

SCHOOLS INSURANCE AUTHORITY

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UTILIZATION REVIEW ORGANIZATION PLAN

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Introduction

Mission Statement

The Schools Insurance Authority a “self-administered, joint powers authority public entity”, (hereafter referred to as “SIA”) Utilization Review Process is founded on the widely accepted principle that medical treatment for work-related injury and illness is clinically necessary and appropriate, with the goal of improving medical outcomes and ensuring quality care that is both timely and cost effective.

Historical and Legal Underpinnings

In compliance with Labor Code section 4610 and CCR 9792.6 et seq of title 8 of the California code of regulations, SIA has established an internal Utilization Review Process compliant with these laws that will ensure appropriate medical care for injured workers and consistent with the Medical Treatment Utilization Schedule (MTUS) adopted pursuant to California Code of Regulations, title 8, Sections 9792.20 through 9792.27.23.

SIA will amend this utilization review plan, as appropriate with the changes that are adopted and incorporated in the regulations by the Administrative Director from time to time. Quality management and updates of the utilization review plan are the responsibility of SIA’s Medical Director, Director of Workers’ Compensation, and Utilization Review Manager.

SIA does not and shall not offer or provide any type of financial incentive or consideration to physicians based on the number of modifications or denials made by the physician and is in full compliance with Labor Code 4610(g)(3)(B)(i). SIA is a “Not-For-Profit” Joint Powers Authority as such, we have no financial interest in utilization referrals as defined under Section 139.32. SIA has an in-house Utilization Review Organization. Our Medical Director is a paid consultant and all other staff within the URO are employees of SIA. SIA is in full compliance with Labor Code 4610(g)(3)(B)(ii).

SIA’s utilization review plan consisting of our policies and procedures is available to the public upon request and available on our web site:

<http://www.sia-jpa.org/lines-of-coverage/workers-compensation/>

Objectives

- Provide utilization review determinations that ensure timely and appropriate application of the MTUS, and other evidence-based medicine.
- Provide individual analysis for each utilization request to ensure clinically pertinent and relevant determinations.
- Provide resources and education to providers and claims adjudication specialists.

- Provide a means to track and measure outcomes to ensure continued improvement and compliance with Utilization Review Standards.

Definitions

“ACOEM” means the American College of Occupational and Environmental Medicine's Occupational Medicine Practice Guidelines published by the Reed Group containing evidenced-based medical treatment guidelines for conditions commonly associated with the workplace. ACOEM guidelines may be obtained from the Reed Group (<http://go.reedgroup.com/mtus>).

“Authorization” means assurance that appropriate reimbursement will be made for an approved specific course of proposed medical treatment to cure or relieve the effects of the industrial injury pursuant to section 4600 of the Labor Code, subject to the provisions of section 5402 of the Labor Code, based on either a completed “Request for Authorization,” DWC Form RFA, as contained in California Code of Regulations, title 8, section 9785.5, or a request for authorization of medical treatment accepted as complete by the claims administrator under section 9792.9.1(c)(2)(B), that has been transmitted by the treating physician to the claims administrator. Authorization shall be given pursuant to the timeframe, procedure, and notice requirements of California Code of Regulations, title 8, Section 9792.9.1, and may be provided by utilizing the indicated response section of the “Request for Authorization,” DWC Form RFA if that form was initially submitted by the treating physician.

“Claims Administrator” is a self-administered workers' compensation insurer of an insured employer, a self-administered self-insured employer, a self-administered legally uninsured employer, a self-administered joint powers authority, a third-party claims administrator or other entity subject to Labor Code section 4610, the California Insurance Guarantee Association, and the director of the Department of Industrial Relations as administrator for the Uninsured Employers Benefits Trust Fund (UEBTF). “Claims Administrator” includes any utilization review organization under contract to provide or conduct the claims administrator's utilization review responsibilities.

“Concurrent review” means utilization review conducted during an inpatient stay.

“Course of treatment” means the course of medical treatment set forth in the treatment plan contained on the “Doctor's First Report of Occupational Injury or Illness,” Form DLSR 5021, found at California Code of Regulations, title 8, section 14006, or on the “Primary Treating Physician's Progress Report,” DWC Form PR-2, as contained in section 9785.2 or in narrative form containing the same information required in the DWC Form PR-2.

“Deferral of Utilization Review” in accordance to Labor Code 4610(l), utilization review of a treatment recommendation shall not be required while the employer is disputing liability for the injury or treatment of the condition for which treatment is recommended pursuant to Section 4062.

“Denial” means a decision by a physician reviewer that the requested treatment or service is not authorized.

“Dispute liability” means an assertion by the claims administrator that a factual, medical, or legal basis exists, other than medical necessity that precludes compensability on the part of the claims administrator for an occupational injury, a claimed injury to any part or parts of the body, or a requested medical treatment.

“Disputed medical treatment” means medical treatment that has been modified, or denied by a utilization review decision.

“Duplicate Treatment Request Letter” is SIA’s form letter that is used to communicate to a prescribing physician that their treatment request is a duplicate treatment request as defined by Labor Code 4610(k), and section 9792.9.1(h).

“Emergency health care services” means health care services for a medical condition manifesting itself by acute symptoms of sufficient severity such that the absence of immediate medical attention could reasonably be expected to place the patient’s health in serious jeopardy.

“Evidence-Based Medicine (EBM)” means a systematic approach to making clinical decisions which allows the integration of the best available research evidence with clinical expertise and patient values.

“Expedited review” means utilization review or independent medical review conducted when the injured worker’s condition is such that the injured worker faces an imminent and serious threat to his or her health, including, but not limited to, the potential loss of life, limb, or other major bodily function, or the normal timeframe for the decision-making process would be detrimental to the injured worker’s life or health or could jeopardize the injured worker’s permanent ability to regain maximum function.

“Expert reviewer” means a medical doctor, doctor of osteopathy, psychologist, acupuncturist, optometrist, dentist, podiatrist, or chiropractic practitioner licensed by any state or the District of Columbia, competent to evaluate the specific clinical issues involved in the medical treatment services and where these services are within the individual’s scope of practice, who has been consulted by the reviewer or the utilization review medical director to provide specialized review of medical information.

“Health care provider” means a provider of medical services, as well as related services or goods, including but not limited to an individual provider or facility, a health care service plan, a health care organization, a member of a preferred provider organization or medical provider network as provided in Labor Code section 4616.

“Immediately” means within one business day.

“Material modification” is when the claims administrator changes utilization review vendor or makes a change to the utilization review standards as specified in the California Code of Regulations, title 8, section 9792.7.

“Medical Director” is the physician and surgeon licensed by the Medical Board of California or the Osteopathic Board of California who holds an unrestricted license to practice medicine in the

State of California. The Medical Director is responsible for all decisions made in the utilization review process.

“Medical services” means those goods and services provided pursuant to Article 2 (commencing with Labor Code section 4600) of Chapter 2 of Part 2 of Division 4 of the Labor Code.

“Medical treatment” is care which is reasonably required to cure or relieve the employee from the effects of the industrial injury consistent with the requirements of the California Code of Regulations, title 8, sections 9792.20 through 9792.26.

“Medical Treatment Utilization Schedule” means the standards of care adopted by the Administrative Director pursuant to Labor Code section 5307.27 and set forth in Article 5.5.2 of this Subchapter, beginning with section 9792.20 and includes the MTUS Drug List set forth in section 9792.27.15 and the formulary rules set forth in sections 9792.27.1 through 9792.27.23.

“Modification” means a decision by a physician reviewer that part of the requested treatment or service is not medically necessary.

“More Information Letter” a form letter SIA uses to notify the requesting physician we are not in receipt of all of the information reasonably necessary to make a determination. A reviewer or non-physician reviewer may request such information within five (5) business days from the receipt of the request for treatment.

“Nationally recognized” means published in a peer-reviewed medical journal; or developed, endorsed and disseminated by a national organization with affiliates based in two or more U.S. states and is the most current version.

“Non-Exempt drug” means a drug on the MTUS Drug List which is designated as requiring authorization through prospective review prior to dispensing the drug.

“Non-physician reviewer” may include the claims manager, a California licensed registered nurse, utilization review coordinator and claims administrators. **Unless otherwise specified, non-physician reviewer refers to the Utilization Review Nurse.**

“Notice to Vendor – Invalid Treatment Request” is SIA’s form letter that is issued to the submitting vendor of a DWC Form RFA that was not completed and or signed by a treating physician as defined in the California Code of Regulations, title 8, section 9785. This notifies the vendor that the DWC Form RFA must be completed and submitted by the requesting treating physician(s).

“Notice of Missing or Incomplete DWC Form RFA or Notice of Incomplete Treatment Request” is an SIA form letter that is sent to the prescribing physician when the DWC Form RFA is deemed incomplete pursuant to the California Code of Regulations, title 8, Section 9792.6.1(t). The notice is faxed or mailed to the prescribing physician within five (5) business days from receipt of the request for authorization.

“ODG” means the Official Disability Guidelines published by the Work Loss Data Institute containing evidenced-based medical treatment guidelines for conditions commonly associated with the workplace. ODG guidelines may be obtained from the Work Loss Data Institute, 169 Saxony, #101, Encinitas, California 92024 (www.ODG@worklossdata.com).

“Pass Through Treatment” means medical treatment requests for dates of injury on and after 01/01/2018, which is deemed exempt from “prospective” utilization review as outlined in Labor Code 4610(b).

