

Title 8, California Code of Regulations
Chapter 4.5
Subchapter 1
Administrative Director – Administrative Rules
Article 5
Transfer of Medical Treatment

Section 9785. Reporting Duties of the Primary Treating Physician.

- (a) For the purposes of this section, the following definitions apply:
- (1) The "primary treating physician" is the physician who is primarily responsible for managing the care of an ~~injured~~ employee, and who has examined the employee at least once for the purpose of rendering or prescribing treatment and has monitored the effect of the treatment thereafter. The primary treating physician is the physician selected by the employer or the employee pursuant to Article 2 (commencing with section 4600) of Chapter 2 of Part 2 of Division 4 of the Labor Code, or under the contract or procedures applicable to a Health Care Organization certified under section 4600.5 of the Labor Code.
 - (2) A "secondary physician" is any physician other than the primary treating physician who examines or provides treatment to the ~~injured~~ employee, but is not primarily responsible for continuing management of the care of the ~~injured~~ employee.
 - (3) "Claims administrator" is a self-administered insurer providing security for the payment of compensation required by Divisions 4 and 4.5 of the Labor Code, a self-administered self-insured employer, or a third-party administrator for a self-insured employer, insurer, legally uninsured employer, or joint powers authority.
 - (4) "Medical determination" means, for the purpose of this section, a decision made by the primary treating physician regarding any and all medical issues necessary to determine the employee's eligibility for compensation. Such issues include but are not limited to the scope and extent of an employee's continuing medical treatment, the decision whether to release the employee from care, the point in time at which the employee has reached permanent and stationary status, and the necessity for future medical treatment.
 - (5) "Released from care" means a determination by the primary treating physician that the employee's condition has reached a permanent and stationary status with no need for continuing or future medical treatment.
 - (6) "Continuing medical treatment" is occurring or presently planned treatment that is reasonably required to cure or relieve the employee from the effects of the injury.

- (7) “Future medical treatment” is treatment which is anticipated at some time in the future and is reasonably required to cure or relieve the employee from the effects of the injury.
- (8) “Permanent and stationary status” is the point in time, determined by the primary treating physician, when the employee has reached maximum medical improvement or his or her condition has been stationary for a reasonable period of time.
- (b)(1) An employee shall have no more than one primary treating physician at a time.
- (2) An employee may designate a new primary treating physician of his or her choice pursuant to Labor Code §§ 4600 or 4600.3 provided the primary treating physician has determined that there is a need for:
- (A) continuing medical treatment; or
- (B) future medical treatment. The employee may designate a new primary treating physician to render future medical treatment either prior to or at the time such treatment becomes necessary.
- (3) If the employee disputes a medical determination made by the primary treating physician, including a determination that the employee should be released from care, the dispute shall be resolved under the applicable procedures set forth at Labor Code §§ 4061 and 4062. No other primary treating physician shall be designated by the employee unless and until the dispute is resolved.
- (4) If the claims administrator disputes a medical determination made by the primary treating physician, the dispute shall be resolved under the applicable procedures set forth at Labor Code §§ 4061 and 4062. During the course of such procedures, and provided the primary treating physician has determined that there is a need for continuing or future treatment, the employee may designate a new primary treating physician of his or her choice pursuant to Labor Code §§ 4600 or 4600.3 to render treatment.
- (b) ~~There shall be no more than one primary treating physician at a time. Where the primary treating physician discharges the employee from further treatment and there is a dispute concerning the need for continuing treatment, no other primary treating physician shall be identified unless and until the dispute is resolved. If it is determined that there is no further need for continuing treatment, then the physician who discharged the employee shall remain the primary treating physician. If it is determined that there is further need for continuing treatment, a new primary treating physician may be selected.~~
- (c) The primary treating physician, or a physician designated by the primary treating physician, shall make reports to the claims administrator as required in this section. A primary treating physician has fulfilled his or her reporting duties under this section by sending one copy of a required report to the claims administrator. ~~However, a~~ A claims administrator may designate any person or entity to be the recipient of ~~the~~ its copy of the

required report.

