DWC 22nd Annual Educational Conference: Utilization Review (UR) and Independent Medical Review (IMR)

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Utilization Review Process Overview

- Physicians submit Request for Authorization
- Primary and Secondary Treating Physicians
- Claims administrators approve treatments
- Cases that not approved must be reviewed by a physician who uses medical evidence to
  - Approve treatment or
  - Deny treatment
- Response in five working days

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Utilization Review/ RFA Form

- Mandatory use of the Request for Authorization Form (DWC Form RFA-1) or accepted alternate.
- RFA must (1) identify the employee and the provider,(2) specify the recommended treatment, and (3) include documentation showing the medical necessity of the treatment.
- The claims administrator may accept an alternate RFA:
  - "Request for Authorization" must be clearly written at the top of the first page.
  - All requested treatment must be on the first page.
  - The request is accompanied by supporting documentation.

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State of California, Division of Workers' Compensation
REQUEST FOR AUTHORIZATION
DWC Form RFA

Attach the Doctor's First Report of Occupational Injury or Illness, Form DLSR 5021, a Treating Physician's Progress Report, DWC Form PR-2, or equivalent narrative report substantiating the requested treatment.

☐ New Request ☐ Resubmission – Change in Material Facts
☐ Expedited Review: Check box if employee faces an imminent and serious threat to his or her health
☐ Check box if request is a written confirmation of a prior oral request.

Employee Information			
Name (Last, First, Middle):			
Date of Injury (MM/DD/YYYY):		Date of Birth (MM/DD/YYYY):	
Claim Number:		Employer:	
Requesting Physician Information			
Name:			
Practice Name:		Contact Name:	
Address:		City:	State:
Zip Code:	Phone:	Fax Number:	
Specialty:		NPI Number:	
E-mail Address:			
Claims Administrator Information			
Company Name:		Contact Name:	
Address:		City:	State:
Zip Code:	Phone:	Fax Number:	
E-mail Address:			

Requested Treatment (see instructions for guidance; attached additional pages if necessary)

List each specific requested medical services, goods, or items in the below space or indicate the specific page number(s) of the attached medical report on which the requested treatment can be found. Up to five (5) procedures may be entered; list additional requests on a separate sheet if the space below is insufficient.

Diagnosis (Required)	ICD-Code (Required)	Service/Good Requested (Required)	CPT/HCPCS Code (If known)	Other Information: (Frequency, Duration Quantity, etc.)

Requesting Physician Signature: Date:

Claims Administrator/Utilization Review Organization (URO) Response

☐ Approved ☐ Denied or Modified (See separate decision letter) ☐ Delay (See separate notification of delay)
☐ Requested treatment has been previously denied ☐ Liability for treatment is disputed (See separate letter)

Authorization Number (if assigned):	Date:
Authorized Agent Name:	Signature:
Phone: / Fax Number:	E-mail Address:
Comments:	

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Practical Tips for Providers

- Use evidence-based medicine for treatment course
- Follow the MTUS guidelines
- Complete the RFA or an accepted equivalent
- Provide full explanation for requested treatments
- Submit literature-based evidence to justify recommendations if going outside MTUS
- Educate patients on treatment options, effects
- Be available for peer to peer UR discussions

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Utilization Review

Dubon v. World Restoration, Inc. (2014) 79 Cal. Comp. Cases 313 (en banc) (Dubon I):

- A UR decision is invalid if it is untimely or suffers from material procedural defects that undermine the integrity of the UR decision. Minor technical or immaterial defects are insufficient to invalidate a UR determination.

Utilization Review

Dubon II (October 6, 2014)

- A UR decision is invalid and not subject to IMR only if it is untimely.
- With the exception of timeliness, all other UR requirements go to the validity of the medical decision or decision-making process.
- The sufficiency of the medical records provided, expertise of the reviewing physician and compliance with the MTUS are questions for IMR.
- For an untimely UR decision, medical necessity is based on on substantial medical evidence consistent with Labor Code Section 4604.5.

