



Division of Workers' Compensation QME Online Form 106 Panel Request Guide

Panel Request Information Page

Division of Workers' Compensation (DWC)

Qualified Medical Examiner Online Form

Panel Request Information Employee Information Applicant Attorney Information Employer & Claims Administrator Information Defense Attorney Information Declaration Confirmation Upload Document Review & Submit

PANEL REQUEST INFORMATION Step 1 of 8

*Claim Number: 571380AKH *Date of Injury: 08/02/2010

*Requesting Party: CLAIMS ADMINISTRATOR

*First Name of Primary Treating Physician: MARK *Last Name of Primary Treating Physician: HOPKINS

*Specialty of Treating Physician: PAIN MEDICINE (MPA)

*QME Specialty Requested: PAIN MEDICINE (MPA)

*Opposing Party's QME Specialty Preferred: SPINE (MNB)

*Labor Code Section: § 4060 *Dispute Type: COMPENSABILITY DISPUTE Date of report being objected to: 09/16/2010

*Date of request for comprehensive exam: 09/16/2010

* indicates a required field
0.44 08282015

NOTE:

- * = mandatory field
- ? = tool tip

Online panel system is for dates of injury prior to 1/1/05. For DOIs prior to 1/1/05 in represented cases, each party may select any QME. They are not required to obtain a panel from the MU.

Requester should use "Unknown" for first and last name if the name of PTP is not known.

Not a mandatory field for Labor Code Section 4060. This field is mandatory for both 4061 and 4062.

Must include all hyphens if they appear in claim number sequence.

Dispute types by Labor Code Section:

4060 – Compensability dispute

4061 – Permanent disability
Future medical treatment

4062 – Temporary disability
Permanent and stationary status
Work restriction
Ability to return to work
Apportionment
Diagnosis
Causation

Use "Other" if unknown.

For 4060 requests, you must enter the date of the request for a compensability exam (refer to denial or delay letter). This is not the online submission date.

Panel Request Information Page (4062)

https://efilingprep.dir.ca.gov/QMED/pages/home.jsp

QME Form Application QME Form Application

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*Claim Number 571380AKH ? *Date of Injury 08/02/2010 ?

*Requesting Party CLAIMS ADMINISTRATOR

*First Name of Primary Treating Physician MARK *Last Name of Primary Treating Physician HOPKINS ?

*Specialty of Treating Physician PAIN MEDICINE (MPA)

*QME Specialty Requested PAIN MEDICINE (MPA)

*Opposing Party's QME Specialty Preferred SPINE (MNB)

*Labor Code Section § 4062 *Dispute Type Date of report being objected to

*Date of objection communication

*Was written objection communicated within 20 days of your receipt of the report for which objections are being made? Yes No

*Select reason 4062 objection was made more than 20 days from objected report receipt date

GOOD CAUSE
GOOD CAUSE
MUTUAL AGREEMENT

Continue ▶

* indicates a required field

0.44 08282015

“Mutual agreement” satisfies the question. “Good cause” requires the requestor to elaborate on the reason.



“Yes” satisfies the question. “No” requires the requestor to give a reason.



Employee Information Page

State of California
Department of Industrial Relations

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Division of Workers' Compensation (DWC)

Qualified Medical Examiner Online Form

Panel Request Information | **Employee Information** | Applicant Attorney Information | Employer & Claims Administrator Information | Defense Attorney Information | Declaration Confirmation | Upload Document | Review & Submit

EMPLOYEE INFORMATION Step 2 of 8

*Employee First Name: LARRY | Middle Name: | *Last Name: BURNS

*Mailing Address: 421 HOPE STR

*City: BOULDER CITY | *State: NV - Nevada | *Zip Code: 89005

*Is there an agreement between the parties as to the geographic area for this panel request? Yes No

*Mailing Address: |

*City: | State: CA | *Zip Code: |

* indicates a required field

There may be more than one city available for a given zip code.

NOTE: This section should also be used if the requestor answers "No" to the question and has a different mailing address other than the default Applicant Attorney UAN.

If an out of state zip code is used:

If "No" the system will default to the applicant attorney address. If "Yes" the requestor must enter the mailing address agreed upon by the parties.

