

EMPLOYEE INFORMATION GUIDE



CALIFORNIA MEDICAL PROVIDER NETWORK (MPN)
Administered by: Rising Medical Solutions

TABLE OF CONTENTS

1. Introduction	> 3
2. Notifications & Forms from Your Employer	> 3
3. MPN Website	> 3
4. Frequently Asked Questions & Contact Information	> 4
Attachment A. Employee MPN Acknowledgement Form	> 12
Attachment B. Employee Notice of Pre-Designation Rights & Physician Pre-Designation Form	> 14
Attachment C. Employee Information on the Independent Medical Review (IMR) Process	> 17
Attachment D. IMR Application Form & Instructions	> 21

**Important Information about Medical Care if you have a
Work-Related Injury or Illness**

1. | INTRODUCTION

California law requires your employer to provide and pay for medical treatment if you are injured at work. Your employer has chosen to provide this medical care by using a Workers' Compensation physician network called a Medical Provider Network (MPN). This MPN is administered by Rising Medical Solutions and it is referred to as the "Rising-Interplan MPN". This Information Guide tells you what you need to know about this MPN program and describes your rights in choosing medical care for work-related injuries and illnesses.

2. | NOTIFICATIONS & FORMS FROM YOUR EMPLOYER

Your employer should have already distributed and collected the following forms from you. If they have not done so already, please inquire with your employer further.

- Attachment A: **Employee MPN Acknowledgement Form**
- Attachment B: **Employee Notice of Pre-Designation Rights & Physician Pre-Designation Form**
- New Hire Notification Packet with I&A Office Information

3. | MPN WEBSITE

You may search for approved medical providers in the Rising-Interplan MPN on the following website:
<http://midwest.risingms.com/>

Instructions for Medical Provider Networks Search

In serious emergency situations, call 911 and/or transport the employee to the nearest appropriate medical facility even if the facility is not in your Provider Network.

The "Name/Region" tab will allow you to search for providers in your city/state/zip.

- Enter the city/state and/or ZIP code
- Select your preferred search radius (miles)
- Under "Provider Types", select the type of provider needed or select "All"
- Under "Specialties", select the pertinent specialty for treatment that is needed
- If you know the specific provider that you wish to see, and want to know if they are within our MPN, you may enter the facility name or the physician's name in the area marked "Enter any optional search criteria".
- The section marked "Select Results Options" allows you to sort your search results by distance or provider name. It also allows you to change the format of your results to be viewed in a list or on an actual map of the area showing their locations.
- Click "Search providers"

The **“Address Radius”** tab allows the user to search for providers within a specified radius of a specific address. The search process for this tab is identical to the above.

****Within the Name/Region and Address Radius tabs you may also choose to search for providers based on the body part injured. To do this you will unclick the advanced button in the “Select Specialties” box and then click on the body part injured within the picture. Specialists will appear based on your selections.**

The **“Type of Injury”** tab allows you to search for providers based on the type of injury to a specific body part. To use this function:

- Enter your city/state or your ZIP code
- Click on the body part that needs medical attention
- After selecting the body part, click the description of what has occurred to the body part
- After clicking the description, select what specialty of medical attention is needed
- If you know of a particular physician or clinic in your area and wish to check if they are in our MPN, you may search for them using the “Enter any optional criteria” section
- The section marked “Select Results Options” allows you to sort your search results by distance or provider name. It also allows you to change the format of your results to be viewed in a list or on an actual map of the area showing their locations.
- Click “Search Providers” to view your results

The **“Worksite Posters”** tab allows you to search for providers in your area. This function will create a posting which you can display at your workplace that identifies providers in your area within our MPN from which injured workers can seek medical treatment immediately in the event of an injury.

The **“Pharmacy Lookup”** tab allows you to search for pharmacies in your area.

4. | FREQUENTLY ASKED QUESTIONS & CONTACT INFORMATION

- **What is an MPN?**

A Medical Provider Network (MPN) is group of health care providers (physicians and other medical providers) used by your employer to treat workers injured on the job. Each MPN must include a mix of doctors specializing in work-related injuries and doctors with expertise in general areas of medicine.

