NOTE:
• * = mandatory field
• ? = tool tip

Online panel system is for dates of injury prior to 1/1/05. For DOIs prior to 1/1/05 in represented cases, each party may select any QME. They are not required to obtain a panel from the MU.

Requester should use “Unknown” for first and last name if the name of PTP is not known.

Dispute types by Labor Code Section:

4060 – Compensability dispute
4061 – Permanent disability
Future medical treatment
4062 – Temporary disability
Permanent and stationary status
Work restriction
Ability to return to work
Apportionment
Diagnosis
Causation

For 4060 requests, you must enter the date of the request for a compensability exam (refer to denial or delay letter). This is not the online submission date.
“Mutual agreement” satisfies the question. “Good cause” requires the requestor to elaborate on the reason.

“Yes” satisfies the question. “No” requires the requestor to give a reason.
There may be more than one city available for a given zip code.

NOTE: This section should also be used if the requestor answers "No" to the question and has a different mailing address other than the default Applicant Attorney UAN.

If an out of state zip code is used:

If “No” the system will default to the applicant attorney address. If “Yes” the requestor must enter the mailing address agreed upon by the parties.
An EAMS UAN must be used to complete the online QME Form 106. The requestor can go to the DWC website for information on how to obtain a UAN. New UANs or changes to existing UANs will take 72 hours to update.

Helpful email addresses:

cru@dir.ca.gov OR EAMSHelpDesk@dir.ca.gov

NOTE: If the requestor enters a UAN with an out of state address, the system will notify them that they must either choose another UAN or return to the employee information page to enter a CA address for the employee or in the agreement section.

EAMS UAN Number and address will auto populate when an applicant attorney firm name is chosen.
Employer and CA Information Page

An EAMS UAN must be used to complete the online QME Form 106. The requestor can go to the DWC website for information on how to obtain a UAN. New UANs or changes to existing UANs will take 72 hours to update.

Helpful email addresses:
cru@dir.ca.gov OR EAMSHelpDesk@dir.ca.gov

Requester should use “Unknown” for first and last name if the name of claims adjustor is not known.

EAMS UAN Number and address will auto populate when an claims administrator name is chosen.
An EAMS UAN must be used to complete the online QME Form 106. The requestor can go to the DWC website for information on how to obtain a UAN. New UANs or changes to existing UANs will take 72 hours to update.

Helpful email addresses:

cru@dir.ca.gov OR EAMSHelpDesk@dir.ca.gov

This page is only mandatory if the requestor is the defense attorney.

EAMS UAN Number and address will auto populate when an defense attorney firm name is chosen.
The requestor name should be the person filling out the form. This does not need to be the actual attorney or claims administrator name.

Both statements must be confirmed to continue with submission. If not, the system will not allow the requestor to proceed.
The following applies to uploading supporting documentation:

- Only one document can be uploaded. The document may consist of multiple pages up to 10 MB.
- File must be either pdf or tiff format.

NOTE: Although the system does not check for the 30 (b) requirements, all elements should still be included in the letter of objection.
The top navigation bar allows the requestor to return to the individual pages of the form to make corrections and edits before hitting submit.

The requestor may also use the blue links next to the titles of the form pages to make corrections and edits before hitting submit.
Qualified Medical Examiner Online Form

State of California

DIVISION OF WORKERS’ COMPENSATION

Date Request Received: 09/18/2015

Claim No(s): 571130A0KH

Date(s) of Injury: 08/22/2010

Requesting Party: CLAIMS ADMINISTRATOR

Employer: ABC TRUCKS

Ins./Adj. Agency: GARY PETERS

Panel #: 7032136

No. of Request: 1

Employee: LARRY BURNS

Applicant Attorney: SUE BORG

Defense Attorney: FRANK HALL

DURAND MCKENNA SAN MATEO

SAUL ALLWEISS TARZANA

2015 PIONEER CT STE A

18321 VENTURA BLVD STE 500

SAN MATEO, CA 94403

TARZANA, CA 91356

Selected Qualified Medical Evaluator Panel:

Physician’s Name: GARY MARTIKOVSKY, MD

Address: 2299 POST ST STE 211

SPECIALTY: PAIN MEDICINE

SAN FRANCISCO, CA 94116-3473

In Practice Since: 2001

Physician’s Education: STANFORD UNIVERSITY SCHOOL OF MEDICINE, STANFORD, CA

Physician’s Training: INTERNAL MEDICINE KASPER PERMANENTE, OAKLAND, CA, 2000-2001

ANESTHESIOLOGY-STANFORD MEDICAL CENTER, STANFORD, CA, 2001-2004

Physician’s Name: TIMOTHY S LO, MD

Address: 2300 SUTTER ST STE 304

SPECIALTY: PAIN MEDICINE

SAN FRANCISCO, CA 94116-3029

In Practice Since: 2007

Physician’s Education: MOUNT SAINI SCHOOL OF MEDICINE, NEW YORK, NY

Physician’s Training: INTERNAL MEDICINE-CABRINI MEDICAL CENTER, NEW YORK, NY, 2001-2002
Declaration of Service

Note: The use of the proof of service is optional. The requestor may use their own proof of service.

The system will auto populate the names and addresses. The requestor must select the method of service.

Note: Any issues regarding declaration of service to the parties should be directed to the WCAB. This is not something the Medical Unit can address. Please take note and add to comments in Oracle.
QME Panel Document Print Package

Note: To avoid issues with printing, the requestor should disable the pop-up blocker on their browser.

These links will allow the requestor to either return to the beginning of a new online form or will be directed to the DWC Medical Unit main web page.

Clicking on the pdf icon will allow the requestor to open the document, print and/or save.

The requestor must print and serve all three items listed.