

HOW TO REQUEST A QUALIFIED MEDICAL EVALUATOR

In a represented case (Attachment to Form 106)

Note: Use QME Form 106 only in cases in which the injured employee is represented by an attorney and the date of injury is before January 1, 2005. If you are not represented by an attorney, please use Form 105. To request a panel of three QMEs in a represented case, one of the parties to the case first must notify the opposing party or parties of either (1) the need for a medical evaluation to resolve a compensability dispute pursuant to Labor Code section 4060 or (2) that the notifying party is objecting to a medical determination made by the primary treating physician under Labor Code section 4061 or 4062. Once such notification is made, the parties must wait 10 days, plus 5 days if the notification was mailed. Once the waiting period has passed, either party may request a panel on QME Form 106. The parties must agree to obtain a panel of Qualified Medical Evaluators pursuant to Labor Code section 4062.2. A copy of the panel request must be served on the other party.

After the panel has been issued, each party may strike one name from the panel. The remaining qualified medical evaluator shall serve as the medical evaluator. If a party fails to exercise the right to strike a name from the panel within 10 days of assignment of the panel by the administrative director, the other party may select any physician who remains on the panel to serve as the medical evaluator. Once the striking process has been completed, the injured worker is responsible for arranging the appointment for the examination and informing the defendant within 10 days after the medical evaluator has been selected. If the employer is not informed of the appointment date, the employer may make the appointment. (Lab. Code § 4062.2 (d).) Instructions for completing the form are discussed in the table below.

<i>Field</i>	<i>Instruction</i>	<i>Required or Not</i>
Date of Injury	Insert the date the injury occurred. If this is cumulative trauma injury, insert the last date of exposure or the last date of work. Use MM/DD/YYYY for the date.	Required
Claim number	This is the number assigned to the claim by the claims administrator. There is also a claim number field on page two.	Required
Specialty of treating physician	Insert the specialty of the injured worker's treating physician. Use the three letter code from the list attached to form 106, if possible.	Required
Specialty requested	Insert the specialty of the QME requested to perform the examination. Use the three letter code from the list attached to form 106.	Required
Opposing party's specialty preference	Insert the QME specialty preference of the opposing party. Use the three letter code from the list attached to form 106.	Not required
Requesting party	Check the appropriate box to indicate who is requesting the evaluation, applicant's attorney or defense attorney or the claims administrator.	Required
Employee information section	This section asks for the name and address of the injured worker. This is important because panels are created in part based on the location of the injured worker. If the injured worker no longer lives in California or never lived in California, there is a section to state the zip code for the panel. There is a question about whether the injured worker has been seen by a QME before; this is a yes or no question. If the answer to that question is yes, then there are additional questions about that examination to be answered. There are also required questions about the current dispute leading to the QME request, including a description of the dispute.	Depends on the circumstances
Employee attorney information	This section asks for the name and address of the employee's attorney, and the name, address, and telephone number of the attorney's law firm. The UAN information for the law firm may be used	Required

Do not file these instructions with your form!

Field	Instruction	Required or Not
Employee and claims administrator information	This section asks for the name of the employer and the name and address of the claims administrator (insurance company or third-party administrator, for example) and the name of the person handling the claim.	Required
Defense attorney information	Sometimes there is a defense attorney who is representing the defendant. If there is a defense attorney assigned to the claim insert the first and last name of the attorney, the name of the attorney's law firm and the address and phone number for the attorney.	Not Required
Date, name of the requestor and signature	Insert the date the form is completed. Use the MM/MM/YYYY format. Print the name of the person requesting the QME panel and the requestor must sign the request.	Required
Declaration of Service	Attached to the form is a declaration of service which must be served along with the form. The purpose of the declaration of service is to show the people served with the form. Fill out the declaration of service, sign where indicated, and mail to the parties along with the form	Required

The person requesting the panel must attach a written objection indicating the identity of the primary treating physician, the date of the primary treating physician's report that is the subject of the objection and a description of the medical dispute determination that requires a comprehensive medical/legal report to resolve or attach a request for an examination to determine the compensability under Labor Code section 4060. Examples of what could be attached to the form include an objection to a permanent disability determination made by the primary treating physician, or an objection by the claims examiner to a determination of the treating physician requesting the injured worker to request a QME.

If you have any questions about completing this form, please contact the Medical Unit of the Division of Workers' Compensation at 800-794-6900.

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