“Perioperative fill” means the policy set forth in the California Code of Regulations, title 8, section 9792.27.13 allowing dispensing of identified Non-Exempt drugs without prospective review where the drug is prescribed within the perioperative period and meets specified criteria.

“Peer reviewed” means that a study’s content, methodology and results have been evaluated and approved prior to publication by an editorial board of qualified experts.

“Prospective review” means the utilization review conducted, except for utilization review conducted during an inpatient stay, prior to the delivery of the requested medical services, in accordance with Labor Code section 4610 and title 8, California Code of Regulations section 9792.6.1 et seq.

“Request for authorization” A request for authorization" means a written request for a specific course of proposed medical treatment.

Unless accepted by a claims administrator under the California Code of Regulations, title 8, section 9792.9.1(c)(2)(B), a request for authorization must be set forth on a “Request for Authorization (DWC Form RFA),” completed by a treating physician, as contained in California Code of Regulations, title 8, section 9785.5.

“Completed,” for the purpose of this section and for purposes of investigations and penalties, means that the request for authorization must identify both the employee and the provider, identify with specificity a recommended treatment or treatments, and be accompanied by documentation substantiating the need for the requested treatment.

The request for authorization must be signed by the treating physician and may be mailed, faxed or e-mailed to, if designated, the address, fax number, or e-mail address designated by the claims administrator for this purpose. By agreement of the parties, the treating physician may submit the request for authorization with an electronic signature.

“Retrospective review” means utilization review conducted after medical services have been provided and for which approval has not already been given.

“Reviewer” means a medical doctor, doctor of osteopathy, psychologist, acupuncturist, optometrist, dentist, podiatrist, or chiropractic practitioner licensed by any state or the District of Columbia, competent to evaluate the specific clinical issues involved in medical treatment services, where these services are within the scope of the reviewer’s practice.

“Special Fill” means the policy set forth in the California Code of Regulations, title 8, section 9792.27.12 allowing dispensing of identified Non-Exempt drugs without prospective review where the drug is prescribed or dispensed in accordance with the criteria set forth in subdivision (b) of section 9792.27.12.

“Utilization Review Nurse” a registered nurse who is licensed by the California Board of Registered Nursing and employed by SIA. These registered nurses function in the role of a non-physician reviewer pursuant to the California Code of Regulations, title 8, section 9792.7(b)(3). May also be referred to as UR Nurse.

“Utilization review decision” means a decision pursuant to Labor Code section 4610 to approve, modify, or deny, a treatment recommendation or recommendations by a physician prior to, retrospectively, or concurrent with the provision of medical treatment services pursuant to Labor Code sections 4600 or 5402(c).

“Utilization review plan” means the written plan filed with the Administrative Director pursuant to Labor Code section 4610, setting forth the policies and procedures, and a description of the utilization review process.

“Utilization review process” means utilization management functions that prospectively, retrospectively, or concurrently review and approve, modify, or deny, based in whole or in part on medical necessity to cure or relieve, treatment recommendations by physicians, as defined in Labor Code section 3209.3, prior to, retrospectively, or concurrent with the provision of medical treatment services pursuant to Labor Code section 4600.

The utilization review process begins when the completed DWC Form RFA, or a request for authorization accepted as complete under the California Code of Regulations, title 8, section 9792.9.1(c)(2)(B), is first received by the claims administrator, or in the case of prior authorization, when the treating physician satisfies the conditions described in the utilization review plan for prior authorization.

“Utilization review request form or URRF” is the referral form used by SIA when a request for authorization is being referred to a “reviewer” for a utilization review determination.

“Written” includes a communication transmitted by facsimile or in paper form. Electronic mail may be used by agreement of the parties although an employee's health records shall not be transmitted via electronic mail.

Utilization Review Standards

Telephone/Facsimile Access:

Physicians may request authorization for medical treatment between the hours of 9:00 a.m. to 5:30 p.m. Pacific Standard Time using SIA's telephone and facsimile access numbers on normal business days as defined in Labor Code 4600.4 and civil code section 9.

After business hour access is satisfied by maintaining a facsimile number for after hour requests at (916) 362-2824.

SIA UR Plan:

SIA utilizes the recommended standards set forth in the MTUS adopted by the Administrative Director pursuant to Labor Code 5307.27 shall be presumptively correct on the issue of extent and scope of medical treatment. The presumption is rebuttable and may be controverted by a preponderance of the scientific evidence establishing that a variance from the guidelines reasonably is required to cure or relieve the injured worker from the effects of his or her injury.

For all conditions or injuries not addressed by the MTUS, SIA shall use the Medical Evidence Search Sequence pursuant to the California Code of Regulations, title 8, Section 9792.21.

SIA is a nonprofit public sector entity as such, SIA is exempt from accreditation requirements under Labor Code 4610(g). SIA shall meet or exceed accreditation standards adopted by the administrative director for nonprofit public sector entities.

The criteria or guidelines used in the utilization review process to determine whether to approve, modify, or deny medical treatment services shall be all of the following:

Developed with the involvement from actively practicing physicians.

Consistent with the schedule for medical treatment utilization, including the drug formulary, adopted pursuant to Labor Code Section 5307.27.

Evaluated at least annually, and updated if necessary.

Disclosed to the physician, the employee, and their representative if used as the basis of a decision to modify or deny services in a specified case under review.

The UR Plan is available to the public upon request and available on our web site:
<http://www.sia-jpa.org/lines-of-coverage/workers-compensation/>

Treatment Guidelines

SIA utilizes the MTUS as defined in the Utilization Review Definitions.

Treatment shall not be denied on the sole basis that the condition or injury is not addressed by the MTUS.

For all conditions or injuries not covered by the MTUS, SIA shall use the Medical Search Sequence pursuant to the California Code of Regulations, title 8, section 9792.21.1.

Program Structure

Schools Insurance Authority is a Not-for-Profit Joint Powers Authority with our own in-house Utilization Review Organization. The Utilization Review Department is comprised of the Medical Director, the Utilization Review Nurse, and administrative staff.

The Medical Director is available on Tuesdays from 9:00 AM to 1:00 PM Pacific Time and Thursdays from 9:00 AM to 12:00 PM Pacific Time and may be reached by calling (916) 369-4037.

Medical Director

The Schools Insurance Authority's Utilization Review Program Medical Director is:

Richard B. Riemer, D.O.
Touro University
310 Club Drive, Vallejo, CA 94592
(916) 369-4037

California License Number 20A5069

Richard B. Riemer, D.O. holds an unrestricted license to practice medicine in the State of California issued pursuant to §2050 or §2450 of the Business and Professional Code. Dr. Riemer is competent to evaluate the specific clinical issues involved in the treatment and services within the scope and licensure of the physician's practice.

Dr. Riemer is Board Certified by the American Academy of Psychiatry and Neurology (N) and Certified by the Society of Neurorehabilitation. Fellowship training included Clinical Neurophysiology and Neurorehabilitation.

Responsibilities of the Medical Director

SIA's Medical Director, Richard B. Riemer, D.O., (hereafter referred to as "Medical Director"), is responsible for the oversight of all utilization review activities, ensures that the utilization review process is in accordance with this document, and is responsible for all UR decisions for both on-site and off-site contractors and vendors.

The Medical Director relies on the principles and practice of evidence based medicine, a conscientious, explicit, and judicious use of current best evidence in the health care of individuals. Best available external clinical evidence means clinically relevant research, often from the basic sciences of medicine, but especially from patient centered clinical research into the accuracy and precision of diagnostic tests (including the clinical examination), the power of prognostic markers, and the efficacy and safety of therapeutic, rehabilitative, and preventive regimens.

Utilization Review Nurse

Schools Insurance Authority employs registered nurses who are licensed by the California Board of Registered Nursing. These registered nurses function in the role of a non-physician reviewer pursuant to the California Code of Regulations, title 8, section 9792.7(b)(3) and hereafter will be referred to as "UR Nurses". The UR Nurses work on-site and provide the first level of utilization review. This first level review will be completed within appropriate timeframes in the event the treatment request will need to be transferred to a "Reviewer" or "Expert Reviewer". The UR Nurses will assess the medical information and request additional medical information as necessary within timeframes. The UR Nurses may approve the treatment request based on the clinical information given and the appropriate guidelines.

Administrative Staff

The utilization review administrative staff includes the claims director, claims managers, UR coordinator, and administrative clerical support.

SIA's Utilization Review Process

Submission of a Requests for Authorization

A request for authorization for medical treatment must be in written form and are accepted by facsimile or by mail. Requests for treatment must be set forth on the DWC Form RFA and must be accompanied by a Doctor's First Report of Injury, PR-2, or Narrative Report substantiating the need for the requested treatment.

The request for authorization must be signed by the treating physician and may be mailed or faxed to SIA. By agreement of the parties, the treating physician may submit the request for authorization with an electronic signature. Verbal requests for treatment authorization may be

accepted at our discretion when they are appropriate based on the merits of each individual request. SIA may also, at our discretion, request that the treating physician submit a properly prepared written request for authorization

For purposes of this section, the written request for authorization shall be deemed to have been received by the claims administrator by facsimile on the date the request was received if the receiving facsimile electronically date stamps the transmission. If there is no electronically stamped date recorded, then the date the request was transmitted is used as the date of receipt. A request for authorization transmitted by facsimile after 5:30 PM Pacific Time shall be deemed to have been received by the claims administrator on the following business day as defined in Labor Code section 4600.4 and in section 9 of the Civil Code. The copy of the request for authorization received by a facsimile transmission shall bear a notation of the date, time and place of transmission and the facsimile telephone number to which the request was transmitted or be accompanied by an unsigned copy of the affidavit or certificate of transmission which shall contain the facsimile telephone number to which the request was transmitted. The requesting physician must indicate the need for an expedited review upon submission of the request.

