specialists qualified to diagnose and manage complex pain across multiple disciplines, the faculty has been given no further opportunity to contribute to, or review, the development of ACC's planning for safe, quality management of injury-related CRPS. ACC's Pain Management Services Team was also advised that Dr Hill, FPMNZ Chair is currently coordinating the development of clinical guidelines for CRPS in Aotearoa, bringing together the best available evidence to inform recommendations for diagnosis and treatment. Dr Hill will be presenting *From Fragmented Care to National Consensus: Co-designing CRPS Guidelines for Aotearoa New Zealand* at the New Zealand Society for Surgery of the Hand Meeting in October 2026.

Notwithstanding the disappointing outcomes of engagement over the pain service management of contracts, the faculty urgently requests a meeting in good faith to discuss how ACC plans to address injury-related CRPS. As you will be aware, if CRPS is not identified and treated early on, irreparable lifelong harm can result. We also request information about current and/or 'in-development' guidelines relating to the management of all complex pain conditions following injury, including what chronic pain diagnoses that are covered and any that are excluded.

We look forward to hearing from you at your earliest convenience.

Nāku noa, nā

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