- (d) The primary treating physician shall render opinions on all medical issues necessary to determine the employee's eligibility for compensation in the manner prescribed in ~~subsections~~ subdivisions (e), (f) and (g) of this section. The primary treating physician may transmit reports to the claims administrator by mail or FAX or by any other means satisfactory to the claims administrator, including electronic transmission.
- (e)(1) Within 5 working days following initial examination, a primary treating physician shall submit a written report to the claims administrator on the form entitled "Doctor's First Report of Occupational Injury or Illness," Form DLSR 5021. Emergency and urgent care physicians shall also submit a Form DLSR 5021 to the claims administrator following the initial visit to the treatment facility. On line 24 of the Doctor's First Report, or on the reverse side of the form, the physician shall (A) list methods, frequency, and duration of planned treatment(s), (B) specify planned consultations or referrals, surgery or hospitalization and (C) specify the type, frequency and duration of planned physical medicine services (e.g., physical therapy, manipulation, acupuncture).
- (2) Each new primary treating physician shall submit a Form DLSR 5021 following the initial examination in accordance with subdivision (e)(1).
- (3) Secondary physicians, physical therapists, and other health care providers to whom the ~~injured~~ employee is referred shall report to the primary treating physician in the manner required by the primary treating physician.
- (4) The primary treating physician shall be responsible for obtaining all of the reports of secondary physicians and shall, unless good cause is shown, within 20 days of receipt of each report incorporate, or comment upon, the findings and opinions of the other physicians in the primary treating physician's report and submit all of the reports to the claims administrator.
- (f) A primary treating physician shall, unless good cause is shown, promptly within 20 days report to the claims administrator when any one or more of the following occurs:
 - (1) The employee's condition undergoes a previously unexpected significant change;
 - (2) There is any significant change in the treatment plan reported, including, but not limited to, (A) an extension of duration or frequency of treatment, (B) a new need for hospitalization or surgery, (C) a new need for referral to or consultation by another physician, (D) a change in methods of treatment or in required physical medicine services, or (E) a need for rental or purchase of durable medical equipment or orthotic devices;
 - (3) The employee's condition permits return to modified or regular work;

- (4) The employee's condition requires him or her to leave work, or requires changes in work restrictions or modifications;
- (5) The employee is released from care ~~discharged~~;
- (6) The primary treating physician concludes that the employee's permanent disability precludes, or is likely to preclude, the employee from engaging in the employee's usual occupation or the occupation in which the employee was engaged at the time of the injury, as required pursuant to Labor Code Section 4636(b);
- (7) The ~~claims administrator~~ ~~employer~~ reasonably requests appropriate additional ~~appropriate~~ information that is necessary to administer the claim. "Necessary" information is that which directly affects the provision of compensation benefits as defined in Labor Code Section 3207.
- (8) When continuing medical ~~ongoing~~ treatment is provided, a progress report shall be made no later than forty-five days from the last report of any type under this section even if no event described in paragraphs (1) to (7) has occurred. If an examination has occurred, the report shall be signed and transmitted within 20 days of the examination.

Except for a response to a request for information made pursuant to subdivision (f)(7), ~~r~~Reports required under this subdivision shall be submitted on the "Primary Treating Physician's Progress Report" form (Form PR-2) contained in Section 9785.2, or in the form of a narrative report. If a narrative report is used, it must be entitled "Primary Treating Physician's Progress Report" in bold-faced type, must indicate clearly the reason the report is being submitted, and must contain the same information using the same subject headings in the same order as Form PR-2. A response to a request for information made pursuant to subdivision (f)(7) may be made in letter format. A narrative report and a letter format response to a request for information must contain the same declaration under penalty of perjury that is set forth in the Form PR-2: "I declare under penalty of perjury that this report is true and correct to the best of my knowledge and that I have not violated Labor Code § 139.3."

By mutual agreement between the physician and the claims administrator, the physician may make reports in any manner and form.

- (g) When the primary treating physician determines that the employee's condition is permanent and stationary, the physician shall, unless good cause is shown, report within 20 days from the date of examination any findings concerning the existence and extent of permanent impairment and limitations and any need for continuing and/or future medical care resulting from the injury. The information may be submitted on the "Primary Treating Physician's Permanent and Stationary Report" form (Form PR-3) contained in Section 9785.3, or using the instructions on the form entitled "Treating Physician's Determination of Medical Issues Form," Form IMC 81556, or in such other manner as provides all the information required by Title 8, California Code of Regulations, Section

10606. Qualified Medical Evaluators and Agreed Medical Evaluators may not use Form PR-3 to report medical-legal evaluations.