Applicant Attorney Information Page

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APPLICANT ATTORNEY INFORMATION Step 3 of 8

*First Name: SUE *Last Name: BORG

*Phone Number: (555) 123-4567 Email:

*Applicant Attorney Firm Name: DURARD MCKENNA SAN MATEO EAMS UAN Number: 4989460 [UAN Search](#)

Address/PO Box: 2015 PIONEER CT STE A

City: SAN MATEO State: CA Zip Code: 94403

◀ Previous Continue ▶

* indicates a required field

An EAMS UAN must be used to complete the online QME Form 106. The requestor can go to the DWC website for information on how to obtain a UAN. New UANs or changes to existing UANs will take 72 hours to update.

Helpful email addresses:

cru@dir.ca.gov OR
EAMSHelpDesk@dir.ca.gov

NOTE: If the requestor enters a UAN with an out of state address, the system will notify them that they must either choose another UAN or return to the employee information page to enter a CA address for the employee or in the agreement section.

EAMS UAN Number and address will auto populate when an applicant attorney firm name is chosen.

Employer and CA Information Page

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Division of Workers' Compensation (DWC)

Qualified Medical Examiner Online Form

Panel Request Information | Employee Information | Applicant Attorney Information | **Employer & Claims Administrator Information** | Defense Attorney Information | Declaration Confirmation | Upload Document | Review & Submit

EMPLOYER AND CLAIMS ADMINISTRATOR INFORMATION Step 4 of 8

*Employer Name
ABC TRUCKS

*Claims Administrator First Name: GARY | *Claims Administrator Last Name: PETERS

*Phone Number: (555) 111-2222 | Email: []

*Claims Administrator Company Name: SCIF INSURED PLEASANTON | EAMS UAN Number: 4956146 | UAN Search

Address/PO Box: PO BOX 3171

City: SUISUN CITY | State: CA | Zip Code: 94585

◀ Previous | Continue ▶

* indicates a required field

An EAMS UAN must be used to complete the online QME Form 106. The requestor can go to the DWC website for information on how to obtain a UAN. New UANs or changes to existing UANs will take 72 hours to update.

Helpful email addresses:

cru@dir.ca.gov OR
EAMSHelpDesk@dir.ca.gov

Requester should use "Unknown" for first and last name if the name of claims adjuster is not known.

EAMS UAN Number and address will auto populate when an claims administrator name is chosen.

Defense Attorney Information Page

The screenshot shows a web browser window displaying the State of California Department of Industrial Relations website. The page is titled "Qualified Medical Examiner Online Form" and is currently on "Step 5 of 8", "DEFENSE ATTORNEY INFORMATION". A progress bar at the top indicates the current step. The form fields are as follows:

Panel Request Information	Employee Information	Applicant Attorney Information	Employer & Claims Administrator Information	Defense Attorney Information	Declaration Confirmation	Upload Document	Review & Submit
DEFENSE ATTORNEY INFORMATION							
*Defense Attorney First Name FRANK		*Defense Attorney Last Name HALL					
*Phone Number (555) 888-9999		Email					
*Defense Attorney Firm Name SAUL ALLWEISS TARZANA				EAMS UAN Number 4815076 UAN Search			
Address/PO Box 18321 VENTURA BLVD STE 500							
City TARZANA		State CA		Zip Code 91356			

Navigation buttons: < Previous, Continue >

* indicates a required field

An EAMS UAN must be used to complete the online QME Form 106. The requestor can go to the DWC website for information on how to obtain a UAN. New UANs or changes to existing UANs will take 72 hours to update.

Helpful email addresses:

cru@dir.ca.gov OR
EAMSHelpDesk@dir.ca.gov

This page is only mandatory if the requestor is the defense attorney.

Step 5 of 8

EAMS UAN Number and address will auto populate when an defense attorney firm name is chosen.

QME Form 106 Submission Declaration Confirmation Page

The screenshot shows a web browser window with the URL <https://efilingprep.dir.ca.gov/QMEO/pages/home.jsp>. The page is titled "Qualified Medical Examiner Online Form" and is part of a multi-step process. A progress bar at the top indicates the current step is "Declaration Confirmation", which is highlighted in orange. Below the progress bar, the text "QME EFORM 106 SUBMISSION DECLARATION CONFIRMATION" is displayed, along with "Step 6 of 8".

