

State of California  
Division of Workers' Compensation - Medical Unit  
Replacement Panel Request-8 Cal. Code of Regulations section 31.5

(Please print or type)

Original panel number (Required)      Claim number (Required)      EAMS number (if a case is filed)      Date of Injury(Required):

Requesting Party (Required)

Applicant's Attorney/Injured Worker

Defense Attorney/Claims Administrator

Employee first name (Required)      Middle Initial      Employee last name (Required)

Indicate the reason why each QME should be replaced. A list of reasons is included in the instructions to this form. Attach documentation to this form to support the request for a new panel or explain the reason for the request in the space provided below. The failure to adequately document your request may result in your requests being delayed, returned or rejected.

1. QME Name (Required)

Reason for Replacement (Required)

2. QME Name

In Represented cases only: Please check this box if this QME is being replaced because the QME was stricken in the 4062.2(c) process.

Reason for Replacement

3. QME Name

In Represented cases only: Please check this box if this QME is being replaced because the QME was stricken in the 4062.2(c) process.

Reason for Replacement

Use this space to provide additional information about your request; attach additional pages as necessary to explain the issues concerning your replacement request. Please attach additional documentation as necessary to support your request. Requests that are either incomplete, inadequately documented or are otherwise incomprehensible will be returned. Please indicate the new address of the injured worker or the workplace zip code where the panel should be issued in the space provided below.

Date of Request: (mm/dd/yyyy)

Name of Requestor (Required)

Requestor Phone Number:

Requestor Street Address (Required)

Requestor City (Required)

Requestor State (Required)

Requestor Zip Code (Required)

Signature of Requestor:

Declaration of Service

I declare that I am a resident of or employed in the county where the 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 Replacement Panel Request form, the original, 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:

- A     depositing the sealed envelope with the U. S. Postal Service with the postage fully prepaid.  
placing the sealed envelope for collection and mailing following our ordinary business practices. I am readily familiar with this business's practice for collecting and processing correspondence for mailing.
- B     On the same day that correspondence is placed for collection and mailing, it is deposited in the ordinary course of business with the U. S. Postal Service 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 personal service.)
- E     personally delivering the sealed envelope to the person or firm named below at the address show below.

<u>Method of Service</u>	<u>Person or firm served</u>	<u>Street Address</u>
	<u>City</u>	<u>State</u> <u>Zip Code</u>

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I declare under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

Date: \_\_\_\_\_ at \_\_\_\_\_, California.

Type or print name \_\_\_\_\_

Signature \_\_\_\_\_

## Instructions

Replacement panel requests are reviewed and approved based on the reasons set forth in section 31.5 of title 8 of the California Code of Regulation. These reasons are listed below for your use. The form attached to these instructions contain pull down menus that indicate the acceptable reason for a new panel. If you are completing this form by handwriting the information in the form, please use the section number of the reason why you believe a replacement panel or the replacement of one or two OME's insert the reason beside the name of the OME or OMEs you wish to replace. For example, if you believe that a OME should be replaced because the OME cannot see the worker in the allotted time period, insert "31.5(a)(2)" in the explanation section. Attach documentation to support your request.

<u>Section number</u>	<u>Explanation</u>
<u>31.5(a)(1)</u>	<u>A OME on the panel does not practice in the specialty requested by the party holding the legal right to request the panel.</u>
<u>31.5(a)(2)</u>	<u>A OME on the panel cannot schedule an examination for the employee within sixty (60) days of the initial request for an appointment, or if the 60 day scheduling limit has been waived pursuant to section 33(e) of title 8 of the California Code of Regulations, the OME cannot schedule the examination within ninety (90) days of the date of the initial request for an appointment.</u>
<u>31.5(a)(3)</u>	<u>The injured worker has changed his or her residence address since the OME panel was issued and prior to date of the initial evaluation of the injured worker</u>
<u>31.5(a)(4)</u>	<u>A physician on the OME panel is a member of the same group practice as defined by Labor Code section 139.3 as another OME on the panel.</u>
<u>31.5(a)(5)</u>	<u>The OME is unavailable pursuant to section 33 of title 8 of the California Code of Regulations (Unavailability of the OME).</u>
<u>31.5(a)(6)</u>	<u>The evaluator who previously reported in the case is no longer available.</u>
<u>31.5(a)(7)</u>	<u>A OME named on the panel is currently, or has been, the employee's primary treating physician or secondary physician as described in section 9785 of Title 8 of the California Code of Regulations for the injury currently in dispute .</u>
<u>31.5(a)(8)</u>	<u>The claims administrator, or if none the employer, and the employee agree in writing, for the employee's convenience only, that a new panel may be issued in the geographic area of the employee's work place and a copy of the employee's agreement is submitted with the panel replacement request.</u>
<u>31.5(a)(9)</u>	<u>The Medical Director, upon written request, finds good cause that a replacement OME or a replacement panel is appropriate for reasons related to the medical nature of the injury. For purposes of this subsection, "good cause" is defined as a documented medical or psychological impairment.</u>
<u>31.5(a)(10)</u>	<u>The Medical Director, upon written request, filed with a copy of the Doctor's First Report of Occupational Injury or Illness (Form DLSR 5021 (Cal. Code Regs. tit. 8, §§ 14006 and 14007) and the most recent DWC Form PR-2 ("Primary Treating Physician's Progress Report" (Cal. Code Regs., tit.8, § 9785.2) or narrative report filed in lieu of the PR-2, determines after a review of all appropriate records that the specialty chosen by the party holding the legal right to designate a specialty is medically or otherwise inappropriate for the disputed medical issue(s). The Medical Director may request either party to provide additional information or records necessary for the determination.</u>
<u>31.5(a)(11)</u>	<u>The evaluator has violated section 34 (Appointment Notification and Cancellation) of title 8 of the California Code of Regulations, except that the evaluator will not be replaced for this reason whenever the request for a replacement by a party is made more than fifteen (15) calendar days from either the date the party became aware of the violation of section 34 of title 8 of the California Code of Regulations or the date the report was served by the evaluator, whichever is earlier.</u>
<u>31.5(a)(12)</u>	<u>The evaluator failed to meet the deadlines specified in Labor Code section 4062.5 and section 38 (Medical Evaluation Time Frames) of title 8 of the California Code of Regulations and the party requesting the replacement objected to the report on the grounds of lateness prior to the date the evaluator served the report. A party requesting a replacement on this ground shall attach to the request for a replacement a copy of the party's objection to the untimely report.</u>
<u>31.5(a)(13)</u>	<u>The OME has a disqualifying conflict of interest as defined in section 41.5 of title 8 of the California Code of Regulations.</u>
<u>31.5(a)(14)</u>	<u>The Administrative Director has issued an order for additional OME evaluation pursuant to section 10164(c) of title 8 of the California Code of Regulations.</u>
<u>31.5(a)(15)</u>	<u>The selected medical evaluator, who otherwise appears to be qualified and competent to address all disputed medical issues refuses to provide, when requested by a party or by the Medical Director, either: a complete medical evaluation as provided in Labor Code sections 4062.3(j) and 4062.3(k), or a written statement that explains why the evaluator believes he or she is not medically qualified or medically competent to address one or more issues in dispute in the case.</u>
<u>31.5(a)(16)</u>	<u>The OME panel list was issued more than twenty four (24) months prior to the date the request for a replacement is received by the Medical Unit, and none of the OMEs on the panel list have examined the injured worker.</u>

**Do not return this page with your replacement request**