UR Timelines

- Decision within 5 working days after receipt of RFA
- Notify within 24 hours, written decision within 2 working days (prospective/concurrent)
- Expedited review – 72 hours
- Retrospective review – 30 days
- Extension for additional information
  - Decision in 14 days
  - Decision in 30 days for additional test or specialized consultation
- Untimely decision – Dubon II & Sandhagan

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UR Liability Disputes

- A factual, medical, or legal basis exists, other than medical necessity, that precludes compensability.
  - Denied claim
  - Denied body part
  - Legal reason (24 visit cap)
  - IMR
  - Labor Code section 5402(c) - $10K cap on medical treatment until claim accepted or rejected.
- Deferral of UR – section 9792.9.1(b)

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UR Internal Appeal

- Process explained in UR decision letter
- Runs concurrent with IMR
- Timeframe:
  - Request by employee within 10 days following UR decision.
  - Completed 30 days after receipt of request.
- IMR Application?
  - Modification of decision only
  - Checkbox on IMR Application

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Independent Medical Review (IMR)

- Replaces QME procedure
- Medical expertise to resolve treatment disputes to provide timely, appropriate care for injured workers
- IMR contractor is Maximus Federal Services
- Costs paid by the employer/claims administrator
  - For applications after April 1, 2014: $420
  - Withdrawal fee: $160
- Not the Medical Provider Network IMR program

IMR Process

- Requested by injured worker/designee
  - 30 days from issuance of UR determination
- Complete IMR application requires:
  - Signed, completed IMR Form
  - Authorized Representative?
  - Copy of UR determination letter
  - Copy of application sent to claims administrator
- IMR may be terminated at any time if treatment is approved

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State of California, Division of Workers' Compensation

APPLICATION FOR INDEPENDENT MEDICAL REVIEW

DWC Form IMR

TO REQUEST INDEPENDENT MEDICAL REVIEW:

1. **Sign and date this application and consent to obtain medical records.**
2. **Mail or fax the application and a copy of the written decision you received that denied or modified the medical treatment requested by your physician to:**
   DWC-IMR, c/o Maximus Federal Services, Inc., P.O. Box 138009, Sacramento, CA 95813-8009
   FAX Number: (916) 605-4270
3. **Mail or fax a copy of the signed application to your Claims Administrator.**

Type of Utilization Review: ☐ Regular ☐ Expedited	Modification after Appeal ☐

Employee Name (First, MI, Last):	
Address:	
Phone Number:	Employer Name:
Claim Number:	Date of Injury (MM/DD/YYYY):
WCIS Jurisdictional Claim Number (if assigned):	EAMS Case Number (if applicable):
Employee Attorney (if known):	
Address:	
Phone Number:	Fax Number:
Requesting Physician Name (First, MI, Last):	
Practice Name:	Specialty:
Address:	
Phone Number:	Fax Number:
Claims Administrator Name:	
Adjuster/Contact Name:	
Address:	
Phone Number:	Fax Number:
Disputed Medical Treatment (complete below section)	
Primary Diagnosis (Use ICD Code where practical):	
Date of Utilization Review Determination Letter:	
Is the Claims Administrator disputing liability for the requested medical treatment besides the question of medical necessity? ☐ Yes ☐ No Reason:	
List each specific requested medical services, goods, or items that were denied or modified in the space below. Use additional pages if the space below is insufficient.	
1.	
2.	
3.	
4.	

Request for Review and Consent to Obtain Medical Records

I request an independent medical review of the above-described requested medical treatment. I certify that I have sent a copy of this application to the claims administrator named above. I allow my health care providers and claims administrator to furnish medical records and information relevant for review of the disputed treatment identified on this form to the independent medical review organization designated by the Administrative Director of the Division of Workers' Compensation. These records may include medical, diagnostic imaging reports, and other records related to my case. These records may also include non-medical records and any other information related to my case, excepting records regarding HIV status, unless infection with or exposure to HIV is claimed as my work injury. My permission will end one year from the date below, except as allowed by law. I can end my permission sooner if I wish.