Telephone access shall be maintained from 9:00 a.m. to 5:30 p.m. Pacific Standard Time, on normal business days. After business hour access is satisfied by maintaining a facsimile number for after hour requests.

Where the request for authorization is made by mail, and a proof of service by mail exists, the request shall be deemed to have been received by the claims administrator five (5) days after the deposit in the mail at a facility regularly maintained by the United States Postal Service. Where the request for authorization is delivered via certified mail, return receipt mail, the request shall be deemed to have been received by the claims administrator on the receipt date entered on the return receipt. In the absence of a proof of service by mail or a dated return receipt, the request shall be deemed to have been received by the claims administrator on the date stamped as received on the document. In the event that a request for medical treatment is initially made verbally by telephone and is not made in writing on a completed DWC Form RFA, or a request for authorization accepted as complete under section 9792.9.1(c)(2)(B), the claims administrator may, at his/her discretion, verbally authorize the request for medical treatment at the time the verbal request for medical treatment is made. The claims administrator may also, at his/her discretion, request that the treating physician submit a properly prepared written request for authorization, thus enabling the request for medical treatment to be reviewed under the established Utilization Review process.

Initial Review of a Request for Authorization

The request for medical treatment authorization triggers the medical authorization process. In most instances, the "request for authorization" is reviewed by the claims examiner or the UR Nurse. The claims examiner or UR Nurse will consult the MTUS to determine if the "request for authorization" is considered reasonable and necessary. If deemed reasonable and medically necessary, authorization for the requested treatment is provided at this initial step. A written authorization is submitted to the requesting provider per the California Code of Regulations, title 8, section 9792.9.1.

The claims examiner will review each request to determine whether or not that request is considered ***“Pass Through Treatment”*** as outlined in Labor Code 4610(b) and may consult with the UR Nurse for verification that the treatment request meets the MTUS requirements.

Pursuant to Labor Code 4610(b) for all dates of injury occurring on or after January 1, 2018, emergency treatment services and medical treatment rendered for a body part or condition that is accepted as compensable by the employer and is addressed by the medical treatment utilization schedule adopted pursuant to Labor Code Section 5307.7, by a member of the medical provider network or health care organization, or by a physician predesignated pursuant to subdivision (d) of Section 4600, within the 30 days following the initial date of injury, shall be authorized without prospective utilization review, except as provided in subdivision (c). The services rendered under this subdivision shall be consistent with the medical treatment utilization schedule. In the event that the employee is not subject to treatment with a medical provider network, health care organization, or predesignated physician pursuant to subdivision (d) of Section 4600, the employee shall be eligible for treatment under this section within 30 days following the initial date of injury if the treatment is rendered by a physician or facility selected by the employer. For treatment rendered by a medical provider network physician, health care organization physician, a physician predesignated pursuant to subdivision (d) of Section 4600, or an employer-selected physician, the report required under Section 6409 and a complete request for authorization shall be submitted by the physician within five days following the employee's initial visit and evaluation.

The claims examiner and or UR Nurse will not refer or initiate prospective review for medications that fall under the “Perioperative” and/or “Special Fill” “Non-Exempt drug” exceptions listed in the California Code of Regulations, title 8, section 9792.27.12 and 9792.27.13.

For dates of injury prior to 01/01/2018, the MTUS Drug Formulary shall be phased in to ensure that injured workers who are receiving ongoing drug treatment are not harmed by an abrupt change to the course of treatment.

Medical Authorization Process

Medical treatment requests fitting within the parameters of Labor Code 4610(b), aka ***“Pass Through Treatment”***, and or medications that fall under the “Perioperative” and/or “Special Fill” “Non-Exempt drug” exceptions listed in the California Code of Regulations, title 8, section and 9792.27.13, shall be authorized at this initial step.

A written authorization is submitted to the requesting provider in accordance with the California Code of Regulations, title 8, section 9792.9.1.

All other medical treatment requests for a body part or condition that is accepted as compensable by the employer and is addressed by the MTUS or other evidence based guidelines shall be authorized at this initial step. A written authorization is submitted to the requesting provider per Title 8, CA Rules, and Regulations section 9792.9.1.

If the treatment request is not supported by the MTUS or there are ambiguities, the UR Nurse will consult with the Medical Director.

The Medical Director will then evaluate and determine if the treatment request is consistent with the MTUS or any other evidenced based medicine guidelines and therefore should be authorized by the claim examiner without requiring a written utilization review decision. If the treatment request is complete but is not supported by the MTUS or any other evidenced based medicine guidelines, the treatment request will require a written utilization review decision. If the treatment request is not complete, the UR Nurse will issue the treating physician a **“More Information Letter”** or a **“Notice of Incomplete RFA”**.

The claims examiner, with management’s approval, may override any recommendation provided by the Medical Director or UR Nurse and authorize the treatment request. A written authorization is submitted to the requesting provider per Title 8, CA Rules, and Regulations section 9792.9.1.

For dates of injury on or after 01/01/2018 and in accordance to Labor Code 4610(c); unless authorized by the employer or rendered as emergency medical treatment, the following medical treatment services, as defined in rules adopted by the administrative director, that are rendered through a member of the medical provider network or health care organization, a predesignated physician, an employer-selected physician, or an employer-selected facility, within the 30 days following the initial date of injury, shall be subject to prospective utilization review under this section:

- (1) Pharmaceuticals, to the extent they are neither expressly exempted from prospective review nor authorized by the drug formulary adopted pursuant to Section 5307.27 .
- (2) Nonemergency inpatient and outpatient surgery, including all presurgical and postsurgical services.
- (3) Psychological treatment services.
- (4) Home health care services.
- (5) Imaging and radiology services, excluding X-rays.
- (6) All durable medical equipment, whose combined total value exceeds two hundred fifty dollars (\$250), as determined by the official medical fee schedule.
- (7) Electrodiagnostic medicine, including, but not limited to, electromyography and nerve conduction studies.
- (8) Any other service designated and defined through rules adopted by the administrative director.

Treatment requests that do not fall within Labor Code 4610(b) aka "***Pass Through Treatment***" that SIA has deemed appropriate for the claims examiner to staff with the UR Nurse and or Medical Director for verification that the treatment request is consistent with the MTUS or other evidence based guidelines include:

- Investigational or experimental treatment
- Emergency Treatment
- Emergency Hospitalization
- Spinal Procedures
- Elective Hospital Inpatient Stay for surgery or other elective procedures
- Outpatient surgery

Any dispute over a utilization review determination shall be resolved in accordance with the independent medical review provisions of Labor Code 4610.5 and 4610.6.

Referral for Utilization Review

The information contained in the Utilization Review Referral Form (URRF) is recorded on the Utilization Review Log, which is an electronic database that contains the following data elements:

- i) a unique identifying number for each request for authorization if one has been assigned;
- ii) the name of the injured worker;
- iii) the claim number used by the claims administrator;
- iv) the initial date of receipt of the request for authorization;
- v) the type of review (expedited prospective, prospective, expedited concurrent, concurrent, retrospective, appeal);
- vi) the disposition (approve, deny, modify, withdrawal); and,
- vii) if applicable, the role of the person who withdrew the request (requesting physician, claims examiner, injured employee or his or her attorney, or other person).

The hard copy of the injured worker's medical file is made available to the SIA Utilization Review Department. This may include either original or printed copy of all pertinent documentation necessary to analyze the request for authorization.

Non-Physician Reviewer

- A UR Nurse will review and apply the MTUS and other evidence-based medical guidelines.
- A UR Nurse may approve requests for authorization of medical services.
- A UR Nurse may discuss applicable criteria with the requesting physician, should the treatment for which authorization is sought appear to be inconsistent with the criteria. In such instances, the requesting physician may voluntarily withdraw a portion or all of the treatment in question and submit an amended request for treatment authorization, and the UR Nurse may approve the amended request for treatment authorization. In other instances, the UR Nurse may approve treatment requests after verbal communication with the requesting physician which adequately reconciles the inconsistency.

- A UR Nurse may reasonably request appropriate additional information that is necessary to render a decision.
- A UR Nurse may provide summaries of the salient medical information to the physician reviewer necessary to render an informed URD.

Physician Reviewer

- Once it is determined by the UR Nurse that the request for medical treatment authorization may not be supported by the MTUS or other evidence-based medical guidelines, requests are referred for physician utilization review. The UR Nurse gathers all pertinent medical records from the claim file, completes a summary of all pertinent medical history, and identifies clinical issues for the physician reviewer. Only physicians shall modify and or deny medical treatment requests pursuant to 9792.7(b)(2).
- A physician reviewer is selected who is competent to evaluate the specific clinical issues involved in the medical treatment services, and where these services are within the reviewer's scope of practice, may, except as indicated above with reference to the non-physician reviewer, authorize, modify or deny, requests for authorization of medical treatment for reasons of medical necessity to cure or relieve the effects of the industrial injury. Review physicians used by SIA include our Medical Director and or physician reviewers provided by CompAlliance, a third party URO. CompAlliance is URAC certified.

www.compalliance.com/services/#utilization_review

Utilization Review Information Technology Procedures

The media used to transmit; share, record, and store information received and transmitted in reference to each request referred to the Medical Director or independent subcontracted physician reviewer, may include the following: original copy, printed copy, electronic digital format which is stored on a secure computer server and can be transmitted by secured e-mail, which is HIPPA compliant.