MPNs must allow employees to have a choice of provider(s).

- **How do I find out which doctors are in my MPN?**

The MPN contact listed in this notification will be able to answer your questions about the MPN and will help you obtain a regional list of all MPN doctors in your area. At minimum, the regional listing must include a list of all MPN providers within 15 miles of your workplace and/or residence or a list of all MPN providers within the county where you live and/or work. You may choose which list you wish to receive.

You can get the list of MPN providers by calling the MPN contact or by going to the following website:
<http://midwest.risingms.com/>

You also have the right to a complete listing of all of the MPN providers upon request.

- **What happens if I get injured at work?**

In case of an emergency, you should call 911 or go to the closest emergency room.

If you are injured at work, notify your employer as soon as possible. Your employer will provide you with a claim form. When you notify your employer that you have had a work-related injury, your employer / insurer will make an initial appointment with a doctor in the MPN.

- **How do I choose a provider?**

After the first medical visit, you may continue to be treated by this doctor, or you may choose another doctor from the MPN. You may continue to choose doctors within the MPN for all of your medical care for this injury. If appropriate, you may choose a specialist or ask your treating doctor for a referral to a specialist. If you need help in choosing a doctor you may call the MPN Contact listed in this document.

- **Can I change providers?**

Yes. You can change providers within the MPN for any reason, but the providers you choose should be appropriate to treat your injury.

- **What standards does the MPN have to meet?**

The MPN has providers for the entire state of California.

The MPN must give you a regional list of providers that includes at least three physicians in each specialty commonly used to treat work injuries/illnesses in your industry. The MPN must provide access to primary physicians within 15 miles and specialists within 30 miles. If you live in a rural area there may be a different standard.

The MPN must provide initial treatment within 3 days. You must receive specialist treatment within 20 days of your request. If you have trouble getting an appointment, contact the MPN.

- **What if there are no MPN providers where I am located?**

If you are a current employee living in a rural area or temporarily working or living outside the MPN service area, or you are a former employee permanently living outside the MPN service area, the MPN or your treating doctor will give you a list of at least three physicians who can treat you. The MPN may also allow you to choose your own doctor outside of the MPN network. Contact your MPN for assistance in finding a physician or for additional information.

- **What if I need a specialist not in the MPN?**

If you need to see a type of specialist that is not available in the MPN, you have the right to see a specialist outside of the MPN.

- **What if I disagree with my doctor about medical treatment?**

If you disagree with your doctor or wish to change your doctor for any reason, you may choose another doctor within the MPN.

If you disagree with either the diagnosis or treatment prescribed by your doctor, you may ask for a second opinion from another doctor within the MPN. If you want a second opinion, you must contact the MPN and tell them you want a second opinion. The MPN should give you at least a regional MPN provider list from which you can choose a second opinion doctor. To get a second opinion, you must choose a doctor from the MPN list and make an appointment within 60 days. You must tell the MPN Contact of your appointment date, and the MPN will send the doctor a copy of your medical records. You can request a copy of your medical records that will be sent to the doctor.

If you do not make an appointment within 60 days of receiving the regional provider list, you will not be allowed to have a second or third opinion with regard to this disputed diagnosis or treatment of this treating physician.

If the second opinion doctor feels that your injury is outside of the type of injury he or she normally treats, the doctor's office will notify your employer / insurer. You will get another list of MPN doctors or specialists so you can make another selection.

If you disagree with the second opinion, you may ask for a third opinion. If you request a third opinion, you will go through the same process you went through for the second opinion.

Remember, if you do not make an appointment within 60 days of obtaining another MPN provider list, then you will not be allowed to have a third opinion with regard to this disputed diagnosis or treatment of this treating physician.

If you disagree with the third opinion doctor, you may ask for an Independent Medical Review (IMR). Your employer / insurer or MPN contact person will give you information on requesting an Independent Medical Review and a form at the time you request a third opinion (see Attachments C and D for more information).

If either the second or third opinion doctor agrees with your need for a treatment or test, you will be allowed to receive that medical service from a provider inside the MPN, including the second or third opinion physician.