Employee Signature:	Date:

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Authorized Representative Designation for Independent Medical Review

(To accompany the Application for Independent Medical Review, DWC Form IMR)

Section I. To be completed by the Employee:

Employee Name (Print):	

I wish to designate

Name of Individual (Print):	

to act on my behalf regarding my Application for Independent Medical Review. I authorize this individual to receive any notice or request in connection with my appeal, and to provide medical records or other information on my behalf. I further authorize the Division of Workers' Compensation, and the Independent Medical Review Organization designated by the Division of Workers' Compensation to review my application, to speak to this individual on my behalf regarding my Application for Independent Medical Review. I understand that I have the right to designate anyone that I wish to be my authorized representative and that I may revoke this designation at any time by notifying the Division of Workers' Compensation or the Independent Medical Review Organization designated by the Division of Workers' Compensation to review my application.

In addition to designating the above-named individual as my authorized representative, I allow my health care providers and claims administrator to furnish medical records and information relevant for review of the disputed treatment to the independent review organization designated by the Administrative Director of the Division of Workers' Compensation. These records may include medical, diagnostic imaging reports, and other records related to my case. These records may also include non-medical records and any other information related to my case. I allow the independent review organization designated by the Administrative Director to review these records and information sent by my claims administrators and treating physicians. My permission will end one year from the date below, except as allowed by law. I can end my permission sooner if I wish.

Employee Signature:		Date:

Section II. To be completed by the Authorized Representative designated above. Law firms, organizations, and groups may represent the Employee, but an individual must be designated to act on the Employee's behalf.

I accept the above designation to act as the above-named Employee's authorized representative regarding their Application for Independent Medical Review. I understand that the Employee may revoke this authorization at any time and appoint another individual to be their authorized representative.

Name:		
I am a/an:		
(Professional status or relationship to the Employee, e.g., attorney, relative, etc.)		
Address:		
City:	State:	Zip Code:
Phone Number:	Fax Number:	
State Bar Number (if applicable):		
Representative Signature:		Date:

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Eligibility for IMR

- Initial review of application for eligibility
  - Incomplete application despite attempts to obtain missing documentation
    - Was application signed? UR decision attached?
    - Was the application modified?
  - Liability dispute
  - Timelines not met
  - UR denied due to absent medical records
- Separate IMR requests may be consolidated for review

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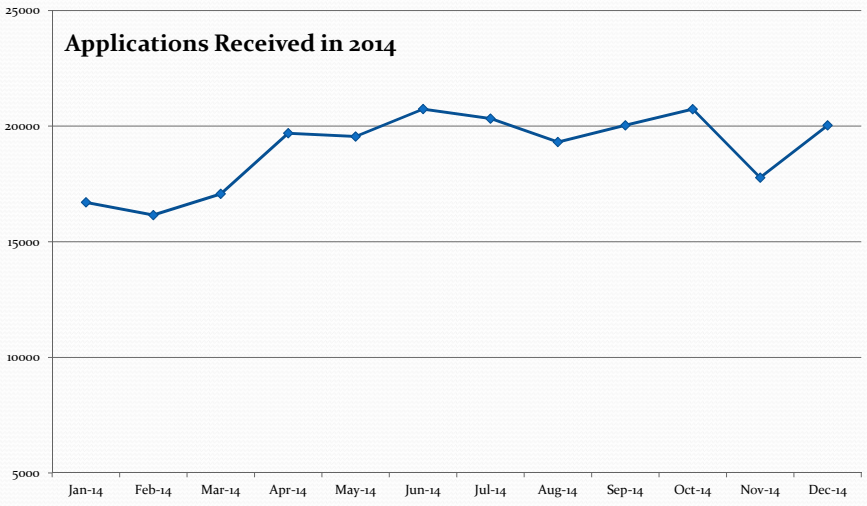
IMR in 2014