- For every request for medical treatment authorization referred in-house to the UR physician reviewer, after data elements are logged, a patient computer file is created in the virtual provider network (VPN). This patient computer file contains:
 - PDF files (Portable Document Files), of the medical records that were copied for purposes of the UR process.
 - Prior UR determinations rendered for this claimant.
- The VPN also contains file folders unique to each UR Physician, where computer files that pertain to any pending UR Determinations are stored.

- Pertinent records and the “URRF” are copied into a “read only” digital format, also called a PDF or Portable Document Format, which prevents the end user from altering or tampering with the contents of the information or document.
- When the physician is on-site at SIA, the original documents or printed copies may be made available for review. The physician may then complete the UR Determination. Alternatively, the VPN is available to the on-site physician via the SIA intranet.
- For off-site physicians, those physicians not on the SIA campus, the patient file created in the VPN is made available to the utilization review physician by logging into a secure server, a virtual provider network (VPN) that is maintained by the UR Department.
- For off-site physicians without access to the VPN, the digital records are sent to the Utilization Review Physician via secured e-mail or printed copies are delivered using various resources that may include overnight mail delivery or couriers.
- The UR Physician accesses the VPN via the internet, accessing the files only after entering a *user name* and *personal identifying number (PIN)*. The physician locates their physician folder, which contains the “pending folder”, which stores the patient folder, which contains all of the files, including prior UR determinations, the Utilization Review Referral Criteria, and the PDF medical records. The physician may then open and/or download these files onto their personal computer to perform the UR analysis.
- Once the UR Determination is typed, the UR Physician then moves the review into their “completed” folder, where the final determination is available to the UR Department administrative staff.

In the event SIA uses a third party URO vendor, we only use vendors that have web based secured portals that are HIPPA compliant and allow us to upload or download PDF documents in a secure manner.

The UR Determination is then printed and distributed in a timely fashion as defined in the California Code, title 8, section 9792.9.1.

Decision Timeframes

For purposes of this section “normal business day” means a business day as defined in Labor Code section 4600.4 and Civil Code, section 9.

All decisions must be made in a timely fashion after receipt of the information reasonably necessary to make the determination. Decision timeframes depend upon the type of utilization review conducted as described below. Pursuant to California Code of Regulations, title 8, section 9792.9.1(c)(1), the first day in counting any timeframe requirement is the day after receipt of a completed “Request for Authorization for Medical Treatment,” DWC Form RFA, as contained in California Code of Regulations, title 8, section 9785.5, or on the Doctor’s First

Report of Occupational Injury or Illness,” Form DLSR 5021, or on the “Primary Treating Physician’s Progress Report,” DWC Form PR-2, as contained in section 9785.2, or in narrative form containing the same information required in the DWC Form PR-2, except when the timeframe is stated in hours, the time for compliance is counted in hours from the time of the receipt of the treatment request.

Pursuant to the California Code, title 8, section 9792.9.1(c)(2)(A), upon receipt of a request for authorization, if the request for authorization does not identify the employee or provider, does not identify a recommended treatment, is not accompanied by documentation substantiating the medical necessity for the requested treatment, or is not signed by the requesting physician, a non-physician reviewer or reviewer must either regard the request as a complete DWC Form RFA and comply with the timeframes for decision set forth in this section or return it to the requesting physician marked “not complete”, specifying the reasons for the return of the request no later than five (5) business days from receipt. The timeframe for a decision on a returned request for authorization shall begin anew upon receipt of a completed DWC Form RFA.

Prospective Review

Prospective decisions shall be made in a timely fashion appropriate for the nature of the injured worker’s condition and shall not to exceed five (5) business days from the date of receipt of the written request for authorization.

The timeframe for decisions of not exceeding five (5) business days from the date of request of the written request for authorization may only be extended if the claims administrator or reviewer is not in receipt of all of the information reasonably necessary to make a determination or if the reviewer needs a specialized consultation and review of medical information by an expert reviewer.

If the claims administrator or reviewer is not in receipt of all of the information reasonably necessary to make a determination, a reviewer or non-physician reviewer shall request the information from the treating physician within five (5) business days from the date of receipt of the request for authorization.

If the reviewer needs a specialized consultation and review of medical information by an expert reviewer, the reviewer shall within five (5) business days from the date of receipt of the request for authorization notify the requesting physician, the injured worker, and if the injured worker is represented by counsel, the injured worker’s attorney in writing, that the reviewer cannot make a decision within the required timeframe, and request as applicable, the additional examinations or tests required, or the specialty of the expert reviewer to be consulted. The reviewer shall also notify the requesting physician, the injured worker, and if the injured worker is represented by counsel, the injured worker’s attorney of the anticipated date on which a decision will be rendered.

If the information reasonably necessary to make a determination that is requested by the reviewer or non-physician reviewer is not received within fourteen (14) days from receipt of the completed request for authorization for prospective or concurrent review, or within thirty (30) days of the request for retrospective review, the reviewer shall deny the request with the stated

condition that the request will be reconsidered upon receipt of the information. The denial decision will include documentation of our prior efforts to obtain the additional information requested prior to issuing the denial due to lack of reasonable and necessary information pursuant to 9792.9.1(g).

If the results of the additional examination, required test, or specialized consultation requested by the reviewer is not received within thirty (30) days from the date of the receipt of the initial request for authorization, the reviewer shall either modify or deny the treating physician's request for authorization in accordance with 9792.9.1(f)(3)(A).

Decisions to approve a physician's request for authorization prior to, or concurrent with, the provision of medical services to the injured worker shall be communicated to the requesting physician within 24 hours of the decision. Any decision to approve a request shall be communicated to the requesting physician initially by telephone or facsimile. The communication by telephone shall be followed by written notice to the requesting physician within 24 hours of the decision for a concurrent review and within two business days for a prospective review.

Decisions to modify, or deny a physician's request for authorization prior to, or concurrent with the provision of medical services to the injured worker shall be communicated to the requesting physician initially by telephone or facsimile. The communication by telephone shall be followed by written notice to the requesting physician, the injured worker, and if the injured worker is represented by counsel, the injured worker's attorney within 24 hours of the decision for concurrent review and within two business days of the decision for prospective review. In addition, the non-physician provider of goods or services identified in the request for authorization, and for whom contact information has been included, shall be notified in writing of the decision modifying, or denying a request for authorization that shall not include the rationale, criteria or guidelines used for the decision.

Concurrent Review

Concurrent decisions shall be made in a timely fashion appropriate for the nature of the injured worker's condition and shall not to exceed five (5) business days from the date of receipt of the written request for authorization, but in no event more than 14 calendar days from initial receipt of the completed "Request for Authorization for Medical Treatment," DWC Form RFA, as contained in California Code of Regulations, title 8, section 9785.5, or on the Doctor's First Report of Occupational Injury or Illness," Form DLSR 5021, or on the "Primary Treating Physician's Progress Report," DWC Form PR-2, as contained in section 9785.2, or in narrative form containing the same information required in the DWC Form PR-2 written request for authorization.

In the case of concurrent review, medical care shall not be discontinued until the employee's physician has been notified of the decision and a care plan has been agreed upon by the physician that is appropriate for the medical needs of the injured worker. In addition, the non-physician provider of goods or services identified in the request for authorization, and for whom contact information has been included, shall be notified in writing of the decision modifying,

or denying a request for authorization that shall not include the rationale, criteria or guidelines used for the decision.

Retrospective Review

When the review is retrospective, decisions shall be communicated to the requesting physician who provided the medical services and to the individual who received the medical services, and his or her attorney/designee, if applicable, within 30 days of receipt of the medical information that is reasonably necessary to make this determination. In addition, the non-physician provider of goods or services identified in the request for authorization, and for who contact information has been included, are notified in writing of the decision modifying, or denying a request for authorization without the rationale, criteria, or guidelines used for the decision.

Expedited Review

Prospective or concurrent decisions related to an expedited review as set forth in Labor Code section 4610 and pursuant to California Code of Regulations, title 8, section 9792.9.1 shall be made in a timely fashion appropriate to the injured worker's condition, and shall not to exceed 72 hours after the receipt of the written information reasonably necessary to make the determination. The requesting physician must certify in writing and document the need for an expedited review upon submission of the request. A request for expedited review that is not reasonably supported by evidence establishing that the injured worker faces an imminent and serious threat to his or her health, or that the timeframe for utilization review under California Code of Regulations, title 8, section 9792.9.1(c)(3) would be detrimental to the injured worker's condition, shall be reviewed by the claims administrator under the timeframe set forth in subdivision (c)(4) of section 9792.9.1.

Decisions to approve, deny, or modify shall be communicated to the requesting physician within 24 hours of the decision, and shall be communicated to the requesting physician initially by either telephone or facsimile. The communication by telephone shall be followed by written notice to the requesting physician within 72 hours of receipt of the request.

