

**Automobile Injury Appeal Commission  
Province of Saskatchewan**

**Citation:** *T.E. v. Saskatchewan Government  
Insurance, 2006 SKAIA 096*

**Date:** 20061220

**File:** 148 of 2003

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**BETWEEN**

**T.E., Applicant**

**and**

**Saskatchewan Government Insurance, Respondent**

**Appearances:**

**Lawrence J. Zatlyn, Q.C., for the Applicant**

**Dale Brown, for the Respondent**

**Before:** **Ann Phillips, Q.C., Chair**  
**Beverley Cleveland, Commission Member**  
**Mukesh Mirchandani, Commission Member**

**THIS DECISION HAS BEEN EDITED TO PROTECT THE PERSONAL AND HEALTH  
INFORMATION OF INDIVIDUALS BY REMOVING PERSONAL IDENTIFIERS AND  
OTHER IDENTIFYING INFORMATION**

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Heard at Prince Albert, Saskatchewan  
November 25, 2004

## DECISION

[1] The Appellant, T.E., appeals a decision of Saskatchewan Government Insurance (“SGI”) that terminated all of her benefits under the no-fault insurance plan for failure to comply with a treatment plan.

[2] Section 183 of *The Automobile Accident Insurance Act* in force at the time of the Appellant’s accident on December 10, 1999 provides:

The insurer may refuse to pay a benefit to a person or may reduce the amount of a benefit or suspend or terminate the benefit, where the person:

...

- (e) without valid reason, refuses, does not follow or is not available for treatment recommended by a practitioner and the insurer;
- (f) without valid reason, prevents or delays recovery by his or her activities.

[3] In its September 17, 2003 letter, SGI said that the Appellant had continued to use drugs without the prior approval of Dr. Sonja Ruznisky, a clinical psychologist who SGI had engaged to monitor the Appellant’s withdrawal from narcotic drugs used to relieve pain. SGI said that the Appellant had received prior warnings from Dr. Ruznisky and from SGI that this would constitute non-compliance with her treatment plan, and that there were other examples of her lack of interest in her rehabilitation plan.

[4] The Appellant was in two accidents, in January and again in December 1999, but it was the second accident that caused more problems. Stiffness and pain around her neck and shoulders became progressively worse and she did not respond well to therapy. In 2001, she was diagnosed by three neurologists (one at the University of Saskatchewan, the other at the University of British Columbia, one in Regina) as having cervical dystonia, in addition to or as part of post traumatic torticollis down the left arm into her hand. Her main problem was pain.

[5] In cervical dystonia, the neck muscles contract involuntarily, giving rise to abnormal movements of the head and neck. The spasms were primarily sideways (torticollis). It occurs because of abnormal functioning of the basal ganglia in the base of the brain. While head or

neck injury may be reported in some patients, there is no clear evidence that it is directly related to trauma. Spontaneous recovery may occur (in about 10%) of patients, but it usually plateaus and remains stable within 5 years of onset. There is no known cure, but there are treatments available for symptomatic relief. A variety of medications have been used, with unpredictable and short-lasting results. Botulinum toxin (Botox) injections, which selectively paralyze the neck muscles, can give relief for periods of about three months, and produce significant pain relief for most patients and improvement of the dystonia in about 70% of cases.

[6] The Appellant received these treatments from the neurologist in Saskatoon on several occasions without benefit. The Vancouver neurologist was more successful. His initial Botox treatment had excellent results. He recommended a team approach to management of the cervical dystonia problem, with a neurologist, psychiatrist, pain management physician, physiotherapist, occupational therapist and social worker.

[7] In the meantime, SGI had arranged for her to attend tertiary treatment at the FIT program in Saskatoon. After two weeks she was discharged from the program because of medication use that impaired her cognitive functioning.<sup>1</sup> The effects of the Botox wore off after three months, and she was taking heavy doses of Fiorinal, diazepam, Tylenol #1, Duragesic patch, and ibuprofen, despite which she reported excruciating pain and nausea. She was referred to another neurologist in Saskatoon, who discontinued the barbiturates and diazepam, as they were producing excessive sedation, and the other painkillers referred to. He prescribed the opioid Dilaudid to diminish pain levels, and allowed continuation of amitriptyline on occasion and Gravol for nausea. He also recommended that she go off the FIT program for the present. He suggested that it was doubtful that an intensive full time program of functional restoration would be of much help, two years after the injury, but did think that teaching of good body mechanics, gentle stretching and low level exercise to maintain function should be used in addition to the medications. He thought the Appellant could work part time, e.g. provide counselling services on a volunteer basis two or three hours a day.