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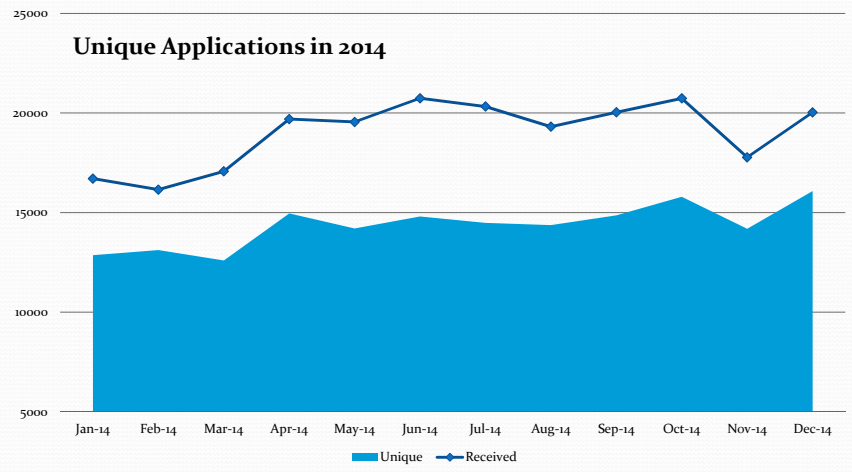
IMR in 2014 (cont'd)



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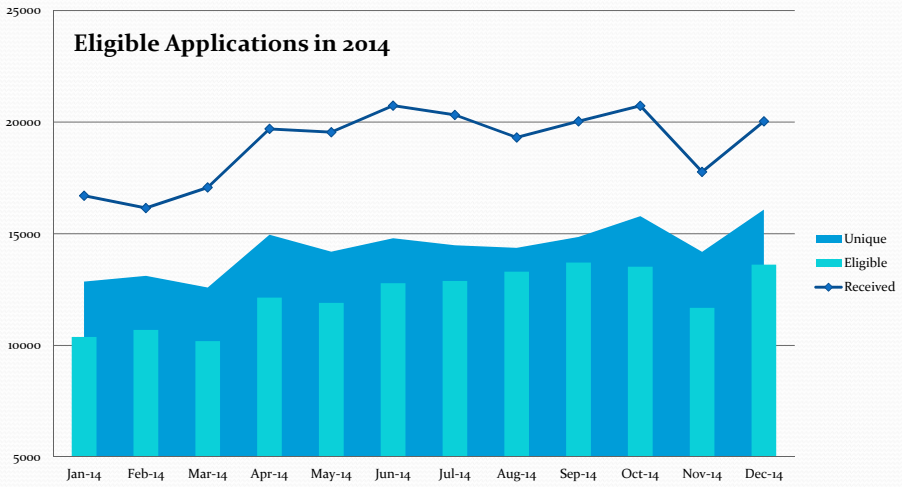
IMR in 2014 (cont'd)



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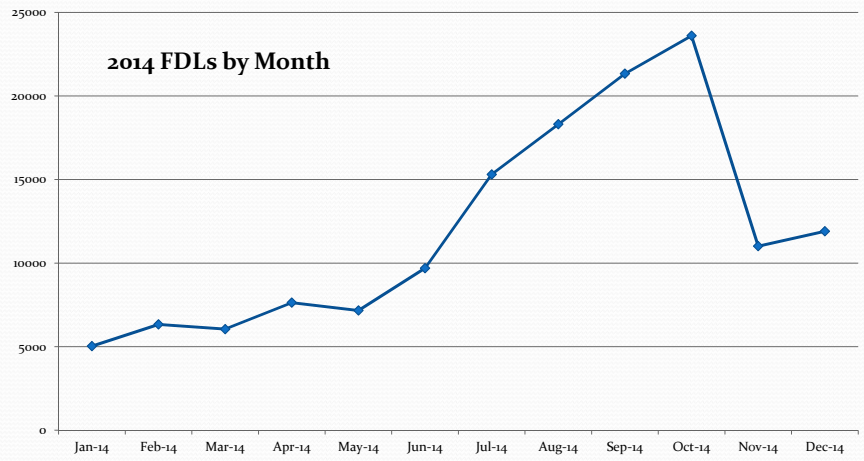
IMR in 2014 (cont'd)