If the Independent Medical Reviewer supports your need for a treatment or test you may receive that care from a doctor inside or outside of the MPN.

- **What exactly is an Independent Medical Review (IMR)?**

If, after you receive a third opinion, you disagree with the third opinion doctor, then you may request an Independent Medical Review using the Independent Medical Review Application Form (see Attachment D) provided by your employer / insurer or MPN contact.

An Independent Medical Review is done by a physician who does not work directly with your doctor. You can visit that doctor and be examined or you can choose to have the doctor review your records. The specialty of the doctor will be the same as the specialty of your treating physician, if possible. Not all types of doctors can be an Independent Medical Reviewer. You may select another type of doctor in case your doctor's specialty is not available.

You will send your IMR Application Form to the Division of Workers' Compensation (DWC). Subsequently, the DWC will send you the name and contact information of the Independent Medical Reviewer. When you receive the name of the Independent Medical Reviewer, you must make an appointment within 60 days. The Independent Medical Reviewer is required to schedule an appointment with you within 30 days. If you fail to make the appointment with the Independent Medical Reviewer within 60 days, you will not be allowed to have an Independent Medical Review on this dispute.

To learn more about your rights, responsibilities, and the process by which you obtain an IMR, please see Attachment C.

- **What if I am already being treated for a work-related injury before the MPN begins?**

Your employer / insurer has a "Transfer of Care" policy, which will determine if you can continue being temporarily treated for an existing work-related injury by a physician outside of the MPN before your care is transferred into the MPN.

If you have properly pre-designated a primary treating physician (see Attachment B for more information), you cannot be transferred into the MPN (if you have questions about pre-designation, ask your employer / insurer.) If your current doctor is not or does not become a member of the MPN, then you may be required to see an MPN physician.

If your employer / insurer decides to transfer you into the MPN, you and your primary treating physician must receive a letter notifying you of the transfer.

If you meet certain conditions, you may qualify to continue treating with a non-MPN physician for up to a year before you are transferred into the MPN. The qualifying conditions to postpone the transfer of your care into the MPN are in the "box" on the following page.

Can I Continue Being Treated By My Doctor?

You may qualify for continuing treatment with your non-MPN provider (through transfer of care or continuity of care) for up to a year if your injury or illness meets any of the following conditions:

- **(Acute Condition)** The treatment for your injury or illness will be completed in less than 90 days;
- **(Serious Chronic)** Your injury or illness is one that is serious and continues for at least 90 days without full cure or worsens and requires ongoing treatment. You may be allowed to be treated by your current treating doctor for up to one year, until a safe transfer of care can be made.
- **(Terminal)** You have an incurable illness or irreversible condition that is likely to cause death within one year or less.
- **(Pending Surgery)** You already have a surgery or other procedure that has been authorized by your employer / insurer that will occur within 180 days of the MPN effective date, or the termination of contract date between the MPN and your doctor.

You can disagree with your employer's / insurer's decision to transfer your care into the MPN. If you don't want to be transferred into the MPN, ask your primary treating physician for a medical report on whether you have one of the four conditions stated above to qualify for a postponement of your transfer into the MPN.

Your primary treating physician has 20 days from the date of your request to give you a copy of his/her report on your condition. If your primary treating physician does not give you the report within 20 days of your request, the employer / insurer can transfer your care into the MPN and you will be required to use an MPN physician.

You will need to give a copy of the report to your employer / insurer if you wish to postpone the transfer of your care. If you or your employer / insurer disagrees with your doctor's report on your condition, you or your employer / insurer can dispute it. See the "Transfer of Care" policy for more details on the dispute resolution process. For a copy of the complete "Transfer of Care" policy, ask your employer / insurer.

- **What if I am being treated by an MPN doctor who decides to leave the MPN?**

Your employer / insurer has a "Continuity of Care" policy that will determine whether you can temporarily continue treatment for an existing work injury with your doctor if your doctor is no longer participating in the MPN.

If your employer / insurer decides that you do not qualify to continue your care with the non-MPN provider, you and your primary treating physician must receive a letter of notification.