Services provided on an emergency basis that do not fall under Labor Code 4610(b), without a request for authorization may be subject to a retrospective review. Services shall not be denied because pre-authorization was not obtained.

The timeframe for utilization review decisions may only be extended by the claims administrator under the following circumstances:

- The claims administrator is not in receipt of all of the necessary medical information reasonably requested.

- The reviewer has asked that an additional examination or test be performed upon the injured worker that is reasonable and consistent with professionally recognized standards of medical practice.
- The reviewer needs a specialized consultation and review of medical information by an expert reviewer.

If any of the three situations apply, we shall immediately notify the requesting physician, the injured worker, and if the injured worker is represented by counsel, the injured worker's attorney in writing, that we cannot make a decision within the required timeframe, and specify the information requested but not received, the additional examinations or tests required, or the specialty of the expert reviewer to be consulted. We shall also notify the physician, the injured worker, and if the injured worker is represented by counsel, the injured worker's attorney of the anticipated date on which a decision will be rendered. If the results of the additional examination or test required under the California Code of Regulations, title 8, section 9792.9.1(f)(1)(b), or the specialized consultation under subdivision 9792.9.1(f)(1)(C), that is requested by the reviewer under this subdivision is not received within thirty (30) days from the date of the request for authorization, the reviewer shall deny the treating physician's request with the stated condition that the request will be reconsidered upon receipt of the results of the additional examination, or test or the specialized consultation. This notice shall include a clear statement advising the injured employee that any dispute shall be resolved in accordance with the independent medical review provisions of Labor Code section 4610.5 and 4610.6. Furthermore, an objection to the utilization review decision must be communicated by the injured worker, the injured worker's representative, or the injured worker's attorney on behalf of the injured worker on the enclosed Application for Independent Medical Review, DWC Form IMR, within 30 calendar days unless the dispute is regarding the MTUS pharmacy formulary require the Application for Independent Medical Review, DWC Form IMR, within 10 days after the service of the utilization review decision. In addition, the non-physician provider of goods or services identified in the request for authorization, and for whom contact information has been included, shall be notified in writing of the decision to extend the timeframe and the anticipated date on which the decision will be rendered in accordance with this subdivision. The written notification shall not include the rationale, criteria, or guidelines used for the decision.

Utilization Review Decisions and Notice Requirements

Approval

A written decision approving a request for treatment authorization shall be provided to the requesting physician. The written decision approving a request for treatment authorization shall indicate the date the complete request for authorization was received, medical treatment service requested, the specific medical treatment service approved, and the date of the decision. Appropriate reimbursement will be made when an authorization for treatment has been given, notwithstanding the dispute resolution remedies available to all parties pursuant to the Labor Code.

Modify or Deny

The written decision modifying, or denying a request for treatment authorization shall be provided to the requesting physician, the injured worker, the injured worker's representative, and if the injured worker is represented by counsel, the injured worker's attorney. The written decision shall be signed by either the claims administrator or the reviewer, and shall only contain the following information specific to the request:

- The date on which the completed DWC Form RFA, or a request for authorization accepted as complete under the California Code of Regulations, title 8, section 9792.9.1(c)(2)(B) was first received.
- The date on which the decision is made.
- A description of the specific course of proposed medical treatment for which authorization was requested.
- A list of all medical records reviewed.
- A specific description of the medical treatment service approved, if any.
- A clear, concise, and appropriate explanation of the reasons for the reviewing physician's decision, including the clinical reasons regarding medical necessity and a description of the relevant medical criteria or guidelines used to reach the decision pursuant the California Code of Regulations, title 8, section 9792.8. If a utilization review decision to modify, or deny a medical service is due to incomplete or insufficient information, the decision shall specify the reason for the decision and specify the information that is needed.
- The Application for Independent Medical Review, DWC Form IMR. All fields of the application, except for the signature of the employee, shall be completed by the claims administrator. The written decision provided to the injured worker, shall include an addressed envelope for mailing to the Administrative Director or his or her designee.
- A clear statement advising the injured employee that any dispute shall be resolved in accordance with the independent medical review provisions of Labor Code section 4610.5 and 4610.6, and that an objection to the utilization review decision must be communicated by the injured worker, the injured worker's representative, or the injured worker's attorney on behalf of the injured worker on the enclosed Application for Independent Medical Review, DWC Form IMR, within 10 days for formulary disputes and 30 calendar days for all other disputes, after service of the decision.
- Include the following mandatory language advising the injured employee:
 - "You have a right to disagree with decisions affecting your claim. If you have questions about the information in this notice, please call me (insert claims examiner's or appropriate contact's name in parentheses) at (insert telephone

number). However, if you are represented by an attorney, please contact your attorney instead of me.

- “For information about the workers’ compensation claims process and your rights and obligations, go to www.dwc.ca.gov or contact an information and assistance (I&A) officer of the state Division of Workers’ Compensation. For recorded information and a list of offices, call toll-free 1-800-736-7401.”
- The following statements:
 - “Schools Insurance Authority does not participate in an internal utilization review appeals process. Any dispute shall be resolved in accordance with the provisions of Labor Code section 4610.5 and 4610.6.”
 - “If you disagree with this determination, any dispute shall be resolved in accordance with the independent medical review process provisions of Labor Code 4610.5 and 4610.6, and your objection to this utilization review decision must be communicated by you, or your representative or your attorney, on your behalf, on the enclosed Application for Independent Medical Review, DWC Form IMR-1, within 10 days from the proof of service date of this decision for formulary disputes and 30 days from the proof of service date of this decision for all other disputes”.
- The written decision approving, modifying, or denying treatment authorization provided to the requesting physician shall also contain the name and specialty of the reviewer or expert reviewer, and the telephone number in the United States of the reviewer or expert reviewer. The written decision shall also disclose the hours of availability if either the reviewer, the expert reviewer or the medical director for the treating physician to discuss the decision which shall be, at a minimum, four (4) hours per week during normal business hours, 9:00 AM to 5:30 PM., Pacific Time or an agreed upon scheduled time to discuss the decision with the requesting physician. In the event the reviewer is unavailable, the requesting physician may discuss the written decision with another reviewer who is competent to evaluate the specific clinical issues involved in the medical treatment services.
- Authorization shall not be denied on the basis of lack of information without documentation reflecting an attempt to obtain the necessary information from the physician or from the provider of goods or services identified in the request for authorization either by facsimile or mail.
- The following mandatory enclosures:
 - The Application for Independent Medical Review, DWC Form IMR, all fields on the form must be completed by the claims administrator except for the signature of the employee.
 - An envelope addressed to the Administrative Director or his or her designee.

Dispute Resolution

If the request for authorization of medical treatment is not approved, or if the request for authorization for medical treatment is approved in part, any dispute shall be resolved in accordance with Labor Code 4610.5 and 4610.6.

No internal utilization review appeals process is included in SIA's Utilization Review Plan.

Utilization Review Deferral Process

Pursuant to the California Code of Regulations, title 8, section 9792.9.1(b)(1), if the claims administrator disputes liability for any reason other than medical necessity, it shall, no later than five (5) business days from receipt of the DWC Form RFA or a request for authorization accepted as complete under section 9792.9.1(c)(2), issue a written decision deferring utilization review of the requested treatment. The claims examiner will staff with the Utilization Review Manager to determine whether a utilization review deferral is appropriate. If it is determined appropriate, the Utilization Review Manager or claims examiner under the direction of the Utilization Review Manager will:

- Create the Notice of Deferral of Treatment Request letter in accordance to 9792.9.1(b)(1)(A-E).
- Fax the Notice to the prescribing physician and mail hard copies to all parties.

If utilization review is deferred, and it is finally determined that SIA is liable for treatment of the condition for which treatment is recommended, any treatment that has already been rendered will be submitted for retrospective review in accordance to 9792.9.1(b)(2).

Independent Medical Review Process

Schools Insurance Authority's utilization review department is responsible for responding to each Independent Medical Review Assignment notification and tracking its progress.

IMR Assignment Notifications

All correspondence from the Independent Medical Review Organization is sent directly to the Utilization Review Manager who will:

- Determine our time frame for response pursuant to 9792.10.5(a)(b) and (c).
- Ensure documents/medical records are copied in accordance to 9792.10.5(a)(1)(A)(B)(C)(D) and (E).

- Identify whether any of the documents are required to be served to all parties pursuant to 9792.10.5(a)(2) and (3).
- Ensure our response is submitted timely to the Independent Medical Review Organization and a copy of our cover letter and list of documents provided is mailed to all other parties.

IMR Determinations

All IMR Determinations are routed to the Utilization Review Manager who will:

- The Utilization Review Manager will review the IMR Determination and communicate the results to the claims examiner and management.
 - IMR Determination Upholds – No additional action is taken on our part.
 - IMR Determination Overturns – The claims examiner will promptly implement the determination unless there has been an appeal filed with the Workers' Compensation Appeals Board for a liability dispute under 9792.10.7(c).

Services already rendered:

In the case of reimbursement for services already rendered, the employer shall reimburse the provider or the employee, whichever applies, within 20 calendar days. Payment must be issued in accordance to the timelines provided pursuant to 9792.10.7(a)(1).

A retrospective treating authorization notice will be created and sent to the requesting physician and copy all parties (including the injured worker).