- (h) Any controversies concerning this section shall be resolved pursuant to Labor Code Section 4603 or 4604, whichever is appropriate.
- (i) Claims administrators shall reimburse primary treating physicians for their reports submitted pursuant to this section as required by the Official Medical Fee Schedule.

Note: Authority Cited: Sections 139.5, 4061.5, 4603.2, 4603.5 and 5307.3, Labor Code.
Reference: Sections 4061, 4061.5, 4062, 4600, 4600.3, 4603.2 and 4636, Labor Code.

§9785.2. Form PR-2 "Primary Treating Physician's Progress Report."

State of California
Division of Workers' Compensation

Additional pages attached

PRIMARY TREATING PHYSICIAN'S PROGRESS REPORT (PR-2)

Check the box(es) which indicate why you are submitting a report at this time. If the patient is "Permanent and Stationary" (i.e., has reached maximum medical improvement), do not use this form. You may use DWC Form PR-3 or IMC Form 81556.

- Periodic Report (required 45 days after last report) Change in treatment plan Released from care Discharged
- Change in work status Need for referral or consultation Response to request for information
- Info. requested by _____
- Change in patient's condition Need for surgery or hospitalization Other:

Patient:

Last _____ First _____ M.I. _____ Sex _____
Address _____ City _____ State _____ Zip _____
Date of Injury _____ Date of Birth _____
Occupation _____ SS # _____ - _____ - _____ Phone (____) _____

Claims Administrator:

Name _____ Claim Number _____
Address _____ City _____ State _____ Zip _____
Phone (____) _____ FAX (____) _____

Employer name:

Employer Phone (____) _____

The information below must be provided. You may use this form or you may substitute or append a narrative report.

Subjective complaints:

Objective findings: (Include significant physical examination, laboratory, imaging, or other diagnostic findings.)

Diagnoses:

1. _____ ICD-9 _____
2. _____ ICD-9 _____
3. _____ ICD-9 _____

Treatment Plan: (Include treatment rendered to date. List methods, frequency and duration of planned treatment(s). Specify consultation/referral, surgery, and hospitalization. **Identify each physician and non-physician provider.** Specify type, frequency and duration of physical medicine services (e.g., physical therapy, manipulation, acupuncture). Use of CPT codes is encouraged. Have there been any **changes** in treatment plan? If so, why?)

Work Status: This patient has been instructed to:

- Remain off-work until _____.
- Return to *modified* work on _____ with the following limitations or restrictions
(List all specific restrictions re: standing, sitting, bending, use of hands, etc.):
- Return to full duty on _____ with no limitations or restrictions.

Primary Treating Physician: (original signature, do not stamp)

Date of exam: _____

I declare under penalty of perjury that this report is true and correct to the best of my knowledge and that I have not violated Labor Code § 139.3.

Signature: _____ Cal. Lic. # _____

Executed at: _____ Date: _____

Name: _____ Specialty: _____

Address: _____ Phone: _____

Next report due no later than _____

**§9785.2. Form PR-2 “Primary
Treating Physician’s Progress Report.”**

State of California

Additional pages attached

Division of Workers’ Compensation

PRIMARY TREATING PHYSICIAN’S PROGRESS REPORT (PR-2)

Note: Authority Cited: Sections 139.5, 4061.5, 4603.2, 4603.5 and 5307.3, Labor Code.

Reference: Sections 4061.5, 4600, 4603.2 and 4636, Labor Code.

§9785.3. Form PR-3 ‘Primary Treating Physician’s Permanent and Stationary Report.’

STATE OF CALIFORNIA
Division of Workers’ Compensation
PRIMARY TREATING PHYSICIAN’S PERMANENT AND STATIONARY REPORT (PR-3)

This form is designed to be used by the primary treating physician to report the initial evaluation of permanent disability to the claims administrator. It should be completed if the patient has residual effects from the injury or may require future medical care. In such cases, it should be completed once the patient’s condition becomes permanent and stationary or has reached maximum medical improvement.

This form should not be used by a Qualified Medical Evaluator (QME) or Agreed Medical Evaluator (AME) to report a medical-legal evaluation.