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<sup>1</sup> with a recommendation for weekly psychotherapy sessions to address mood anxiety and adjustment to her medical condition

[8] In a followup visit, the neurologist prescribed her slow release morphine with immediate-release morphine for breakthrough pain. The Appellant signed an agreement with respect to the provision of these narcotics.

[9] A consultation with a Saskatoon neurosurgeon resulted in another recommendation that she continue with Botox injections in Vancouver, as preferable to more invasive and potentially disabling neurosurgical procedures

[10] SGI referred the Appellant to clinical psychologist Dr. Sonja Ruznisky for the psychological counselling recommended by FIT. The sessions got off to a bad start. The Appellant was reported as unable to follow through with attending therapy on three separate occasions. Dr. Ruznisky said she showed the effects of heavy medication in confusion, rambling and nodding off, and she literally bumped into walls. The psychologist wondered if intervention to deal with high medication use might be needed before she was mentally clear enough to begin intensive psychotherapy.

[11] The Appellant finally saw the Vancouver neurologist again shortly after, in January 2002. The Botox injection worked very well, and a further appointment three months later was scheduled.

[12] Over the next few months, various measures were attempted. Counselling began with Dr. Ruznisky, who continued to raise concerns about overmedication, amply substantiated by the Drug Plan statement of prescription costs between April and October 2002. She referred the Appellant to the Prince Albert Centre for Alcohol and Drug Abuse, but the Appellant attended on only one occasion. When Dr. Ruznisky saw this statement, she consulted a pharmacist and the Prince Albert Centre for Alcohol and Drug Abuse (PADAC).<sup>2</sup>

[13] She underwent a tertiary assessment at Wascana Rehabilitation Centre in Regina in July, which recommended she participate in a pain treatment program, and SGI agreed to fund her attendance for six weeks at the Vancouver Pain Clinic (Orion Health). Before going, the Appellant signed her agreement with a Phase I Individual Written Rehabilitation Plan (“IWRP”),

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<sup>2</sup> She had also been admitted there for detox in 2001, but returned to excessive medication shortly after discharge.

also signed by SGI's adjuster, a representative of IRC employed by SGI to manager the Appellant's case, and the Appellant's family physician. The Appellant was to attend the clinic and follow its recommendations. She was also to receive her next Botox injection during the program, and this was done.

[14] It was at about this point that a series of events arose which provoked some misunderstandings and eventually resulted in SGI terminating the Appellant's benefits. The Pain Clinic asked Dr. Ruznisky for information and was surprised to learn they had no medication information for her, other than that provided by the Appellant, which showed two medications: morphine (Kadian) and fentanyl (Duragesic patch). Dr. Ruznisky, who was not happy with the Appellant's explanation that she did not have this information, obtained a list of the medications prescribed by the Appellant's family physician, which included hormone replacement therapeutic medications, a diuretic, an anti-depressant, and Risperdal, a mood disorder medication. She also obtained the Drug Plan statement referred to in paragraph [12], which showed very high levels of morphine purchase, most particularly in the month before the Appellant left for Vancouver. After contacting a pharmacist and addiction counsellors at PADAC, she wrote the Pain Clinic recommending a teleconference to discuss the case, with a medically-approved, in-patient, monitored detox plan be implemented for her in Saskatchewan, with random blood analysis for a full year.

[15] It is not known if a teleconference ever occurred. If it had, it might have prevented the subsequent misunderstandings. The Pain Clinic did fax a report on completion of the first three week module October 25, which showed her making "steady but slow progress", including cooperation in the medication reduction program, with a planned reduction of 5% every 3 days, an overall reduction at the time to 65% of her previous level, and a planned level at the proposed discharge date of 22% of the morphine, and elimination of the fentanyl patch. An additional two to four weeks would wean her off narcotics completely.

[16] Despite this report [or perhaps not having read it], SGI decided to terminate the Appellant's attendance at the Pain Clinic at the half way point. By letter October 31, her adjuster wrote: "This [...] determined that the quantity of medication prescribed are (sic) an impediment to any rehabilitation of accident associated injuries. For this reason your attendance at the Orion

Health Pain Management Clinic is being terminated immediately. We are of the opinion that the medication usage must be controlled immediately with a complete withdrawal being the goal. We are asking Dr. Sonja Ruznisky to develop a treatment plan. You will be expected to participate fully in the plan. Non-compliance will result in the immediate termination of benefits. It is our position that this plan must contain blood testing provisions, times to be determined by Dr. Ruznisky, so that progress can be monitored. If benefits were to be terminated, reinstatement, if any would only occur after a complete investigation. IRC will develop a rehabilitation plan in consultation with Dr Ruznisky; the same rules will apply to this plan.”

