

EMPLOYEE INFORMATION ON THE INDEPENDENT MEDICAL REVIEW PROCESS

This notice is to inform you of your rights, responsibilities and process in obtaining an Independent Medical Review (IMR). If you disagree with your treatment plan or diagnosis that the third opinion physician rendered, you have the right to request an Independent Medical Review. At the time you request a physician for a third opinion, your MPN contact or Claims Adjuster will provide you with this form covering the Independent Medical Review process. You will also be provided with an "Application for Independent Medical Review" form. The MPN contact or Claims Adjuster will fill out the "MPN Contact section" for you. You will need to complete the "employee section" of the form, indicate on the form whether you are requesting an in-person examination or a records review. You may also list an alternative specialty, if any, that is different from the specialty of the treating physician.

The Administrative Director will select an IMR with an appropriate specialty within 10 business days of receiving your Application for Independent Medical Review form. The Administrative Director's selection of the IMR will be based on the specialty of your treating physician, the alternative specialties listed by you and the MPN contact, and the information submitted with the Application for Independent Medical Review.

If you request an in-person examination, the Administrative Director will randomly select a physician from a list of available independent medical reviewers, with an appropriate specialty, who has an office located within thirty miles of your residential address, to be your independent medical reviewer. If there is only one physician with an appropriate specialty within thirty miles of your residential address, that physician shall be selected to the independent medical reviewer. If there are no physicians with an appropriate specialty who have offices located within thirty miles of your residential address, the Administrative Director will search in increasing file mile increments, until one physician is located. If there are no available physicians with this appropriate specialty, the Administrative Director may choose another specialty based on the information submitted.

If you request a record review, then the Administrative Director will randomly select a physician with an appropriate specialty from the list of available independent medical reviewers to be the IMR. If there are no physicians with an appropriate specialty, the Administrative Director may choose another specialty based on the information submitted.

The Administrative Director will send written notification of the name and contact information of the IMR to you, your attorney, if any, the MPN contact and the IMR. The Administrative Director will send a copy of the completed Application for Independent Medical Review to the IMR.

You, the MPN Contact, or the selected IMR can object within 10 calendar days of receipt of the name of the IMR to the selection if there is a conflict of interest as defined by section 9768.2. If the IMR determines that they do not practice the appropriate specialty, the IMR shall withdraw within 10 calendar days of receipt of the notification of selection. If the conflict is verified or the IMR withdraws, the Administrative Director will select another IMR from the same specialty. If there are no available physicians with the same specialty, the Administrative Director may select an IMR with another specialty based on the information submitted and in accordance with the procedure set forth for an in-person examination and for a records review.

If you request an in-person examination, within sixty calendar days of receiving the name of the IMR, you must contact the IMR to arrange an appointment. If you fail to contact the IMR for an appointment with sixty calendar days of receiving the name of the IMR, then you will be deemed to have waived the IMR process with regard to this disputed diagnosis or treatment of this treating physician. The IMR shall schedule an appointment with you within thirty calendar days of the request for an appointment, unless all parties agree to a later date. The IMR shall notify the MPN contact of the appointment date.

Should you decide to withdraw the request for an independent medical review, you need to provide written notice to the Administrative Director and the MPN contact.

During this process, the employee shall remain within the MPN for treatment pursuant to section 9767.6.

The MPN Contact shall send all relevant medical records to the IMR. The MPN Contact shall also send a copy of the documents to the covered employee. The employee may furnish any relevant medical records or additional materials to the Independent Medical Reviewer, with a copy to the MPN contact as set forth in 8 CCR Section 9768.11(a). If you have requested an in-person examination and a special form of transportation is required because of your medical condition, the MPN contact will arrange it for you. The MPN Contact shall furnish transportation and arrange for an interpreter, if necessary, in advance of the in-person examination. All reasonable expenses of transportation shall be incurred by the insurer or employer pursuant to Labor Code section 4600. Except for the in-person examination itself, the independent medical reviewer shall have no ex parte contact with any party. Except for matters dealing with scheduling appointments, scheduling medical tests and obtaining medical records, all communications between the independent medical reviewer and any party shall be in writing with copies served on all parties.

