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
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.
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

Utilization Review


- 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 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
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)

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
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
APPLICATION FOR INDEPENDENT MEDICAL REVIEW

State of California, Division of Workers’ Compensation

TO REQUEST INDEPENDENT MEDICAL REVIEW:
1. Sign and date the application and send it to obtain medical records.
2. Mail or fax the application and a copy of the written decision you received that denied or modified the requested medical treatment 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.

I request an independent medical review of the above-described requested medical treatment. I certify that I have
received a copy of the application and the decision or notice of denial of the treatment or the findings of
the administrative law judge. I accept the above designation to act as the above-named Employee’s authorized representative.

Employee Name (First, MI, Last):
Address:
Phone Number:  Fax Number:

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 (First, MI, Last):
Address:
Phone Number:  Fax Number:

I wish to designate:
Authorized Representative Designation:

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. Further, I 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 one individual as my authorized representative, and that I may designate the representative at any time by notifying the Independent Medical Review Organization designated by the Division of Workers’ Compensation.

In addition to designating the above-named individual as my authorized representative, I authorize this individual to receive medical records or other information as well if I choose. My permission will end one year from the date below, except as allowed by law. I can end my permission sooner if I wish.

Authorized Representative Designation:

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 on the above-named Employee’s authorized representative’s behalf. I understand that the Employee may revoke the authorization at any time and appoint another individual to be their authorized representative.

Authorized Representative Name (First, MI, Last):
Address:
Phone Number:  Fax Number:

Employee Signature: Date:

Witness Signature: Date:
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
IMR in 2014 (cont’d)

Unique Applications in 2014

Eligible Applications in 2014
IMR in 2014 (cont’d)

2014 FDLs by Month

IMR Process Today


Send NOI? → Need DVIC?

DVIC Elig Review → Eligible?

Response?

Ready for FDL → Case Closing
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

FYI #1: No more Notices to Injured Worker

Notice to Injured Worker

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

JUNE 3, 2014

<table>
<thead>
<tr>
<th>IMR Case Number:</th>
<th>CM14-1234567</th>
<th>Date of Injury:</th>
<th>04/15/2014</th>
</tr>
</thead>
<tbody>
<tr>
<td>Claims Number:</td>
<td>000000000000000000</td>
<td>UR Denial Date:</td>
<td>03/15/2014</td>
</tr>
<tr>
<td>Priority:</td>
<td>Standard</td>
<td>Application Received:</td>
<td>06/01/2014</td>
</tr>
<tr>
<td>Employee Name:</td>
<td>MIKE JONES</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Provider Name:</td>
<td>TOM FRANKENSTEIN</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Treatments(s) in</td>
<td>12 X PHYSICAL THERAPY VISITS</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Dispute Listed on IMR</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Application:</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
FYI #2: Barcode cover sheets with NOARFI

MAXIMUS FEDERAL SERVICES, INC.
Independent Medical Review
P.O. Box 138609
Sacramento, CA 95813-8009
(855) 865-8573 Fax: (916) 605-1270

MAXIMUS Case Number:

"CMI4-555555"

Document Type Requested:

"Medical Records"

Participant:

"Injured Worker"

FYI #3: Must sign IMR application

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: MUST SIGN HERE          Date: 

DWC Form IMR (Effective 2/2014)
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

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
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

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
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

IMR Determinations

- 2014 IMR Determinations available on DWC website
- Automation of the posting process
- https://www.dir.ca.gov/dwc/IMR/IMR_Decisions.asp
**Geographic Regions of Injured Workers in Closed IMR Cases and Claims in (WCIS)**