Patient:

Last Name _____ Middle Initial _____ First Name _____ Sex ____ Date of Birth _____
Address _____ City _____ State ____ Zip _____
Occupation _____ Social Security ~~Number~~ No. _____ Phone No. _____

Claims Administrator/Insurer:

Name _____ Claim No. _____ Phone ~~Number~~ No. _____
Address _____ City _____ State ____ Zip _____

Employer:

Name _____ Phone ~~Number~~ No. _____
Address _____ City _____ State ____ Zip _____

You must address each of the issues below. Use of the form below is optional. You may substitute or append a narrative report if you require additional space to adequately report on these issues.

Date of Injury _____ Last date _____ Date of current _____ Permanent & _____
Date worked Date examination Date Stationary date Date

Description of how injury/illness occurred (e.g. Hand caught in punch press; fell from height onto back; exposed 25 years ago to asbestos):

Patient’s Complaints:

STATE OF CALIFORNIA
 Division of Workers' Compensation
PRIMARY TREATING PHYSICIAN'S PERMANENT AND STATIONARY REPORT (PR-3)

Relevant Medical History:

Objective Findings:

Physical Examination: (Describe all relevant findings; include any specific measurements indicating atrophy, range of motion, strength, etc.; include bilateral measurements - injured/uninjured - for upper and lower extremity injuries.)

Diagnostic tests results (X-ray/Imaging/Laboratory/etc.)

Diagnoses (List each diagnosis; ICD-9 code must be included)

ICD-9

1. _____
2. _____
3. _____
4. _____

	Yes	No	Cannot determine
Did work cause or contribute to the injury or illness?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Apportionment:			
Are there pre-existing impairments/disabilities that contribute to permanent disability?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
If Yes, append narrative to describe cause and extent of pre-existing disability; describe any documentation of pre-existing disability.			
Can this patient now return to his/her usual occupation?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
If not, can the patient perform another line of work?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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PRIMARY TREATING PHYSICIAN'S PERMANENT AND STATIONARY REPORT (PR-3)

Subjective Findings: Provide your professional assessment of the subjective factors of disability, based on your evaluation of the patient's complaints, your examination, and other findings. List specific symptoms (e.g. pain right wrist) and their frequency, severity, and/or precipitating activity using the following definitions:

Severity: Minimal pain (~~Min~~) - an annoyance, causes no handicap in performance.
 Slight pain (~~Slt~~) - tolerable, causes some handicap in performance of the activity precipitating pain.
 Moderate pain (~~Mod~~) - tolerable, causes marked handicap in the performance of the activity precipitating pain.
 Severe pain (~~Sev~~) - precludes performance of the activity precipitating pain.

Frequency: Occasional (~~Oee~~) - occurs roughly one fourth of the time.
 Intermittent (~~Int~~) - occurs roughly one half of the time.
 Frequent (~~Fre~~) - occurs roughly three fourths of the time.
 Constant (~~Con~~) - occurs roughly 90 to 100% of time.

Precipitating activity: Description of precipitating activity gives a sense of how often a pain is felt and thus may be used with or without a frequency modifier. If pain is constant during precipitating activity, then no frequency modifier should be used. ~~is often provided in lieu of frequency, e.g. slight pain in back on heavy lifting, or slight to moderate pain in knee when standing or walking more than six hours per day. Can be used in conjunction with frequency if pain is less than constant while engaging in the precipitating activity.~~ For example, a finding of "moderate pain on heavy lifting" connotes that moderate pain is felt whenever heavy lifting occurs. In contrast, "intermittent moderate pain on heavy lifting" implies that moderate pain is only felt half the time when engaged in heavy lifting. ~~intermittent slight pain on bending would be felt approximately 50% of time while actually engaged in bending.~~

Symptom	Frequency (Mark X at any spot.)	Severity (Mark X at any spot.)	Precipitating Activity
	Occ Int Fre Con Min Slt Mod Sev 	Min Slt Mod Sev 	
	Occ Int Fre Con Min Slt Mod Sev 	Min Slt Mod Sev 	
	Occ Int Fre Con Min Slt Mod Sev 	Min Slt Mod Sev 	
	Occ Int Fre Con Min Slt Mod Sev 	Min Slt Mod Sev 	

Pre-Injury Capacity Are there any activities at home or at work that the patient cannot do as well now as could be done prior to this injury or illness? Yes No Cannot determine

If yes, please describe pre-injury capacity and current capacity (e.g. used to regularly lift 30 lb. child, now can only lift 10 lbs.; could sit for 2 hours, now can only sit for 15 mins.)