The form contains the following fields and elements:

- *Requestor First Name: Input field containing "MU".
- *Requestor Last Name: Input field containing "STAFF".
- A declaration checkbox: I declare under penalty of perjury under the laws of the State of California that I have reviewed the information provided in this eForm and know that the information is true and correct, except as to those matters which are stated on information and belief, and as to those matters, I believe them to be true.
- An agreement checkbox: By clicking "Agree," you agree to serve a copy of the panel request form, panel list, and uploaded document to all parties within one business day.
- A red warning box: "The certification of both the penalty of perjury and agreement to serve the QME panel on all parties is a mandatory step of the online QME request process. For questions, please contact the Medical Unit at MUHelpdesk@dir.ca.gov." with a close button (X).
- Navigation buttons: "Previous" and "Continue" buttons, with "Continue" being highlighted in blue.
- A note: "* Required" and "* indicates a required field".

Both statements must be confirmed to continue with submission. If not, the system will not allow the requestor to proceed.

The requestor name should be the person filling out the form. This does not need to be the actual attorney or claims administrator name.

Upload Document Page

State of California
Department of Industrial Relations

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Division of Workers' Compensation (DWC)

Qualified Medical Examiner Online Form

Panel Request Information | Employee Information | Applicant Attorney Information | Employer & Claims Administrator Information | Defense Attorney Information | Declaration Confirmation | **Upload Document** | Review & Submit

UPLOAD DOCUMENT Step 7 of 8

* Uploading the letter of objection or the request for compensability exam is a mandatory step required to submit your application for a QME panel. Only a single file 10 MB or less in size can be uploaded.

Upload one of the following in either PDF or TIFF format:

- Letter of objection
- Request for compensability exam

File Attached [qme.tif](#)

* indicates a required field

The following applies to uploading supporting documentation:

- Only one document can be uploaded. The document may consist of multiple pages up to 10 MB.
- File must be either pdf or tiff format.

NOTE:
Although the system does not check for the 30 (b) requirements, all elements should still be included in the letter of objection.

Review and Submit Page

The top navigation bar allows the requestor to return to the individual pages of the form to make corrections and edits before hitting submit.



Division of Workers' Compensation (DWC)

Qualified Medical Examiner Online Form

Panel Request Information Employee Information Applicant Attorney Information Employer & Claims Administrator Information Defense Attorney Information Declaration Confirmation Upload Document Review & Submit

REVIEW AND SUBMIT Step 8 of 8

PANEL REQUEST INFORMATION [EDIT PANEL REQUEST INFORMATION](#)

Claim Number	571380AKH
Date of Injury	08/02/2010
Requesting Party	CLAIMS ADMINISTRATOR
Name of Primary Treating Physician	MARK HOPKINS
Specialty of Treating Physician	PAIN MEDICINE (MPA)
Date of report being objected to	09/16/2010
Date of request for comprehensive exam	09/16/2010
QME Specialty Requested	PAIN MEDICINE (MPA)
Opposing Party's QME Specialty Preferred	SPINE (MNB)
Labor Code	§ 4060
Dispute Type	COMPENSABILITY DISPUTE

EMPLOYEE INFORMATION [EDIT EMPLOYEE INFORMATION](#)

Full Name	LARRY BURNS
Mailing Address	421 HOPE ST
City, State, Zip Code	BROADMOOR VLG, CA, 94015

APPLICANT ATTORNEY INFORMATION [EDIT APPLICANT ATTORNEY INFORMATION](#)

Full Name	SUE BORG
EAMS UAN Number	4989460
Applicant Attorney Firm Name	DURARD MCKENNA SAN MATEO
Address/PO Box	2015 PIONEER CT STE A
City, State, Zip Code	SAN MATEO, CA, 94403



The requestor may also use the blue links next to the titles of the form pages to make corrections and edits before hitting submit.

QME Online Panel

https://efilingprep.dir.ca.gov/QMEO/pages/home.jsp QME Form Application

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Division of Workers' Compensation (DWC)

Qualified Medical Examiner Online Form

State of California	DIVISION OF WORKERS' COMPENSATION	Department of Industrial Relations
		Panel #: 7032136
Date Request Received: 09/10/2015	Date Issued: 09/10/2015	No. of Request: 1
Claim No(s): 571380AKH	Employer: ABC TRUCKS	
Date(s) of Injury: 08/02/2010	Ins./Adj. Agency: GARY PETERS	
Requesting Party: CLAIMS ADMINISTRATOR	SCIF INSURED PLEASANTON PO BOX 3171 SUISUN CITY, CA 94585	
	Employee: LARRY BURNS	
Applicant Attorney: SUE BORG DURARD MCKENNA SAN MATEO 2015 PIONEER CT STE A SAN MATEO, CA 94403	Defense Attorney: FRANK HALL SAUL ALLWEISS TARZANA 18321 VENTURA BLVD STE 500 TARZANA, CA 91356	