[17] We are of the view that this was a hasty, ill-considered and poor decision. It appeared to disregard completely the Pain Clinic’s report of the decrease in medication on program, and the planned continuing reduction. It disregarded the opportunities of a co-ordinated plan, under the guidance of a medical director and a pharmacist, with a psychologist, physiotherapist and occupational therapist, to address the Appellant’s difficulties on many levels. Maybe SGI and/or its advisors were concerned about the treatment provided by the Pain Clinic (as opposed to their concern that the Appellant was not being candid with clinic personnel). If so, there is nothing in the documentation or testimony to suggest it was a concern at the time.

[18] We disagree with Dr. Ruznisky’s analysis of the Pain Clinic report, which she says “discloses that morphine was actually prescribed to [the Appellant] when the program is to decrease drug use and they had [the Appellant’s] prescription drug list clearly indicating that she had attended the program with a large amount of morphine medication. This reinforces the decision to terminate the Orion Health program at this time and proceed with the drug detox plan.”<sup>3</sup> We do not interpret the report from the pharmacist at the Pain Clinic as saying that the clinic prescribed morphine *after* learning of the large quantity of medication she had on hand: quite the contrary. The excess medication had been turned over to the pharmacist, and she was being provided with small allotments. If there is any distinction between what the Pain Clinic was doing and what the Chemical Dependency Treatment Plan Contract described as “gradual but EVENTUAL reduction” of chemicals, then we were not made aware of it during the hearing.

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<sup>3</sup> Psychotherapy treatment report of November 20,2002.

The pharmacist's description of the opioid "taper to elimination" program used at the Pain Clinic was uncontradicted, and we accept it. She also opined that urine tests for opioids during tapering were not useful since they could not detect the actual amounts taken: they are useful only after the opioid has been stopped.

[19] Instead, SGI placed the Appellant's drug detoxification plan not in the hands of a physician and pharmacist, but in the hands of a clinical psychologist, albeit one with some formal instruction in addictions, and with the formal consent of her family physician<sup>4</sup>.

[20] The Appellant signed two contracts at SGI's behest: the Chemical Dependency Treatment Plan Contract and a Phase II Individual Written Rehabilitation Plan (IWRP) Both were signed November 7, 2002, in a meeting attended by Ms Korte, the IRC consultant, two adjusters representing SGI (internal and external), Dr. Ruznisky and the Appellant. The goal of the IWRP was to have the Appellant able to attend a tertiary assessment at Wascana Rehabilitation Institute, "unimpaired by medication use". The two plans set out a number of grounds for immediate termination of funding benefits, the most relevant of which were:

- (a) failure to call in to Dr. Ruznisky's office on a daily and timely basis to be told if she were to attend within three hours at a laboratory for blood and/or urine tests
- (b) "return to non detox program approved medication use in the future"
- (c) impeding SGI's investigation of her medical history and medication use history pre-accident, to determine whether her current problems were a direct result of injuries in the accident.

[21] In fact, the Appellant apparently responded to the Pain Clinic program by determining that she was going to master her drug dependency problem, and the pain management strategies she learned there were helpful as she reduced her drug use. She continued counselling with Dr. Ruznisky, and that went generally well until March 2003. At that time, Dr. Ruznisky observed

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<sup>4</sup> Technically, this document only endorsed funding for random blood tests. The following day, her family physician wrote SGI asking for help for his patient, with a progressive cervical dystonia condition involving "incredible" pain, and recommending against much physical activity and in favour of retraining to do counselling work. "I think it is time that we try to give [the Appellant] a bit of her life back."

symptoms of sedation, and after “considerable discussion”, learned that the Appellant was taking the following prescription drugs since the two contracts:

- Neurontin (gabapentin) 1200 mg/day (an “anti-convulsant used for partial seizure and pain control”)<sup>5</sup> as prescribed by a Prince Albert psychiatrist<sup>6</sup>
- Wellbutrin (anti-depressant) 200 mg/day prescribed by the family physician
- Inderal (beta-adrenergic blocking agent for high blood pressure) prescribed by the family physician
- Amitriptyline (tricyclic antidepressant) 200 mg/day also prescribed by the psychiatrist<sup>7</sup>
- Toradol (pain medication) prescribed by a physician at a walk-in clinic.