<table>
<thead>
<tr>
<th>Region</th>
<th>IMR Cases Closed</th>
<th>WCIS Claims</th>
</tr>
</thead>
<tbody>
<tr>
<td>LOS ANGELES (N=14,628)</td>
<td>27%</td>
<td>26%</td>
</tr>
<tr>
<td>INLAND EMPIRE (N=9,524)</td>
<td>16%</td>
<td>18%</td>
</tr>
<tr>
<td>BAY AREA (N=8,414)</td>
<td>16%</td>
<td>19%</td>
</tr>
<tr>
<td>CENTRAL VALLEY (N=4,848)</td>
<td>10%</td>
<td>18%</td>
</tr>
<tr>
<td>CENTRAL COAST (N=3,706)</td>
<td>9%</td>
<td>18%</td>
</tr>
<tr>
<td>SAN DIEGO (N=2,450)</td>
<td>7%</td>
<td>10%</td>
</tr>
<tr>
<td>SACRAMENTO VALLEY (South)</td>
<td>6%</td>
<td>8%</td>
</tr>
<tr>
<td>EASTERN SIERRA FOOTHILLS</td>
<td>5%</td>
<td>10%</td>
</tr>
<tr>
<td>NORTH STATE-SHASTA (N=824)</td>
<td>4%</td>
<td>8%</td>
</tr>
<tr>
<td>SACRAMENTO VALLEY (North)</td>
<td>1%</td>
<td>1%</td>
</tr>
<tr>
<td>UNKNOWN (N=6,037)</td>
<td>5%</td>
<td>11%</td>
</tr>
</tbody>
</table>

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

**IMR Decisions, FDLs Issued in 2013**

- UR Overturned  
  - N=1,225  
  - (16%)

- UR Upheld  
  - N=6,580  
  - (84%)

IMR Treatment Disputes: 7,805
2013 Categories of Disputed Treatments by Percentage

<table>
<thead>
<tr>
<th>Category</th>
<th>Percentage</th>
<th>N</th>
</tr>
</thead>
<tbody>
<tr>
<td>Pharmaceuticals</td>
<td>33%</td>
<td>3,502</td>
</tr>
<tr>
<td>Equipment</td>
<td>5%</td>
<td>838</td>
</tr>
<tr>
<td>PT/OT</td>
<td>10%</td>
<td>796</td>
</tr>
<tr>
<td>Diagnostic Test</td>
<td>20%</td>
<td>561</td>
</tr>
<tr>
<td>Surgery*</td>
<td>30%</td>
<td>536</td>
</tr>
<tr>
<td>Radiology</td>
<td>40%</td>
<td>470</td>
</tr>
<tr>
<td>Evaluation and Management</td>
<td>50%</td>
<td>323</td>
</tr>
<tr>
<td>Acupuncture/Chiropractic</td>
<td>10%</td>
<td>313</td>
</tr>
<tr>
<td>Psychology/Psychiatry</td>
<td>10%</td>
<td>126</td>
</tr>
<tr>
<td>Facilities/Home Health Care</td>
<td>10%</td>
<td>117</td>
</tr>
<tr>
<td>Miscellaneous</td>
<td>10%</td>
<td>223</td>
</tr>
</tbody>
</table>

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

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

<table>
<thead>
<tr>
<th>Specialty</th>
<th>Percentage</th>
<th>N</th>
</tr>
</thead>
<tbody>
<tr>
<td>Physical Medicine and Rehabilitation</td>
<td>33%</td>
<td>1,311</td>
</tr>
<tr>
<td>Occupational Medicine</td>
<td>10%</td>
<td>680</td>
</tr>
<tr>
<td>Orthopedic Surgery</td>
<td>15%</td>
<td>555</td>
</tr>
<tr>
<td>Internal Medicine</td>
<td>15%</td>
<td>288</td>
</tr>
<tr>
<td>Family Medicine</td>
<td>10%</td>
<td>252</td>
</tr>
<tr>
<td>Anesthesiology</td>
<td>5%</td>
<td>153</td>
</tr>
<tr>
<td>Neurology</td>
<td>5%</td>
<td>57</td>
</tr>
<tr>
<td>Psychiatry</td>
<td>5%</td>
<td>51</td>
</tr>
<tr>
<td>Chiropractic</td>
<td>5%</td>
<td>76</td>
</tr>
<tr>
<td>Psychology</td>
<td>5%</td>
<td>65</td>
</tr>
</tbody>
</table>

IMR FDLs: 3,723
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
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).

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
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