- 1.
- 2.
- 3.
- 4.

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PRIMARY TREATING PHYSICIAN'S PERMANENT AND STATIONARY REPORT (PR-3)

Preclusions/Work Restrictions

Are there any activities the patient cannot do? Yes No Cannot determine

If yes, please describe all preclusions or restrictions related to work activities (e.g. no lifting more than 10 lbs. above shoulders; must use splint; keyboard only 45 mins. per hour; must have sit/stand workstation; no repeated bending). Include restrictions which may not be relevant to current job but may affect future efforts to find work on the open labor market (e.g. include lifting restriction even if current job requires no lifting; include limits on repetitive hand movements even if current job requires none).

- 1.
- 2.
- 3.
- 4.
- 5.
- 6.

Future Medical Treatment: Describe any continuing medical treatment related to this injury that you believed ~~must be provided to~~ the patient, ~~may require in the future.~~ (“Continuing medical treatment” is defined as occurring or presently planned treatment.) Also, describe any medical treatment the patient may require in the future. (“Future medical treatment” is defined as treatment which is anticipated at some time in the future to cure or relieve the employee from the effects of the injury.) Include medications, surgery, physical medicine services, durable equipment, etc.

Comments:

STATE OF CALIFORNIA
Division of Workers' Compensation
PRIMARY TREATING PHYSICIAN'S PERMANENT AND STATIONARY REPORT (PR-3)

List any other physicians who contributed information used in this report:

- A. Name _____ Specialty _____
- B. Name _____ Specialty _____
- C. Name _____ Specialty _____

List information you reviewed in preparing this report, or relied upon for the formulation of your medical opinions:

Medical Records

Personnel Records

Written Job Description

Any other, please describe:

Primary Treating Physician (original signature, do not stamp)

I declare under penalty of perjury that this report is true and correct to the best of my knowledge, and that I have not violated Labor Code §139.3.

Signature : _____ Cal. Lic. # : _____

Executed at : _____ Date: _____
(County and State)

Name (Printed) : _____ Specialty: _____

Address : _____ City: _____ State: _____ Zip : _____

Telephone: _____

STATE OF CALIFORNIA
Division of Workers' Compensation
PRIMARY TREATING PHYSICIAN'S PERMANENT AND STATIONARY REPORT (PR-3)

Note: Authority Cited: Sections 139.5, 4061.5, 4603.2, 4603.5 and 5307.3, Labor Code.
Reference: Sections 4061.5, 4600, 4603.2 and 4636, Labor Code.

Section 9786. Petition for Change of Primary Treating Physician.

- (a) A claims administrator desiring a change of primary treating physician pursuant to Labor Code Section 4603 shall file with the Administrative Director a petition, verified under penalty of perjury, on the "Petition for Change of Primary Treating Physician" form (DWC-Form 280 (Part A)) contained in Section 9786.1.

The petition shall be accompanied by supportive documentary evidence relevant to the specific allegations raised. A proof of service by mail declaration shall be attached to the petition indicating that (1) the completed petition (Part A), (2) the supportive documentary evidence and (3) a blank copy of the "Response to Petition for Change of Primary Treating Physician", (DWC-Form 280 (Part B)), were served on the employee or, the employee's attorney, and the employee's current primary treating physician.

- (b) Good cause to grant the petition shall be clearly shown by verified statement of facts, and, where appropriate, supportive documentary evidence. Good cause includes, but is not limited to any of the following:
- (1) The primary treating physician has failed to comply with Section 9785, subdivisions (e), (f) (1-7), or (g) subdivision (e) or (f)(1-7) of Section 9785 by not timely submitting a required report or submitting a report which is inadequate due to material omissions or deficiencies;
 - (2) The primary treating physician has failed to comply with subdivision (f)(8) of Section 9785 by failing to submit timely or complete progress reports on two or more occasions; within the 12-month period immediately preceding the filing of the petition;
 - (3) A clear showing that the current treatment is not consistent with the treatment plan submitted pursuant to Section 9785, subdivisions (e) or (f) (2) ;
 - (4) A clear showing that the primary treating physician or facility is not within a reasonable geographic area as determined by Section 9780(e).
 - (5) A clear showing that the primary treating physician has a possible conflict of interest, including but not limited to a familial, financial or employment relationship with the employee, which has a significant potential for interfering with the physician's ability to engage in objective and impartial medical decision making.
- (c)(1) Where good cause is based on inadequate reporting under subdivisions (b)(1) or (b)(2), the petition must show, by documentation and verified statement, that the claims administrator notified the primary treating physician or facility in writing of the complete requirements of Section 9785 prior to the physician's failure to

properly report.