[22] Dr. Ruznisky was concerned for several reasons. Her pharmacist consultant said there might be some interaction effects, the amitriptyline dose was “above the average recommended dose” and could cause a “stoned effect”, and the Wellbutrin was not thought advisable for people with a history of drug abuse. She thought that although none of them were narcotics or opiates, they might still be psychologically addictive.

[23] There was also the issue of whether the Appellant was in compliance with the contracts. The Appellant said she had to report only narcotic drugs. The psychologist felt the contract required her to report all medication use. The only applicable provision is the “return to non detox program approved medication use in the future” clause referred to in paragraph [20(b)], unfortunately vague. Even more unfortunately, no written clarification was ever issued. Instead, the Appellant’s tertiary assessment at Wascana was cancelled, but then apparently re-instated.

[24] The Appellant did attend for tertiary assessment at Wascana Rehabilitation Centre in May 2003. The assessment provided a detailed analysis, with a series of recommendations. The team

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<sup>5</sup> Dr. Mirchandani, the psychiatrist who forms part of this Commission panel, observes that gabapentin is recognized as being useful in neuropathic pain and also as a mood stabilizer.

<sup>6</sup> In fact, it was apparently the family physician who prescribed it at that time, according to psychiatrist Dr. Hussain. He did prescribe it in September 2003.

<sup>7</sup> Dr. Mirchandani observes that this falls within the therapeutic dose range of between 150-300mg per day. The maintenance dose range is 100-200 mg some people occasionally benefit from a lower dose.

felt she was capable of sedentary work 4 hours a day, but would benefit from physiotherapy for her neck and shoulder girdle (12-16 weeks), with exercise therapy for deconditioning. Drug use monitoring during this secondary or tertiary treatment should continue, and if necessary, she could be sent to an in-patient addiction treatment. Psychological counselling should continue, with a focus on preparation for return to work.

[25] The Appellant did not agree with Wascana's diagnosis with respect to her neck: a referral to a neurologist confirmed an essentially normal neurologic condition, and tension headaches. He thought it unnecessary to continue with Botox injections. She sought and obtained a second opinion from another neurologist, the one who initially diagnosed her torticollis. He said that she had improved significantly: her current mild torticollis might well be related to the essential tremor, not accident related.<sup>8</sup>

[26] She began the secondary physiotherapy program at the beginning of July, 2003, and a third IWRP was prepared by the IRC consultant. The goal was to reach maximum medical improvement from her accident injuries, and have the physical ability to return to full time light level employment. During the program, she was to attempt a volunteer work program for four hours a day. After she finished the 16 week physiotherapy program, SGI wished her to have a Residual Capacity Evaluation. It was to be her responsibility to find employment.

[27] The Appellant did not want to sign the IWRP. She thought SGI was trying to cut her off as soon as possible. She also wanted re-training options. An occupational therapist visited her, and reported on her perception of her injury, specifically continuing to assert that her cervical dystonia, while perhaps in remission, had not resolved. Her attendance at physiotherapy began to slip, although her effort while there was considered adequate in July, less so in August. Dr. Ruznisky wrote her a warning letter referring to her "negative pattern of challenging and changing the treatment program and (her) insistence on control of the treatment plan". She referred in particular to her disregard for current medical diagnoses, her complaints of unbearable foot pain while wearing shoes with two inch heels, and her failure to provide doctor's

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<sup>8</sup> He could not say definitively if it was "gone for good". He thought she would continue to have relief from symptoms, and made no further recommendations or follow up appointments.

notes at the physiotherapy program. [One positive note was that she began volunteer work four hours a day in a lawyer's office.]

[28] SGI also wrote a warning letter the same day referring to 7 missed attendances for non-accident related illnesses, and suggesting that they would consider suspending income replacement benefits on such days, and explaining the two rationales, the need for her to participate fully in order to recover to the fullest extent possible, and the waste of the physiotherapist's time for a late cancellation (and the resulting charge of such time to SGI).

[29] Three days later, August 29, 2003, SGI wrote a further letter, stating that Dr. Ruznisky's letter warned that her actions were impeding the progressive, structured treatment plan put in place for her benefit. It referred to the second IWRP of November 2002, which she had signed, and which acknowledged that lack of compliance with the plan would result in termination of benefits. It insisted on delivery of doctor's notes for the absences from treatment.