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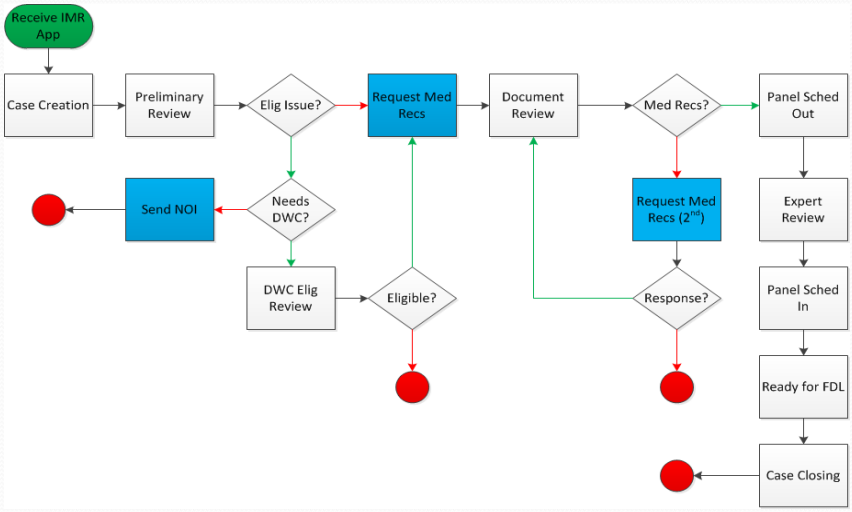
IMR Process Today



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IMR Today: Five FYIs

- No more "Notice to Injured Worker" letters
- Barcode cover sheets with NOARFI
- Must sign IMR Application
- Send us the application completed by C/A and included with UR determination
- Duplicate submissions

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FYI #1: No more Notices to Injured Worker

MAXIMUS FEDERAL SERVICES, INC.
Independent Medical Review
P.O. Box 138009
Sacramento, CA 95813-8009
(855) 865-8873 Fax: (916) 605-4270

MAXIMUS Federal Services

Notice to Injured Worker

123456
JOE SMITH, ESQ
LAW OFFICES OF SMITH AND SMITH
1 LAWYER LANE
SUITE 3
ORANGE, CA 92867

JUNE 3, 2014

IMR Case Number:	CM14-1234567	**Date of Injury:**	04/15/2014
Claims Number:	00000000000000000	**UR Denial Date:**	05/15/2014
Priority:	Standard	**Application Received:**	06/01/2014
Employee Name:	MIKE JONES		
Provider Name:	TOM FRANKENSTEIN		
Treatment(s) in Dispute Listed on IMR Application:	12 X PHYSICAL THERAPY VISITS		

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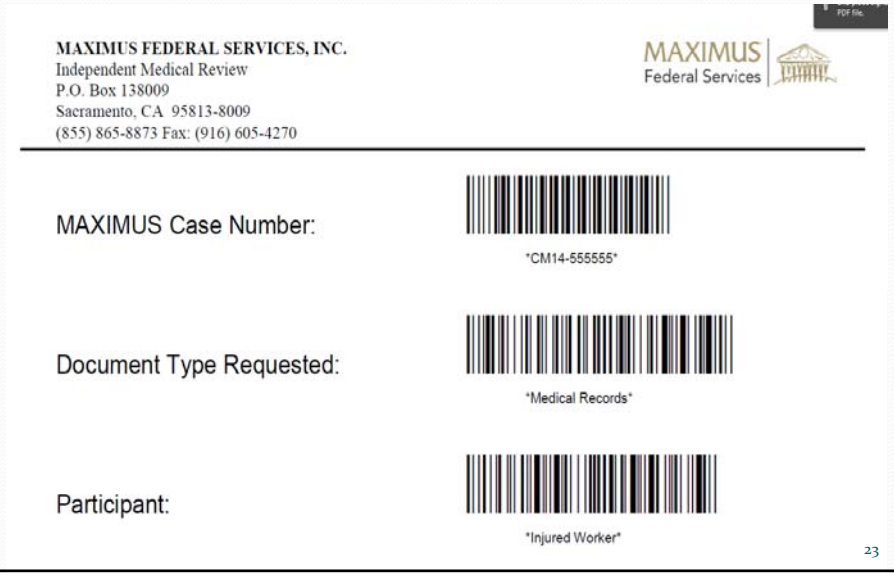
FYI #2: Barcode cover sheets with NOARFI



MAXIMUS FEDERAL SERVICES, INC.
Independent Medical Review
P.O. Box 138009
Sacramento, CA 95813-8009
(855) 865-8873 Fax: (916) 605-4270