If you meet certain conditions, you may qualify to continue treating with this doctor for up to a year before you must switch to an MPN physician(s). These conditions are set forth in the box above, "Can I Continue Being Treated By My Doctor?"

You can disagree with your employer's / insurer's decision to deny you Continuity of Care with the terminated MPN provider. If you want to continue treating with the terminated doctor, ask your primary

treating physician for a medical report on whether you have one of the four conditions stated in the box above to see if you qualify for temporary continuing treatment with your current doctor.

Your primary treating physician has 20 days from the date of your request to give you a copy of his/her medical report on your condition. If your primary treating physician does not give you the report within 20 days of your request, the employer / insurer can transfer your care into the MPN and you will be required to use an MPN physician.

You will need to give a copy of the report to your employer / insurer if you wish to postpone the transfer of your care into the MPN. If you or your employer / insurer disagrees with your doctor's report on your condition, you or your employer / insurer can dispute it. See the "Continuity of Care" policy for more details on the dispute resolution process. For a copy of the complete "Continuity of Care" policy, ask your employer / insurer.

- **What if I have questions or need help?**

- **Employer / Insurer:** Contact your employer / insurer.
- **MPN Contacts:** You may contact any of the following MPN Contacts if you need help or an explanation about your medical treatment for your work-related injury or illness.

Name: MPN Service Unit
Company: Rising Medical Solutions
Address: 325 N LaSalle St, Ste 475
Chicago, IL 60654
Telephone: (877) 279-RISE
Telephone2: (312) 559-8445
Email address: mpn@risingms.com

Name: Scott Vogl
Chief Claims Officer
Company: Illinois Midwest Insurance Agency
Address: PO Box 13369
Springfield, IL 62791-3369
Telephone: (866) 642-2567 x8908
Telephone2: (217) 862-8908
Fax: (866) 642-1234
Email address: scottvogl@midins.com

Name: Crickette Lawrence
Vice President-Claims
Company: Illinois Midwest Insurance Agency
Address: PO Box 13369
Springfield, IL 62791-3369
Telephone: (866) 642-2567, x8940
Telephone2: (217) 862-8940
Fax: (866) 642-1234
Email address: clawrence@midins.com

Name: Angie Kent
Customer Care Supervisor
Company: Illinois Midwest Insurance Agency
Address: PO Box 13369
Springfield, IL 62791-3369
Telephone: (866) 642-2567, x1438
Telephone2: (217) 862-1438
Fax: (866) 642-1234
Email address: akent@midins.com

- **Your Employer's / Insurer's MPN website:** You may search for MPN providers on the following website <http://midwest.risingms.com/>
- **Division of Workers' Compensation (DWC):** If you have concerns, complaints or questions regarding the MPN, the notification process, or your medical treatment after a work-related injury or illness, you can call the DWC's Information and Assistance line at 1-800-736-7401. You can also go to the DWC's website at www.dir.ca.gov/dwc and click on "medical provider networks" for more information about MPNs.
- **Independent Medical Review:** If you have questions about the Independent Medical Review process, contact the Division of Workers' Compensation's Medical Unit at:

DWC Medical Unit
P.O. Box 71010
Oakland, CA 94612
(510) 286-3700 or (800) 794-6900

**Keep this Information Guide and the following Attachments
in case you have a work-related injury or illness.**

Definitions

Covered Employee – An employee whose employer or employer’s insurer has established a Medical Provider Network for the provision of medical treatment to injured employees unless:

- a) The injured employee has properly designated a personal physician pursuant to Labor Code section 4600(d) by notice to the employer prior to the date of injury, Or;
- b) The injured employee’s employment with the employer is covered by an agreement providing medical treatment for injured employee and the agreement is validly established under labor Code section 3201.5, 3201.7 and/or 3201.81.

DWC – The Division of Workers’ Compensation

Emergency Health Care Services – Health care services for a medical condition manifesting itself by acute symptoms of sufficient severity such that the absence of immediate medical attention could reasonably be expected to place the patient’s health in serious jeopardy.