[30] By the end of August, Dr. Ruznisky reported to SGI that the Appellant was reverting to a pattern of avoidance, irresponsibility and lethargy. She was manipulating the various people involved in her treatment program (the most recent example being the occupational therapist). She recommended several things for managing the case: a "clinical personality analysis", consistent structure and review, and monthly meetings of treatment case workers. She wondered if the Appellant's insistent on medical and physical complaints might be a deliberate ploy to avoid therapy progress. Her refusal to sign the third IWRP was noted. She claimed she had misunderstood the need for doctor's notes for non-attendance at the physiotherapy program, and thought the requirement was just when she had a doctor's appointment.

[31] The final straw for SGI and its treatment providers came September 10. The Appellant telephoned Dr. Ruznisky to say that she had seen Dr. Hussain (a psychiatrist in Prince Albert) the day before, and he had prescribed medication for her. The medication was Neurontin (gabapentin).<sup>9</sup> Dr. Ruznisky considered this a breach of the "contract with SGI" but seemed equally concerned by the several explanations volunteered by the Appellant about this. She

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<sup>9</sup> Dr. Hussain advised that she was having pain, was feeling tired, fatigued and irritable. He knew she had taken Neurontin from her earlier attendance on him in November 2002. He said while it had been primarily used as an anti-convulsant, it had over the years been found effective for chronic pain, generalized anxiety and mood disturbance.

apparently first said that she had seen the psychiatrist to discuss her fear that her pain would return. When advised that Neurontin did not relate to fear of pain<sup>10</sup>, she then said she could not sleep and had a lot of pain. When advised that it was an anti-convulsant, and sleeplessness was a common side effect, she then said it was required for her neck spasms. Dr. Ruznisky continued to be skeptical, since neck spasms had not been mentioned as a problem to her or to the physiotherapists treating her almost daily for over two months. Furthermore, she had been told by her pharmacist friend that Neurontin was known as an easy “cocktail” with Gravol to produce a quick high.<sup>11</sup>

[32] When SGI was made aware of this, senior adjuster Robert Snell promptly sent the decision letter of September 17, 2003 that gave rise to this appeal. After citing section 183 of the *Act* outlined in paragraph [2] above, Snell stated: “Your actions do not follow the recommendations of the practitioner, Dr. Sonja Ruznisky, and they serve to prevent or delay recovery. For these reasons, all benefits afforded by the Automobile Accident Insurance Act are terminated as of September 16, 2003.”

[33] It has seemed to the Commission almost as if there were two SGI’s involved in the Appellant’s case. There is the rehabilitative SGI whose adjusters and treatment providers worked hard to develop a plan to rehabilitate a woman whose injuries had unfortunately produced the very painful condition of cervical dystonia, and who (eventually) funded expensive trips to Vancouver for the injections that relieved her pain, a treatment program at the pain clinic in Vancouver, long term psychological counselling, and a four month physio and exercise therapy program, among other things.

[34] Then there is the other SGI that, in our opinion, made several poor decisions with respect to the Appellant’s treatment. We have mentioned the termination of treatment at the Vancouver pain clinic. In addition, we believe that the cancellation of the Wascana tertiary assessment<sup>12</sup> because it was thought her participation *might* be impaired by medication use, was unjustified in the circumstances: this decision was fortunately later reversed.

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<sup>10</sup> Perhaps incorrect: (“generalized anxiety”).

<sup>11</sup> We observe that there is no evidence at all that the Appellant was combining this medication with Gravol.

<sup>12</sup> See paragraph [23].

[35] The final decision, based on a further prescription of Neurontin by the same psychiatrist who had prescribed it earlier, was not justifiable. Strictly speaking, she was not in breach of compliance with any treatment plan or contract. The Chemical Dependency Treatment Plan Contract related only to random testing. The second IWRP, as stated above in paragraph [23] referred only to “return to non detox program approved medication use”. Was it really intended that Dr. Ruznisky “approve” (pre-approve?) all proposed prescription drugs for the Appellant, for whatever medical purpose, as stated in the termination letter? If so, why not say so in the IWRP? What would the medical doctors have had to say about that? There is no evidence that any of the Appellant’s doctors were advised: in particular, the letter requesting the family doctor’s approval of the random drug testing – at a time when the IWRP had just been signed -- makes no such reference. Again, when the Phase III IWRP was sent to the new family physician (who signed it in August 2003, there is no indication that the psychologist’s would provide “pre-approval” for all medications. None of the physicians’ prescriptions complained of were narcotic or physically addictive. We are struck by the ongoing lack of communication between the psychologist and the Appellant’s known medical practitioners.