MAXIMUS Federal Services

MAXIMUS Case Number:

CM14-555555

Document Type Requested:

Medical Records

Participant:

Injured Worker

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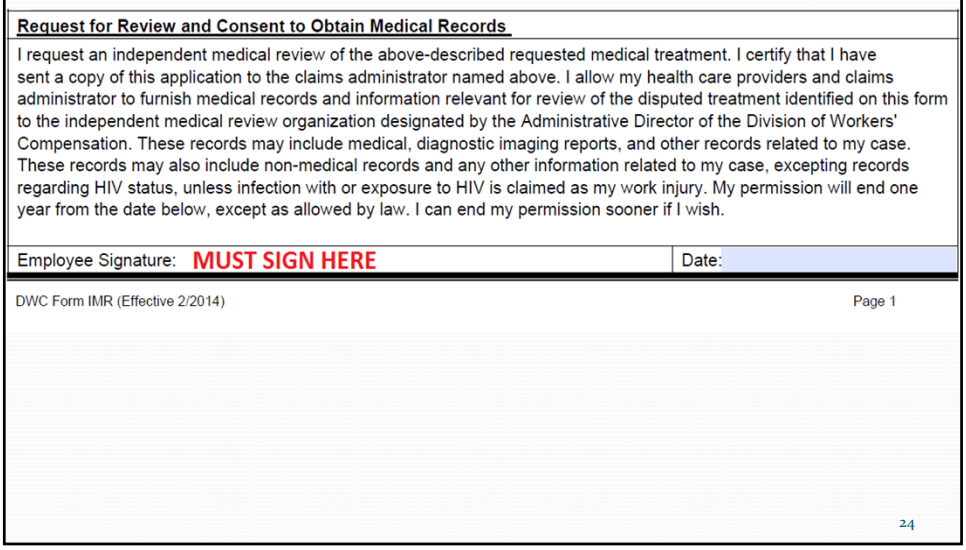
FYI #3: Must sign IMR application



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Employee Signature: MUST SIGN HERE	Date:

DWC Form IMR (Effective 2/2014) Page 1

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FYI #4: Send copy of app from C/A

- If the application does not include data provided by C/A:
  - Correspondence may not get to the right place
  - Could delay IMR process
  - IMR application request might be deemed ineligible

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FYI #5: Duplicate requests

- Please send application once
- If you wish to confirm receipt, please contact us
- Sending the application a second time will not make the process faster
  - More likely to cause delay

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IMR in 2015

- Electronic application
  - Improves data integrity
  - Faster, easier submission process
  - Option for electronic correspondence
  - Log in to:
    - Check case status
    - Update contact information
    - Upload documents

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Contact Us

- If you have IMR-related questions or concerns, please contact MAXIMUS Federal Services:
  - By toll-free phone: (855) 865-8873
  - By email: IMRHelp@maximus.com

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IMR Determinations

- 30 days from request and receipt of records. Labor Code § 4610.6(d)
- Reviews must include
  - Individual assessment of case
  - Determination on disputed medical treatment
    - Based on specified treatment guidelines
  - Medical qualifications of reviewers
    - License jurisdiction, subspecialty

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IMR Determinations

- 2014 IMR Determinations available on DWC website
- Automation of the posting process
- https://www.dir.ca.gov/dwc/IMR/IMR_Decisions.asp