Services have not been rendered:

Send the prescribing physician a treatment authorization notice pursuant to 9792.10.7(a)(2) within five (5) business days of receipt of the IMR Determination and copy all parties.

Dr. Richard Riemer's Medical License

Remove your new Pocket License
from the receipt portion and carry it
with you at all times.

(Please cut along the dotted lines)

Osteopathic Medical Board of California 1300 National Drive, Suite 150 Sacramento, CA 95834-1991 (916) 928-8390		
dca DEPARTMENT OF CONSUMER AFFAIRS		
OSTEOPATHIC PHYSICIAN AND SURGEON		
License No. 20A5069	Expiration 10/31/2020	
RICHARD BRIAN RIEMER 1310 CLUB DR TOURO UNIV COM- CA VALLEJO, CA 94592-1187	Original Issuance Date 03/02/1985	
Signature <i>Richard S. Riemer, DO</i>	Receipt No. 28145	

Osteopathic Medical Board of California
1300 National Drive, Suite 150
Sacramento, CA 95834-1991
(916) 928-8390

IMPORTANT

1. Please include your license number on any correspondence to this office.
2. Notify the Board of any name or address change in writing.
3. Report any loss immediately in writing to the Board.
4. Please sign and carry the pocket license with you.

License No.	Expiration Date	Receipt No.
20A5069	10/31/2020	28145
RICHARD BRIAN RIEMER		

This is your RECEIPT.

Please save for your records.

POB20A 1/2012

Sample Letters

Mandatory language that is not to be deleted or altered is in **RED** font.

Instructions, reminders, free form areas, or deletions that need to be completed by the person creating the letter is in **BLUE** font.

Listed below are our standard letters used by our URO department. Samples of each letter are attached in the numerical order shown below.

Some letters are used frequently so the form has SIA's logo, address, phone number, fax number and our website are part of the form. All other letters are printed on our letter head which provides SIA's logo, address, phone number, fax number and our website.

1-Treatment Authorization Fax –

The form used by SIA to communicate to the requesting physician that their request for treatment authorization has been approved. We copy the injured worker and, if applicable, their attorney when the request was for treatment already provided (i.e. a retrospective authorization).

2-Treatment Authorization Fax after Independent Medical Review -

The form used by SIA to communicate to the requesting physician, injured worker, and other parties that the disputed treatment request is now being authorized pursuant to our receipt of an IMR determination that overturned a prior UR decision. We copy the injured worker and, if applicable, their attorney.

3- Utilization Review Determination Adoption Letter –

This letter is faxed (within 24 hours of the decision) to the requesting physician when CompAlliance (a third party URO vendor that we use) has issued a Physician's Advisory Review Determination (PARD) that has been adopted by SIA's medical director. A copy of CompAlliance's PARD is included. See letter number five (5) for details regarding mailing of the letter and PARD to all parties including rights and remedy information.

4- Utilization Review Determination Letter–

This letter is faxed (within 24 hours of the decision) to the requesting physician. This is the formal utilization review determination letter issued by SIA's medical director when the medical director acted as the physician reviewer.

See letter number five (5) for details regarding mailing of the UR determination to all parties including rights and remedy information.

5– Injured Worker’s Notification of UR Determination & Information Regarding Rights and Remedies Letter –

This letter notifies the injured worker of the UR outcome and their rights and remedies if they dispute the outcome.

A copy of the actual UR Determination or UR Adoption letter with the Physician’s Advisory Review Determination, (PARD) is enclosed. We include the Fact Sheet A (March 2014 edition) and a proof of service. If the decision is a denial or modification we include, a completed DWC Form IMR-1 and instructions, with an addressed envelope to the Administrative Director.

We copy the requesting physician, and when applicable, the injured worker’s attorney, and our defense attorney.

This letter is mailed to all parties within 24 hours of the UR decision for concurrent reviews, or within two (2) business days for prospective reviews, or within 72 hours from receipt of the request for expedited reviews.

This letter fulfills the requirements listed in 9792.9.1(e)(5)(A-K).

6-Request for Addition Medical Information –

This letter is used when SIA has not received the information reasonably necessary to make a determination. Either the physician reviewer or non-physician reviewer will request the information from the requesting physician within five (5) business days from the receipt of the treatment request.

7-Notice of Missing or Incomplete DWC Form RFA or Notice of Incomplete Treatment Request –

This letter is sent to the requesting physician whenever a treatment request is incomplete or there is a conflict between the treatment listed on the DWC Form RFA and the corresponding medical report that requires clarification. This letter is issued within five (5) business days from the receipt of the request for authorization.

8-Duplicate Treatment Request –

This is a courtesy letter used to communicate to a requesting physician that their treatment request is a duplicate treatment request as defined by Labor Code 4610(k) and section 9792.9.1(h).

9-Provider's and Employee's Notice of Deferral of Treatment Request Liability Dispute –

This letter is sent when a request for authorization of medical treatment is deferred wherein the claims administrator (SIA) disputes liability for either the occupational injury for which the treatment is recommended or the recommended treatment itself on grounds other than medical necessity. The deferral notice is issued within five (5) business days from receipt of the request for authorization and is sent to the requesting physician, the injured worker, and if the injured worker is represented by counsel, the injured worker's attorney.



Schools Insurance Authority
 PO BOX 276710
 Sacramento, CA 95827-6710
 Ph: 916-364-1281
 Fx: 916-362-2824
 www.sia-jpa.org

This letter is faxed to the requesting provider with our authorization of the RFA or authorization of a modification issued by a formal UR determination.

Treatment Authorization Fax

Date:

Requesting MD:	Name of requesting provider	Regarding:	Injured worker's name
Attn:	Name of requesting provider	SIA Claim #:	Our claim #
Address:	Provider's address	Date of Injury:	Injury date
Phone:	Provider's phone #	Date of Birth:	Injured worker's DOB
Fax:	Provider's fax #	Pages:	1 of 1 (if more than 1 page please provide the total # of pages)

Date of RFA:
Date RFA was First Received:
Date of Decision:

Dear Dr. _____, your request for the following medical treatment has been **(Approved / Modified)**:

Description of Services Requested	Body Part	Basis for Request – ICD-10/Diagnosis or symptoms
We list the services requested here		

At the facility you requested (if applicable):

Facility/Contact:	Name of provider or facility
Phone:	Their Phone #
Fax:	Their Fax #

The submitted medical treatment request did not indicate a specific physician for the referral/consult. For your consideration, we would suggest _____, whose facility contact information is listed below:

Facility /Contact:	Name of suggested provider or facility
Phone:	Their phone #
Fax:	Their fax #
Examiner: Prepared by:	Name of examiner Name of person preparing this form
CC:	Retrospective authorizations or authorizations/modifications from a UR decision are CC'd to the injured worker and if they are represented, their attorney

Physical therapy, chiropractic, and occupational therapy providers, please note:

For injuries occurring on or after 01/01/04, physical therapy, chiropractic, and occupational therapy services are subject to a cap of 24. Should we agree to provide treatment over the 24 cap, we are not waiving our rights under Labor Code 4604.5(c)(1).

For claims occurring 01/01/08 and after, postsurgical physical therapy or occupational therapy is subject to the Postoperative Rehabilitation Guidelines (Title 8, CCR, § 9792.24.3).

Should Schools Insurance Authority inadvertently pay for or authorize any visits in excess of the statutory maximum, such payment shall not be construed as authorization for treatment or payment beyond the limitations imposed statutorily.



Faxed to the requesting provider when IMR overturns a prior UR decision

Schools Insurance Authority
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 Ph: 916-364-1281
 Fx: 916-362-2824
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Treatment Authorization Fax after Independent Medical Review (IMR Case Number Here)

Date:

Requesting MD:	Name of requesting provider	Regarding:	Injured worker's name
Attn:	Name of requesting provider	SIA Claim #:	Our claim #
Address:	Their address	Date of Injury:	Injury date
Phone:	Their phone #	Date of Birth:	Injured worker's DOB
Fax:	Their fax #	Pages:	1 of 1 (if more than 1 page please provide the total # of pages)

Date of RFA:
Date RFA was First Received:
Date of UR Decision:
Date of IMR Decision:

Dear Dr. _____, your request for the following medical treatment has been Approved:

Description of Services Requested	Body Part	Basis for Request – ICD-10/Diagnosis or symptoms
We list the services requested here		

At the following facility (if applicable):

Facility/Contact:	Name of provider or facility
Phone:	Their phone #
Fax:	Their fax #

The submitted medical treatment request did not indicate a specific physician for the referral/consult. For your consideration, we would suggest _____, whose facility contact information is listed below:

Facility/Contact:	Name of suggested provider or facility
Phone:	Their phone #
Fax:	Their fax #
Examiner:	Name of examiner
Prepared by:	Name of person preparing this form
CC:	CC'd to injured worker and if they are represented, their attorney

Physical therapy, chiropractic, and occupational therapy providers, please note:

For injuries occurring on or after 01/01/04, physical therapy, chiropractic, and occupational therapy services are subject to a cap of 24. Should we agree to provide treatment over the 24 cap, we are not waiving our rights under Labor Code 4604.5(c)(1).

For claims occurring 01/01/08 and after, postsurgical physical therapy or occupational therapy is subject to the Postoperative Rehabilitation Guidelines (Title 8, CCR, § 9792.24.3).