[36] We believe that Dr. Ruznisky, whose formal training in pharmacology is limited, found herself in an untenable position supervising the Appellant’s medications prescribed by medical doctors and psychiatrists. In her evidence before us, she mentioned occasional contact with them, but apparently did not discuss her concerns of medication abuse and her SGI-required oversight of all medications. She tried to supplement her limited knowledge by consultation with a pharmacist and by referring to popular pharmaceutical guides, e.g. “The Pill Book”. In fact, she recommended a comprehensive review by a specialist, and expressed the hope that the tertiary assessment at Wascana would provide this. She further recommended “a current neuro-medical assessment is arranged so that all new information for diagnose and treatment is applied... This is needed not only for current diagnosis but also to review the necessity of prescribed medications for [the Appellant] by her psychiatrist and medical doctor.” This did not occur.

[37] We acknowledge that the Appellant’s conduct often strongly tested the limits of her treatment, and did require sanctions. She persisted in claiming she had cervical dystonia in the summer/fall of 2003 despite diagnoses from two neurologists that her current condition was no

more than a mild torticollis. The condition may recur, or it may continue in remission. The Appellant used the possibility of a worsening of symptoms to justify not signing the Phase III IWRP contract, which was not appropriate. We accept Dr. Ruznisky's account of her discussion with the Appellant on the Neurontin prescription in paragraph [31], and like her, we find the Appellant unconvincing, to say the least. Her evasions of responsibility ("I didn't realize")<sup>13</sup> are also far too frequent.

[38] While we find that SGI could have justified applying sanctions to the Appellant's lapses in the treatment program, it is surprising how haphazard this process was. SGI did contemplate that benefits might be *suspended* as permitted by section 183 (see paragraph 2): in the August 26, 2003 warning letter, SGI's personal injury representative specifically stated: "We will, effective immediately, consider suspending the IRB on days of non-attendance for non accident related illness and/or reasons that are not emergencies." Section 183 is a flexible remedy that permits reduction or suspension of a benefit, yet in this case<sup>14</sup> SGI issued warning letters threatening termination but doing nothing else until the final termination letter, for a relatively insignificant occurrence. We find that SGI, through its adjusters and through Dr. Ruznisky, had adequately warned the Appellant that she might be terminated, but failed to exercise judgment in applying disciplinary sanctions<sup>15</sup>.

[39] We find that the Appellant did not fail any drug tests ordered, although we did note the report that she appeared to be "sedated" at one of her counselling sessions in March 2003 and listless and slow in speech at a meeting in August 2003 with the occupational therapist.

[40] We are not satisfied that her actions failed to "follow the recommendations of the practitioner, Dr. Sonja Ruznisky, and that they [served] to prevent or delay recovery". We are not satisfied that the Appellant breached the conditions of any contract she signed. We do not

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<sup>13</sup> e.g. not providing her Saskatchewan number to the Vancouver pain clinic so they could obtain a list of her current medications, even though she in fact had it (see paragraph [14]), her excuse when first confronted by Dr. Ruznisky about medications that she did not know she was required to report non-narcotic medications, her statement that she thought she was putting in a full effort while completing half an hour of a 2.5 to 3 hour program of exercise at the physiotherapy clinic; her initial denial of receiving one of SGI's warning letters; her failure to provide doctor's notes for missed physiotherapy sessions.

<sup>14</sup> and in many others of which we are aware, e.g. *M.R. v. SGI*, 2004 SKAIA 39.

<sup>15</sup> The psychologist may not have been aware of the gradations of sanctions. SGI ought to have known, and was in fact aware.

think it was appropriate for SGI to give a psychologist the authority to pre-approve medications, or that the Appellant's treatment should have been terminated because she received non-narcotic prescription drugs from a psychiatrist.

## **Conclusion**

[41] SGI's decision must be set aside. The Appellant is eligible for benefits since the date of termination, including income replacement benefits, together with interest, and future rehabilitation benefits associated with accident-related injuries. She is entitled to her reasonable expenses of the hearing, including legal costs on the basis of double column 3 of the Queen's Bench Tariff, capped at \$2,500.

**Dated** at Regina, Saskatchewan, on December 20, 2006.

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Ann Phillips, Q.C., Chair

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Beverley Cleveland, Commission Member

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Mukesh Mirchandani, M.D., Commission Member