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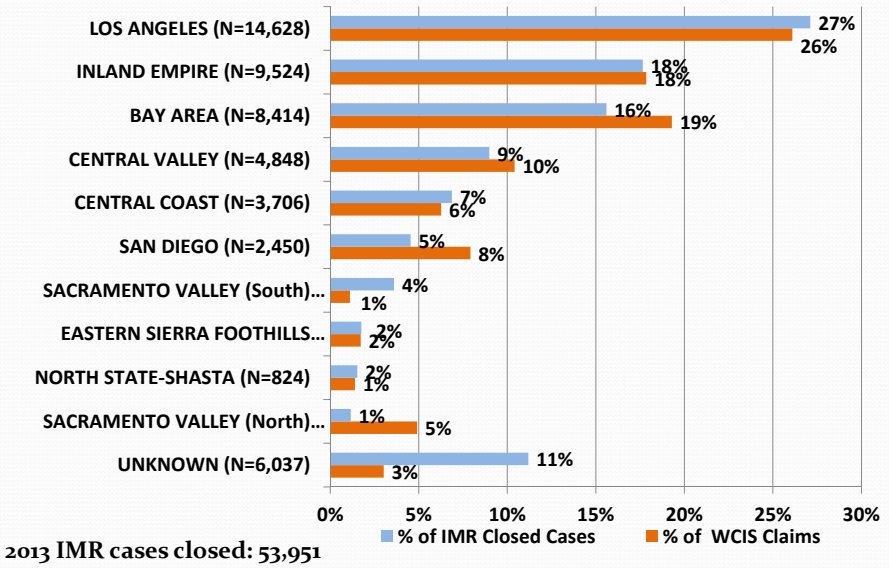
Geographic Regions of Injured Workers in Closed IMR Cases and Claims in (WCIS)



2013 IMR cases closed: 53,951
2013 WCIS claims: 566,659

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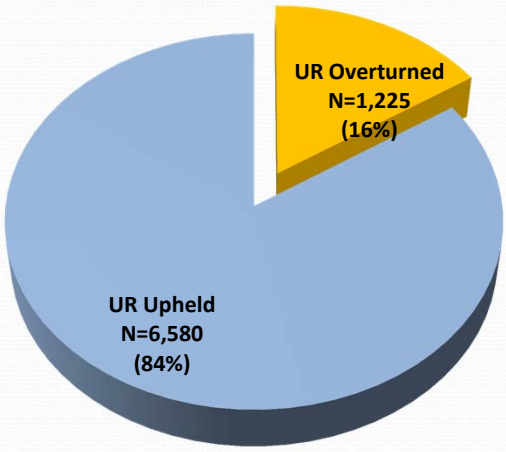
IMR Decisions, FDLs Issued in 2013



IMR Treatment Disputes: 7,805

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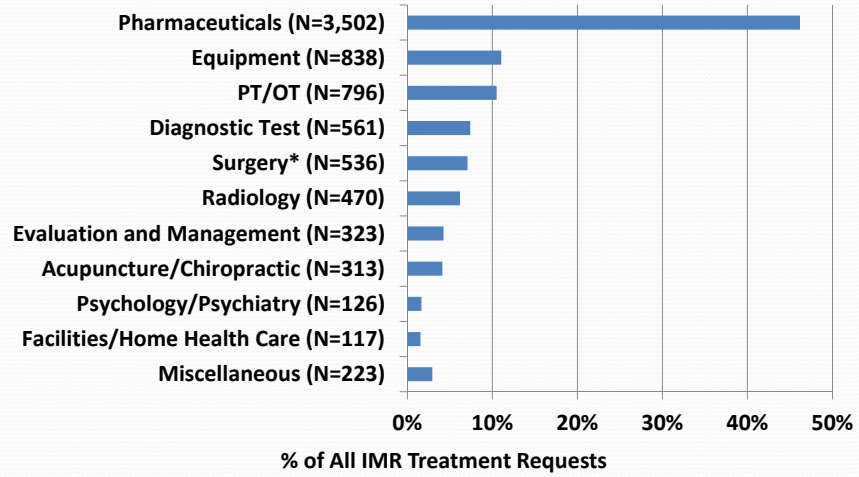
2013 Categories of Disputed Treatments by Percentage



* Surgical treatments include surgical procedures, post-operative care, pre-operative care, and engagement of assistant surgeons.