If the IMR requires further tests, the IMR shall notify the MPN Contact within one working day of the appointment. All tests shall be consistent with the medical treatment utilization schedule adopted pursuant to Labor Code section 5307.27 or, prior to the adoption of this schedule, the ACOEM guidelines, and for all injuries not covered by the medical treatment utilization schedule or the ACOEM guidelines, in accordance with other evidence based medical treatment guidelines generally recognized by the national medical community and that are scientifically based.



The IMR may order any diagnostic tests necessary to make their determination regarding medical treatment or diagnostic services for the injury or illness but shall not request you to submit to an unnecessary exam or procedure. If a test duplicates a test already given, the IMR shall provide justification for the duplicative test in their report. If you fail to attend an examination with the IMR and fail to reschedule the appointment within five business days of the missed appointment, the IMR shall perform a review of the records and make a determination based on those records.

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The IMR will serve the report on the Administrative Director, the MPN Contact, you, your attorney, if any, within twenty days after the in-person examination or completion of the records review.

If the disputed health care service has not been provided and the IMR certifies in writing that an imminent and serious threat to the health of you exists, including, but not limited to, the potential loss of life, limb, or bodily function, or the immediate and serious deterioration of you, the report shall be expedited and rendered within three business days of the in-person examination by the IMR.

Subject to approval by the Administrative Director, reviews not covered above, may be extended for up to three business days in extraordinary circumstances or for good cause. Extensions for good cause shall be granted for; medical emergencies of the IMR or the IMR's family; death in the IMR's family; or natural disasters or other community catastrophes that interrupt the operation of the IMR's office operations.

Utilizing the medical treatment utilization schedule established pursuant to Labor Code section 5307.27 or, prior to the adoption of this schedule, the ACOEM guidelines, and taking into account any reports and information provided, the IMR shall determine whether the disputed health care service is consistent with the recommended standards. For injuries not covered by the medical treatment utilization schedule or by the ACOEM guidelines, the treatment rendered shall be in accordance with other evidence-based medical treatment guidelines which are generally recognized by the national medical community and scientifically based.

The IMR should not treat or offer to provide medical treatment for this injury or illness for which they have done an independent medical review evaluation for you unless a medical emergency arises during the in-person examination.

Neither you nor the employer nor the insurer shall have any liability for payment for the independent medical review which was not completed within the required timeframes unless you and the employer each waive the right to a new independent medical review and elect to accept the original evaluation.

The Administrative Director shall immediately adopt the determination of the independent medical reviewer and issue a written decision within five business days of receipt of the report.

The parties may appeal the Administrative Director's written decision by filing a petition with the Workers' Compensation Appeals Board and serving a copy on the administrative Director, within twenty days after receipt of the decision.

If the IMR agrees with the diagnosis, diagnostic service or medical treatment prescribed by the treating physician, you shall continue to receive treatment with physicians within the MPN.

If the IMR does not agree with the disputed diagnosis, diagnostic service or medical treatment prescribed by the treating physician, you shall seek medical treatment with a physician of your choice either within or outside the MPN. If you choose to receive medical treatment with a physician outside the MPN, the treatment is limited to the treatment recommended by the IMR or the diagnostic service recommended by the IMR. The medical treatment shall be consistent with the medical treatment utilization schedule established pursuant to Labor Code section 5307.27 or, prior to the adoption of this schedule, the ACOEM guidelines. For injuries not covered by the medical treatment utilization schedule or by the ACOEM guidelines, the treatment rendered shall be in accordance with other evidence-based medical treatment guidelines which are generally recognized by the national medical community and scientifically based. The employer or insurer shall be liable for the cost of any approved medical treatment in accordance with Labor Code section 5307.1 or 5307.11.