- (2) Good cause shall not include a showing that current treatment is inappropriate or that there is no present need for medical treatment to cure or relieve from the effects of the injury or illness. The claims administrator's contention that current treatment is inappropriate, or that the employee is no longer in need of medical treatment to cure or relieve from the effects of the injury or illness should be directed to the Workers' Compensation Appeals Board, not the Administrative Director, in support of a Petition for Change of Primary Treating Physician.
- (3) Where an allegation of good cause is based upon failure to timely issue the "Doctor's First Report of Occupational Injury or Illness," Form DLSR 5021, within 5 working days of the initial examination pursuant to Section 9785(e)(1) or (e)(2), the petition setting forth such allegation shall be filed within 90 days of the initial examination.
- (4) The failure to verify a letter response to a request for information made pursuant to Section 9785(f)(7), failure to verify a narrative report submitted pursuant to Section 9785(f)(8), or failure of the narrative report to conform to the format requirements of Section 9785(f)(8) shall not constitute good cause to grant the petition unless the claims administrator submits documentation showing that the physician was notified of the deficiency in the verification or reporting format and allowed a reasonable time to correct the deficiency.
- (d) The employee, his or her attorney, and/or the primary treating physician may file with the Administrative Director a response to said petition, provided the response is verified under penalty of perjury and is filed and served on the claims administrator and all other parties no later than 20 days after service of the petition. The response may be accompanied by supportive documentary evidence relevant to the specific allegations raised in the petition. The response may be filed using the "Response to Petition for Change of Primary Treating Physician" form (DWC-Form 280 (Part B)) contained in Section 9786.1. Where the petition was served by mail, the time for filing a response shall be extended pursuant to the provisions of Code of Civil Procedure Section 1013. Unless good cause is shown, no other document will be considered by the Administrative Director except for the petition, the response, and supportive documentary evidence.
- (e) The Administrative Director shall, within 45 days of the receipt of the petition, either:
 - (1) Dismiss the petition, without prejudice, for failure to meet the procedural requirements of this Section;
 - (2) Deny the petition pursuant to a finding that there is no good cause to require the employee to select a primary treating physician from the panel of physicians

- provided in the petition;
- (3) Grant the petition and issue an order requiring the employee to select a physician from the panel of physicians provided in the petition, pursuant to a finding that good cause exists therefor;
 - (4) Refer the matter to the Workers' Compensation Appeals Board for hearing and determination by a Workers' Compensation Administrative Law Judge of such factual determinations as may be requested by the Administrative Director; or
 - (5) Issue a Notice of Intention to Grant the petition and an order requiring the submission of additional documents or information.
 - (f) The claims administrator's liability to pay for medical treatment by the primary treating physician shall continue until an order of the Administrative Director issues granting the petition.
 - (g) The Administrative Director may extend the time specified in subdivision (e) within which to act upon the claims administrator's petition for a period of 30 days and may order a party to submit additional documents or information.
 - (h) ~~Amendments to subdivision (b) filed in 1993 shall apply only where the initial examination occurred on or after October 1, 1993. Subdivision (b) as it is existed prior to the effective date of these amendments shall remain in force where the initial examination occurred prior to October 1, 1993.~~

Note: Authority Cited: Sections 133, 139.5, 4603, 4603.2, 4603.5 and 5307.3, Labor Code. Reference: Sections 4600, 4603, and 4603.2, Labor Code.

Section 9787. Appeal from Administrative Director's Order Granting or Denying Petition for Change of Primary Treating Physician

Any order denying or granting the claims administrator's petition whether issued with or without hearing, shall be final and binding upon the parties unless within ~~30~~ 20 days from service thereof the aggrieved party petitions the Workers' Compensation Appeals Board for relief in the manner prescribed by Section 10950 of the Board's Rules of Practice and Procedure.

Note: Authority Cited: Sections 133, 139.5, 4603.2, 4603.5 and 5307.3, Labor Code.
Reference: Sections, 4600, 4603, and 4603.2, Labor Code.