Medical Provider Network – (“MPN”) Any entity or group of providers approved as a Medical Provider Network by the Administrative Director pursuant to Labor Code sections 4616 to 4616.7.

MPN Contact – The individual(s) designated by the MPN in the “Employee’s Guide and MPN Notification” booklet who is responsible for answering employees’ questions about the Medical Provider Network and is responsible for assisting the employee in arranging for an independent medical review.

Primary Treating Physician – A primary treatment physician within the MPN.

Treating Physician – Any physician within the MPN other than the primary treating physician who examines or provides treatment to the employee, but is not primarily responsible for continuing management of the care of the employee. A chiropractor shall not be a treating physician after the employee has received the maximum number of allowable chiropractic visits which 24 visits.

Second Opinion – An opinion rendered by a network physician after an examination to address an employee’s dispute over either the diagnosis or the treatment prescribed by the treating physician.

Third Opinion – An opinion rendered by a network physician after an examination to address an employee’s dispute over either the diagnosis or the treatment prescribed by either the treating physician or physician rendering the second opinion.

Workplace – The geographic location where the covered employee is regularly employed.

IMR – Independent Medical Review or independent medical reviewer

ATTACHMENT A.

Employee MPN Acknowledgement Form

**EMPLOYEE ACKNOWLEDGEMENT OF THE
MEDICAL PROVIDER NETWORK**

In order to provide the most timely and suitable quality medical care in the event of an injury on the job, we have instituted a Medical Provider Network for Workers' Compensation.

The following procedures must be followed for all work related injuries and illnesses.

- Promptly report any work related injury to the supervisor.
- For a referral to a medical provider specialist, contact your employer or claims adjuster.
- Ensure all medical treatment is handled only through the MPN (Medical Provider Network) unless otherwise authorized.
- Direct all questions about the level of care to the PCP (Primary Care Physician), who is the focal point for all medical treatment.
- A directory of medical care providers is available at my request through my employer / insurer.

Please sign below to indicate that you have read and understand the procedures to follow in the event of an injury and your duties under our Medical Provider Network.

Print Name

Date

Employee Signature

Employer

Employee Number

Employer Policy Number

A COPY OF THE MPN DIRECTORY IS AVAILABLE FROM YOUR EMPLOYER OR CLAIMS ADJUSTER UPON YOUR REQUEST

ATTACHMENT B.

Employee Notice of Pre-Designation Rights & Physician Pre-Designation Form***

***Physician Pre-Designation Form can also be downloaded at:

<http://www.dir.ca.gov/dwc/forms.html>

Notice of Right for Employee Pre-Designation of Medical Provider

Labor Code 4600(d) allows an employee to pre-designate a personal physician for treatment of industrial injuries. You must have health care coverage for non-occupational injuries or illnesses in a plan, policy, or fund that meets the criteria set out in the Labor Code.

You must notify your employer / insurer in writing prior to any injury that you have a personal physician. In order to qualify for pre-designation a personal physician shall meet all of the following conditions:

1. The physician is your regular physician or surgeon, licensed pursuant to Chapter 5 (commencing with Section 2000) of Division 2 of the Business and Professions Code.
2. The physician is your primary care physician and has previously directed your medical treatment, and who retains your medical records, including your medical history.
3. The physician agrees to be pre-designated.

If you have a qualified, pre-designated personal physician, please notify your employer / insurer, in writing. In the event of a work related injury you can treat with that physician or you may treat with another physician in the Rising-Interplan Medical Provider Network (MPN.) The form on the next page can be used to pre-designate a personal physician.

