Division of Workers’ Compensation
QME Online Form 106 Panel Request Guide
Panel Request Information Page

Must include all hyphens if they appear in claim number sequence.

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.

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.

Not a mandatory field for Labor Code Section 4060. This field is mandatory for both 4061 and 4062.
“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.
An EAMS UAN must be used to complete the online QME Form 106. The requester 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.
Both statements must be confirmed to continue with submission. If not, the system will not allow the requestor to proceed.

The requestor name should be the person filling out the form. This does not need to be the actual attorney or claims administrator name.
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.
Division of Workers' Compensation (DWC)

Qualified Medical Examiner Online Form

State of California

DIVISION OF WORKERS’ COMPENSATION

Date Request Received: 09/19/2015
Claim No(s): 571300A7H

Date of Injury: 08/22/2014
Requesting Party: CLAIMS ADMINISTRATOR

Date Issued: 09/10/2015
Employer: ABC TRUCKS

No. of Request: 1
Ins./Adj. Agency: GARY PETERS


SUIF INSURED PLEASANTON
PO BOX 3171
SUZISN CITY, CA 94585

Employee: LARRY BURNS

Applicant Attorney: SUE BORG
DURARD MCKENNA SAN MATEO
2015 PIONEER CT STE A
SAN MATEO, CA 94403

Defense Attorney: FRANK HALL
SAUL ALLWEISS TARZANA
18321 VENTURA BLVD STE 500
TARZANA, CA 91335

Selected Qualified Medical Evaluator Panel:

Physician’s Name: GARY MARTINOVSKY, MD
Address: 2299 POST ST STE 211
SAN FRANCISCO, CA 94116-3473
Tel No.: (510) 758-7462
Specialty: PAIN MEDICINE
In Practice Since: 2001
Physician’s Education: STANFORD UNIVERSITY SCHOOL OF MEDICINE, STANFORD, CA
Physician’s Training: INTERNAL MEDICINE-KAISER 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
SAN FRANCISCO, CA 94116-3029
Tel No.: (415) 563-2233
Specialty: PAIN MEDICINE
In Practice Since: 2007
Physician’s Education: MOUNT SNAI 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

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

The requestor must print and serve all three items listed.

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.