Selected Qualified Medical Evaluator Panel:

Physician's Name:	GARY MARTINOVSKY, MD	Tel No.:	(510) 758-7462
Address:	2299 POST ST STE 211 SAN FRANCISCO, CA 94115-3473		
Specialty:	PAIN MEDICINE		
In Practice Since:	2001		
Physician's Education:	STANFORD UNIVERSITY SCHOOL OF MEDICINE, STANFORD, CA		
Physician's Training:	INTERNAL MEDICINE-KAISER PERMANENTE, OAKLAND, CA, 2000-2001 ANESTHESIOLOGY-STANFORD MEDICAL CENTER, STANFORD, CA, 2001-2004		

Physician's Name:	TIMOTHY S LO, MD	Tel No.:	(415) 563-2233
Address:	2300 SUTTER ST STE 304 SAN FRANCISCO, CA 94115-3029		
Specialty:	PAIN MEDICINE		
In Practice Since:	2007		
Physician's Education:	MOUNT SINAI SCHOOL OF MEDICINE, NEW YORK, NY		
Physician's Training:	INTERNAL MEDICINE-CABRINI MEDICAL CENTER, NEW YORK, NY, 2001-2002		

Declaration of Service

Division of Workers' Compensation (DWC)

Qualified Medical Examiner Online Form

Declaration of Service

I declare I am a resident of or employed in the country where mailing took place. I am over the age of eighteen years and I am not a party to this case. My business or residence address is:

On _____ I served this QME eForm, and uploaded supporting file attachments, the originals, or a true and correct copy of the original, which is attached, on each of the persons or firms named below, by placing it in a sealed envelope, addressed to the person or firm named below, and by:

Methods of Service Options

- A. Depositing the sealed envelope with the United States Postal Service (USPS) with postage fully paid.
- B. Placing the sealed envelope for the collection and mailing following our ordinary business practices. I am readily familiar with this business' practice for collecting and processing correspondence for mailing. On the same day, the correspondence is placed for collection and mailing, it is deposited in the ordinary course of business with the USPS in a sealed envelope with postage fully prepaid.
- C. Placing the sealed envelope for collection and overnight delivery at an office or a regularly utilized drop box of the overnight delivery carrier.
- D. Placing the sealed envelope for pick up by a professional messenger service for service (Messenger must return to you a completed declaration of personnel service).
- E. Personally delivering the sealed envelope to the person or firm named below at the address named below.

Method of Service

Name SUE BORG

Street 2015 PIONEER CT STE A

City SAN MATEO **State** CA **Zip** 94403

Method of Service

Name FRANK HALL

Street 18321 VENTURA BLVD STE 500

City TARZANA **State** CA **Zip** 91356

Method of Service

Note: The use of the proof of service is optional. The requestor may use their own proof of service.

Note: Any issues regarding declaration of service to the parties should be directed to the WCAB. This is not something the Medical Unit can address. Please take note and add to comments in Oracle.

The system will auto populate the names and addresses. The requestor must select the method of service.

QME Panel Document Print Package

Note: To avoid issues with printing, the requestor should disable the pop-up blocker on their browser.

These links will allow the requestor to either return to the beginning of a new online form or will be directed to the DWC Medical Unit main web page.

Clicking on the pdf icon with allow the requestor to open the document, print and/or save.

The requestor must print and serve all three items listed.

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QME Panel Document Print Package




Thank you for submitting your QME panel request. Below are links to your Panel Print Package. You can print each document by clicking the icon next to the document name.

You can also print this page by right clicking anywhere within your browser window and selecting the print option.

For questions, please contact the Medical Unit at MUHelpdesk@dir.ca.gov for assistance.

Your Panel Number is: 7032136

Panel Print Package

- Issued QME Panel and Declaration of Service 
- QME Form 106 
- Supporting Document 

[Medical Unit Home Page](#)

[Online QME Form 106 Panel Request](#)