PREDESIGNATION OF PERSONAL PHYSICIAN

In the event you sustain an injury or illness related to your employment, you may be treated for such injury or illness by your personal medical doctor (M.D.), doctor of osteopathic medicine (D.O.) or medical group if:

- on the date of your work injury you have health care coverage for injuries or illnesses that are not work related;
- the doctor is your regular physician, who shall be either a physician who has limited his or her practice of medicine to general practice or who is a board-certified or board-eligible internist, pediatrician, obstetrician-gynecologist, or family practitioner, and has previously directed your medical treatment, and retains your medical records;
- your "personal physician" may be a medical group if it is a single corporation or partnership composed of licensed doctors of medicine or osteopathy, which operates an integrated multispecialty medical group providing comprehensive medical services predominantly for nonoccupational illnesses and injuries;
- prior to the injury your doctor agrees to treat you for work injuries or illnesses;
- prior to the injury you provided your employer the following in writing: (1) notice that you want your personal doctor to treat you for a work-related injury or illness, and (2) your personal doctor's name and business address.

You may use this form to notify your employer if you wish to have your personal medical doctor or a doctor of osteopathic medicine treat you for a work-related injury or illness and the above requirements are met.

NOTICE OF PREDESIGNATION OF PERSONAL PHYSICIAN

Employee: Complete this section.

To: _____ (name of employer) If I have a work-related injury or illness, I choose to be treated by:

(name of doctor)(M.D., D.O., or medical group)

(street address, city, state, ZIP)

(telephone number)

Employee Name (please print):

Employee's Address:

Name of Insurance Company, Plan, or Fund providing health coverage for nonoccupational injuries or illnesses:

Employee's Signature _____ Date: _____

Physician: I agree to this Predesignation:

Signature: _____ Date: _____
(Physician or Designated Employee of the Physician or Medical Group)

The physician is not required to sign this form, however, if the physician or designated employee of the physician or medical group does not sign, other documentation of the physician's agreement to be predesignated will be required pursuant to Title 8, California Code of Regulations, section 9780.1(a)(3).

ATTACHMENT C.

Employee Information on the Independent Medical Review (IMR) Process

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 Administrator 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 within 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 the IMR process, you are required to continue your treatment with the treating physician or a physician of your choice within the MPN pursuant to section 9767.6.

The MPN Contact shall send all relevant medical records, including x-ray, MRI, CT, and other diagnostic studies, the treating physician's report, with the disputed treatment or diagnosis, the second and third opinion physician's reports and other medical reports which address the disputed diagnostic services, diagnosis or medical treatment to the IMR. The MPN Contact shall furnish a copy of all correspondence from, and received by, any treating physician who provided a treatment or diagnostic service to you in connection to the injury. The MPN contact shall also send a copy of the documents to you. You may furnish any relevant medical records to the independent medical reviewer, with a copy to the MPN contact. 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.

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 / 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.

ATTACHMENT D.

Independent Medical Review (IMR) Application Form & Instructions***

*** Can also be downloaded at:

<http://www.dir.ca.gov/dwc/forms/IndependentMedicalReviewApplication.pdf>

Independent Medical Review Application
(Division of Workers' Compensation – 8 CCR §9768.10 Mandatory Form)

Employee Section: The Employee shall complete this section and send the completed form to the Administrative Director.
Mailing address: Dept. of Industrial Relations, Division of Workers' Compensation, P.O. Box 71010, Oakland, CA 94612.

Employee Name	Employee Phone Number / Fax	Employee's Address
Employee's Attorney's Name, if applicable	Attorney's Phone Number / Fax	Attorney's Address

Pursuant to Labor Code section 4616.4, I request that the Administrative Director set an Independent Medical Review within 30 days from receipt of this Application.

Check one: ☐ Request for In-Person Examination ☐ Request for Record Review (no In-Person Examination)

Is interpreter needed for exam? _____ If yes, language: _____

Describe diagnosis and part of body affected: _____

Reason for request for Independent Medical Review. Please explain if the dispute involves the diagnosis, treatment or a test (attach additional page or additional materials, such as medical records, if necessary):

Select an alternative specialty, other than specialty of treating physician, if any, from the list on the instructions for this form:

Release: I, _____ (injured employee or person authorized pursuant to law to act on behalf of the injured employee), authorize the release of relevant medical records to the Independent Medical Reviewer.

Signature of injured employee or authorized person	Date
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Medical Provider Network Contact Section: The MPN Contact shall complete this section and send the form to the employee.