Should Schools Insurance Authority inadvertently pay for or authorize any visits in excess of the statutory maximum, such payment shall not be construed as authorization for treatment or payment beyond the limitations imposed statutorily.



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Our URD Adoption Letter. Used when our Medical Director has adopted the Physician Advisory Review Determination (PARD), issued by CompAlliance. A copy of this letter is sent to the injured worker separately with the "Rights and Remedy letter which contains Fact Sheet A and the IMR Application.

*Utilization Review Determination
Adoption Letter*

Date

Requesting provider name
Address

Re: Employee :
Employer :
Date of Injury :
Claim Number :

Date of Medical Treatment Request by Provider:
Date RFA was First Received:
Due Date for Utilization Review Determination:

Specific Medical Treatment Request Submitted to Utilization Review:

We list the medical treatment request(s) that have been referred for formal UR here.

Dear Dr.

Your request for authorization dated _____ was sent for (concurrent, prospective, retrospective, expedited) utilization review with CompAlliance, LLC and completed by Dr. _____ (list physician's specialty here).

Schools Insurance Authority is adopting Dr. _____'s Physician's Advisory Review Determination dated _____ (see attached).

Treatment Requested with UR Determination and Rationale:

List Treatment Modality Requested and Outcome (Certified, Non-Certified, Modified, or Time Extension) **Rationale:** Physician reviewer's reasoning entered here
Guideline Citation Used: Cite the guideline used to form the rationale here

Pursuant to Title 8, CA Code of Regulations, 9792.21 Medical Treatment Utilization Schedule (MTUS): Treatment shall not be denied on the sole basis that the condition or injury is not addressed by the MTUS. For all conditions not covered by the MTUS, the medical search sequence pursuant to Title 8, CA Code of Regulations, 9792.21.1 will be used.

Reconsideration and Appeal Process for the Treating/Requesting Physician:

Schools Insurance Authority does not participate in an internal utilization review appeals process. Any dispute will be resolved in accordance with the provisions of Labor Code section 4610.5 and 4610.6.

Sincerely,

Richard B. Riemer, D.O.
Medical Director
SIA Utilization Review Department

Hours of Availability: Tuesdays – 9:00 a.m. – 1:00 p.m. PST
Thursdays – 9:00 a.m. – 12:00 p.m. PST
License #: CA: 20A – 5069
Telephone Number: (916) 369-4037

Enclosure: [CompAlliance, LLC](#) Physician's Advisory Review Determination dated _____.

CC: [Injured Worker](#); [Applicant Attorney](#); [Defense Attorney](#)



Schools Insurance Authority
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Sacramento, CA 95827-6710
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Fx: 916-362-2824
www.sia-jpa.org

This is the letter used when **our own Medical Director** has completed the UR determination. A copy of this letter is sent to the injured worker separately with the "Rights and Remedy letter which contains Fact Sheet A and the IMR Application.

UTILIZATION REVIEW DETERMINATION

Date

Requesting Provider
Address

Re: Employee :
Employer :
Date of Injury :
Claim Number :

Date of Medical Treatment Request by Provider:
Date RFA was First Received:
Due Date for Utilization Review Determination:

Specific Medical Treatment Request Submitted to Utilization Review:

List the specific treatment request(s), body part(s), diagnosis/ICD 10 code (if provided).

Dear Dr.

Type of UR Determination:

Your recent request for medical treatment has been referred for

ID the appropriate type(s) of review or combination of reviews – **concurrent / prospective / retrospective / expedited** utilization review.

UR Determination:

(Choose the appropriate determination or combination of determinations below be sure UR template is completed by UR physician).

Approved: (List the specific course of proposed medical treatment service(s) that have been approved).

In accordance with MTUS Guidelines, and/or other scientific, peer reviewed, evidence based guidelines, authorization is recommended. (see UR reasoning below).

Denied: (List the specific course of proposed medical treatment service(s) that have been denied).

In accordance with MTUS Guidelines, and/or other scientific, peer reviewed, evidence based guidelines, authorization is not recommended. (see UR reasoning below).

Denial Due to No Response to our Request for Additional Medical Information Letter (MIL): (List the specific course of proposed medical treatment service(s) that have been denied).

Pursuant to Title 8, CA Code of Regulations, §9792.9.1(f)(1)(A), if the information reasonably necessary to make a determination under subdivision (f)(1)(A) that is requested by the reviewer or non-physician reviewer is not received within fourteen (14) days from receipt of the completed request for authorization for prospective or concurrent review, or within thirty (30) days of the request for retrospective review, the reviewer shall deny the request with the stated condition that the request will be reconsidered upon receipt of the information.

Schools Insurance Authority contacted the requesting physician on (**date(s)**) by way of faxed correspondence requesting the following information that is medically necessary to complete their original treatment request: **Outline here what was previously requested in the MIL.**

Schools Insurance Authority will reconsider this denial upon receipt of the information we previously requested.

Time Extension: (List the specific course of proposed medical treatment service(s) that have been extended).

Pursuant to Title 8, CA Code of Regulations, §9792.9.1(f)(1)(A)(B)(C) and 9792.9.1(f)(2)(B), if the reviewer is not in receipt of all of the medical information reasonably necessary to make a determination, or the reviewer has asked that an additional examination or test be performed upon the injured worker that is reasonable and consistent with professionally recognized standards of medical practice, or the reviewer needs a specialized consultation and review of medical information by an expert reviewer.

ID basis for ABC Time Extension here and what is required:

I anticipate that a decision shall be reached by_____.

Modified: Modification of the treatment request is recommended as follows:

(List the specific course of modified medical treatment service(s)).

Please see the discussion below that notes the relevant portion of MTUS or other evidence based medicine used to modify the treatment request [Title 8, CA Code of Regulations § 9792.8(a)(3)].

Pursuant to Title 8, CA Code of Regulations, 9792.21 Medical Treatment Utilization Schedule (MTUS): Treatment shall not be denied on the sole basis that the condition or injury is not addressed by the MTUS. For all conditions not covered by the MTUS, the medical evidence search sequence, pursuant to Title 8, CA Code of Regulations 9792.21.1 will be used.

Please see the explanation of the reasons for the reviewing physician's decision in the discussion below.

UR Physician's Summary of Information:

I reviewed the following medical records:

Doctor will list the records reviewed (date, type of record, physician's name)

UR Reasoning:

Doctor's rational

MTUS or other Evidence Based Medical Guidelines:

Listing of the guideline(s) used

Reconsideration and Appeal Process for the Treating/Requesting Physician:

Schools Insurance Authority does not participate in an internal utilization review appeals process. Any dispute will be resolved in accordance with the provisions of Labor Code section 4610.5 and 4610.6.

I am available to discuss the case should you desire.

Medical Director's Signature line

Specialty of the medical reviewer

License #:

Telephone #

Hours of availability: Tuesdays – 9:00 a.m. – 1:00 p.m. PST

Thursdays – 9 a.m. – 12:00 p.m. PST

CC: Injured Worker Defense Attorney; Applicant Attorney

This letter is sent to the injured worker with a copy of the UR determination. If the UR determination denies or modifies the requested treatment, we enclose a completed DWC Form IMR (Application) with a self-addressed envelope made out to the Administrative Director's office.



Schools Insurance Authority
PO BOX 276710
Sacramento, CA 95827-6710
Ph: 916-364-1281
Fx: 916-362-2824
www.sia-jpa.org

*INJURED WORKER'S NOTIFICATION OF
 UTILIZATION REVIEW DETERMINATION &
 INFORMATION REGARDING RIGHTS AND REMEDIES*

Date

Injured Worker's Name
 Address

Re: Employee
 Employer
 Date Injury
 Claim Number

Dear Injured Worker

The medical treatment authorization request submitted by your treating physician as outlined within the attached determination has been submitted for utilization review. The utilization review physician has determined the requested treatment is **(Choose the appropriate option or combination of options) approved, modified, denied, or time extension.** (see specific details enclosed).

Schools Insurance Authority does not participate in an internal utilization review appeals process. Any dispute will be resolved in accordance with the provisions of Labor Code section 4610.5 and 4610.6.

Pursuant to Labor Code 4610.5 (f)(1), this utilization review finding is final unless you request an independent medical review.

If you disagree with this determination, any dispute shall be resolved in accordance with the independent medical review process provisions of Labor Code 4610.5 and 4610.6, and your objection to this utilization review decision must be communicated by you, or your representative or your attorney, on your behalf, on the enclosed Application for Independent Medical Review, DWC Form IMR-1, within 10 days (for formulary disputes), or 30 days (all other disputes) from the proof of service date of this decision.

You have a right to disagree with decisions affecting your claim. If you have questions about the information in this notice, please call (claim examiner's name here) at (916) 364-1281. However, if you are represented by an attorney, please contact your attorney instead of (claim examiner's name here).

For information about the workers' compensation claims process and your rights and obligations, go to www.dwc.ca.gov or contact an information and assistance (I&A) officer of the state Division of Workers' Compensation. For recorded information and a list of offices, call toll-free 1-800-736-7401

Sincerely,
 Examiner's Name

With Enclosures: Utilization Review Determination
 Fact Sheet A (March 2014)
 Completed DWC Form IMR-1 and Instructions (sent if a denial or modification)

Addressed Envelope to the Administrative Director (sent if a denial or modification)
Proof of Service

cc: AA/DA/MD

DIVISION OF WORKERS' COMPENSATION

Minimizing the impact of work-related injuries and illnesses. Helping resolve disputes over workers' compensation benefits. Monitoring the administration of claims.

