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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

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 | 3rd 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		