Employee	Employer
Insurer	Claim Number
Medical Provider Network	Date of Injury
Treating Physician	Specialty Address
2nd Opinion Physician and specialty	3 rd Opinion Physician and specialty

Select an alternative specialty other than specialty of treating physician, if any, from the list on the back of this form:

I declare under penalty of perjury that I mailed a copy of the Application for IMR to the above named Employee on

Date	Signature	Phone number, fax, and email of MPN Contact
Name of MPN Contact	Address	

Instructions for Independent Medical Review Application Form

Instructions for MPN Contact: At the time of the selection of the physician for a third opinion, you are required to notify the covered employee about the Independent Medical Review process and provide the covered employee with this "Independent Medical Review Application" form. You are required to fill out the "MPN Contact section" of the form. You must then send the form to the employee, who will fill out the top section of the form and send it to the Division of Workers' Compensation. The DWC will send you written notification of the name and contact information of the Independent Medical Reviewer. You must then send the employee's relevant medical records as defined by section 9768.1(a)(11) to the Independent Medical Reviewer. A copy of the medical reports must also be sent to the employee.

Instructions for Injured Employee: This application is being sent to you because you have requested a third opinion to address your dispute with your treating doctor's diagnosis, suggested test, or suggested medical treatment. **Please wait until you read the report from the third opinion doctor before you fill out this form.** If the report resolves your dispute, then you do not need to fill out this form. If you still have a dispute with your treating doctor, then you may request an Independent Medical Review by completing this form and sending it to:

Dept. of Industrial Relations
Division of Workers' Compensation
P.O. Box 71010
Oakland, CA 94612.

An Independent Medical Review is done by a physician who does not work directly with your doctor. You can visit that doctor and be examined or you can choose to have the doctor review your records. Indicate on the form whether you want to be examined (in-person examination) or if you only want to have your records reviewed.

The specialty of the doctor will be the same as the specialty of your treating physician, if possible. Not all types of doctors can be an Independent Medical Reviewer. You may select another type of doctor in case your doctor's specialty is not available. To do this, look at the list of specialists below and chose one type. Indicate this choice on the application. You will receive the name and contact information of the Independent Medical Reviewer from the Division of Workers' Compensation. When you receive the name of the Independent Medical Reviewer, you must make an appointment within 60 days. The Independent Medical Reviewer is required to schedule an appointment with you within 30 days. If you fail to make the appointment with the Independent Medical Reviewer within 60 days, you will not be allowed to have an Independent Medical Review on this dispute. **Written notice must be made to the Administrative Director and MPN Contact if you wish to withdraw the request for an Independent Medical Review after this form has been submitted.**

SPECIALTY CODES

MAI Allergy and Immunology	MAA Anesthesiology
MRS Colon & Rectal Surgery	MDE Dermatology
MEM Emergency Medicine	MFP Family Practice
MPM General Preventive Medicine	MHD Hand – Orthopaedic Surgery, Plastic Surgery, General Surgery
MMM Internal Medicine	MMV Internal Medicine – Cardiovascular Disease
MME Internal Medicine – Endocrinology Diabetes and Metabolism	MMG Internal Medicine - Gastroenterology
MMH Internal Medicine – Hematology	MMI Internal Medicine – Infectious Disease
MMO Internal Medicine – Medical Oncology	MMN Internal Medicine - Nephrology
MMP Internal Medicine – Pulmonary Disease	MMR Internal Medicine – Rheumatology
MPN Neurology	MNS Neurological Surgery
MNM Nuclear Medicine	MOG Obstetrics and Gynecology
MPO Occupational Medicine	MOP Ophthalmology
MOS Orthopaedic Surgery	MTO Otolaryngology
MAP Pain Management –Psychiatry and Neurology, Physical Medicine and Rehabilitation, Anesthesiology	MHA Pathology
MEP Pediatrics	MPR Physical Medicine & Rehabilitation
MPS Plastic Surgery	MPD Psychiatry
MRD Radiology	MSY Surgery
MSG Surgery – General Vascular	MTS Thoracic Surgery
MTX Toxicology – Preventive Medicine, Pediatrics, Emergency	MUU Urology
POD Podiatry	