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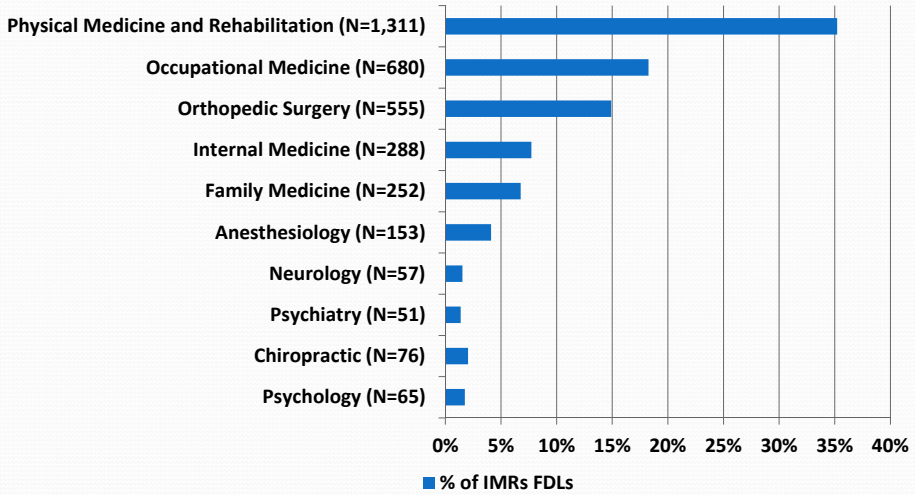
Medical Specialties of IMR Physician Reviewers, by Number and Percentage of IMR FDLs 2013



IMR FDLs: 3,723

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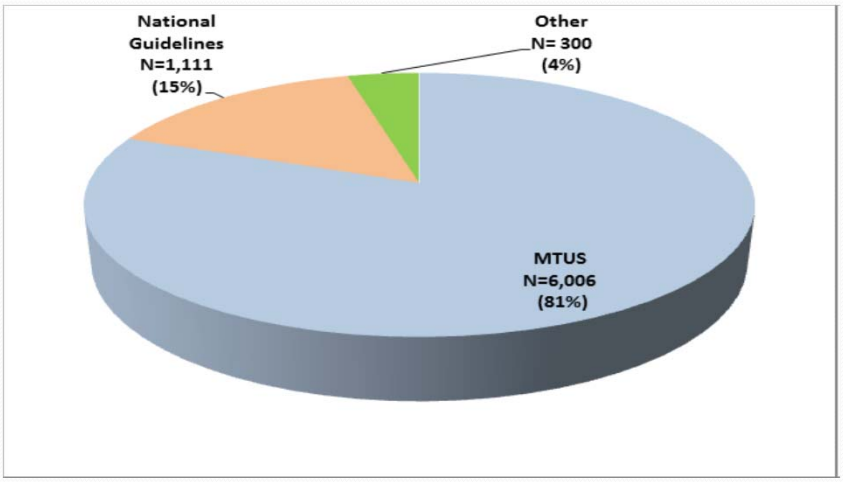
Type of Evidence Cited by Physician Reviewer per 2013 Disputed Treatment



IMR Treatment Disputes: 7,805

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IMR Appeal and Penalties

- Parties have 30 days to appeal IMR Determinations to the WCAB
  - Limited grounds for appeal:
  - AD acted in excess of powers
  - Determination procured by fraud
  - Conflict of interest by reviewer
  - Determination result of bias (race, national origin, religion, age, sex, disability)
  - Determination was the result of a plain error

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IMR Appeals

- 8 C.C.R. § 10957.1 (WCAB Rules)
  - For both eligibility and final determinations
  - Petition in District Office must be filed within 30 days of decision (+5 for mailing)
  - Served on adverse party (and attorney) and DWC Medical Unit
  - DWC Medical Unit download record to EAMS
  - DOR must be filed
- If reversed, case must be remanded to AD for a second IMR determination. Labor Code § 4610.6(i).

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IMR Penalties

- Administrative Penalties
  - Order to Show Cause by Administrative Director
- IMR Penalties - 8 C.C.R. § 9792.12(c)
  - Failure to include IMR Application in UR decision
  - Failure to advise injured worker of IMR process
  - Failure to provide medical records

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IMR Resource

- Independent Medical Review
  - http://www.dir.ca.gov/dwc/IMR.htm
- Frequently Asked Questions
  - http://www.dir.ca.gov/dwc/IMR/IMR_FAQs.htm
- Regulations
  - http://www.dir.ca.gov/dwc/DWCPropRegs/IMR/IMR_Regs.htm
- Forms
  - http://www.dir.ca.gov/dwc/forms.html
- DWC Medical Unit
  - http://www.dir.ca.gov/dwc/MedicalUnit/imchp.html

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