FACT SHEET A

ANSWERS TO YOUR QUESTIONS ABOUT UTILIZATION REVIEW

Utilization review (UR) is the process used by employers or claims administrators to review treatment to determine if it is medically necessary.

All employers or claims administrators handling their workers' compensation claims are required by law to have a UR program. This program uses medical treatment guidelines set by the state to decide whether or not to approve medical treatment recommended by your doctor.

What are the medical treatment guidelines set by the state?

California's medical treatment utilization schedule (MTUS) details treatments scientifically proven to cure or relieve work-related injuries and illnesses. The MTUS lays out treatments that are effective for certain injuries, how often the treatment should be given, the extent of the treatment and other details.

Where can I look at the MTUS?

Go to www.dwc.ca.gov. In the right navigation pane, under "Quick Links" click on "Publications". Scroll down to schedules and click on [medical treatment utilization schedule \(MTUS\)](#).

What if the treatment my doctor recommends isn't in the MTUS?

Your doctor needs to use other scientifically-based medical treatment guidelines generally accepted by the national medical community to support the recommended treatment.

I was awarded future medical treatment for my work injury. I have a copy of the award. Does UR apply to me?

Yes. The law requiring UR went into effect Jan. 1, 2004. It applies to all medical treatment being given, even if you received your award before Jan. 1, 2004.

Who can evaluate the medical treatment my doctor has recommended?

Anyone handling claims can **approve** the treatment recommended by your doctor. However, a decision to **deny** or **change** your treatment can only be made by a doctor who understands the type of injury or illness you have and the treatment being recommended.

What happens when my doctor recommends treatment and the claims administrator does a UR?

The claims administrator must do the review and make a decision within five days of the date your doctor requested the treatment. If additional information is needed to make a decision, the claims administrator can have up to 14 days.

What if my doctor has already provided the treatment and the claims administrator does a UR?

The review must be done and the decision given to your doctor within 30 days.

What happens if I got treated and the claims administrator says they won't pay for it? Do I have to pay?

Most likely, no. This is a problem your doctor and the claims administrator need to work out.

What if my doctor requests treatment while I am in the hospital?

Your doctor may request a regular or "expedited review" while you're receiving treatment in the hospital.

What is an expedited review?

This happens when your doctor recommends treatment and says you face a serious threat to your health if you don't receive it. That could mean possible loss of life, limb or other major bodily function. It could also mean the normal time frame for a decision could harm your life or health, or could permanently risk your ability to recover to the fullest.

How long does an expedited review take?

The claims administrator has 72 hours from when they get the information they need to make the decision. If your condition is so serious that 72 hours is too long, they have to make the decision sooner.

Can the claims administrator stop my treatment if I'm in the hospital?

The claims administrator can't stop treatment recommended by your doctor until they talk to your doctor and figure out another plan your doctor agrees to.

Will the claims administrator tell me if they decide to change, delay or deny my doctor's request to treat me?

Yes. The claims administrator has to tell you, your attorney if you are represented, and your doctor in writing and state why they are changing, delaying, or denying your treatment.

What if I disagree with the claims administrator's decision?

There are specific timelines you must meet or you will lose important rights. As of July 1, 2013, medical treatment disputes for all dates of injury will be resolved by physicians through the process of independent medical review (IMR). If UR denies or modifies a treating physician's request for medical treatment because the treatment is not medically necessary, you can ask for a review of that decision through IMR.

Along with the written determination letter that denied or modified your requested treatment, you will receive an unsigned but completed IMR form and addressed envelope. If you disagree with the decision, you must sign and send this form in the envelope to start the IMR process. Please visit the IMR FAQ at http://www.dir.ca.gov/dwc/IMR/IMR_FAQs.htm for detailed information about the process itself, eligibility and deadlines, as well as a link to the IMR request form.

Is there any way to help make UR go smoothly?

UR works best when your doctor stays in contact with the claims administrator's doctor throughout the process. Your doctor must state the reasons for the treatment being requested when making the request. And if the claims administrator's doctor asks for more information, your doctor should respond.

What if more than 14 days have gone by since my doctor requested treatment and we haven't heard or received anything from the claims administrator?

If your doctor has not been able to get a response from the claims administrator, you should file a declaration of readiness to proceed to expedited hearing. A claims administrator who fails to

meet the appropriate deadline for a utilization review cannot object to the doctor providing the requested treatment.
For more information, call 1-800-736-7401 or visit the DWC Web site at www.dwc.ca.gov to find a local [I&A office](#). You may also download I&A [guides](#) and get information on [workshops](#) for injured workers.

The information contained in this fact sheet is general in nature and is not intended as a substitute for legal advice. Changes in the law or the specific facts of your case may result in legal interpretations different than those presented here.

March 2014

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: <input type="checkbox"/> Regular <input type="checkbox"/> Expedited		Modification after Appeal <input type="checkbox"/>
Employee Name (First, MI, Last): \$first_name\$ \$claimant_middle_init\$ \$last_name\$		
Address: \$claimant_address1\$, \$claimant_city\$, \$claimant_state\$ \$claimant_zip_code\$		
Phone Number: \$claimant_phone\$	Employer Name: \$insured_name1\$	
Claim Number: \$claim_number\$	Date of Injury (MM/DD/YYYY): \$incident_date\$	
WCIS Jurisdictional Claim Number: \$jurisdiction_claim_number\$	EAMS Case Number : \$wcab_case_number\$	
Employee Attorney (if known): \$contact_name\$		
Address:\$contact_address1\$ \$contact_address2\$ \$contact_city\$, \$contact_state_code\$ \$contact_zip_code\$		
Phone Number: \$contact_phone\$	Fax Number: \$contact_fax\$	
Requesting Physician Name (First, MI, Last):		
Practice Name:	Specialty:	
Address:		
Phone Number:	Fax Number:	
Claims Administrator Name: Schools Insurance Authority		
Adjuster/Contact Name: \$examiner_signature_name\$		
Address: P.O. Box 276710, Sacramento, CA 95827-6710		
Phone Number: 916-364-1281	Fax Number: 916-362-2824	
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? <input type="checkbox"/> Yes <input type="checkbox"/> 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:

INSTRUCTIONS FOR COMPLETING THE APPLICATION FOR INDEPENDENT MEDICAL REVIEW FORM

If your workers' compensation claims administrator sent you a written determination letter that denied or modified a request for medical treatment made by your treating physician, you can request, at no cost to you, an Independent Medical Review (IMR) of the medical treatment request by a physician who is not connected to your claims administrator. If the IMR is decided in your favor, your claims administrator must give you the service or treatment your physician requested.

IF YOU DECIDE NOT TO PARTICIPATE IN THE IMR PROCESS YOU MAY LOSE YOUR RIGHT TO CHALLENGE THE DENIAL, DELAY, OR MODIFICATION OF MEDICAL TREATMENT REFERRED TO ON PAGE ONE OF THE APPLICATION FOR INDEPENDENT MEDICAL REVIEW.

You can request independent medical review by signing and submitting this form with a copy of the written determination letter that denied or modified the medical treatment requested by your physician. You must also send a copy of the signed application to your claims administrator.

- The information on the form was filled in by your claims administrator. If you believe that any of the information is incorrect, submit a separate sheet that provides the correct information.
- If you wish to have your attorney, treating physician, parent, guardian, relative, or other person act on your behalf in filing this application, complete the attached authorized representative designation form and return it with your application. This person may sign the application for you and submit documents on your behalf.
- If the recommended medical treatment that was denied or modified must be provided to you immediately because you are facing an imminent and serious threat to your health, and your claims administrator did **not** perform an expedited or rushed review on your physician's request, this application **must** be submitted with a statement from your physician, supported by medical records, that confirms your condition.
- Mail or fax the application and a copy of the utilization review decision to:

**DWC-IMR, c/o Maximus Federal Services, Inc.
P.O. Box 138009, Sacramento, CA 95813-8009
FAX Number: (916) 605-4270**

- **Your IMR application, along with a copy of the written determination letter, must be received by Maximus Federal Services, Inc. within thirty-five (35) days from the mailing date of the written determination letter informing you that the medical treatment requested by your treating physician was denied or modified.**
- Send a copy of the signed application to your Claims Administrator. You do not need to include a copy of the written determination letter.

Your Right to Provide Information

You have the right to submit, either directly or through your treating physician, information to support the requested medical treatment. Such information may include:

- Your treating physician's recommendation that the requested medical treatment is medically necessary for your medical condition.
- Reasonable information and documents showing that the recommended medical treatment is or was medically necessary, including all documents or records provided by your treating physician or any additional material you believe is relevant.
- Evidence that the medical guidelines relied upon to deny or modify your physician's requested medical treatment does not apply to your condition or is scientifically incorrect.
- If the medical treatment was provided on an urgent care or emergency basis, information or justification that the requested medical treatment was medically necessary for your medical condition

If you have any questions regarding the IMR process, you can obtain free information from a Division of Workers' Compensation (DWC) information and assistance officer or you can hear recorded information and a list of local offices by calling toll-free 1-800-736-7401. You may also go to the DWC website at www.dwc.ca.gov.

**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):	
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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:	

Employee
Employer
Date of Injury
Claim Number
WCAB No.

Proof of Service By Mail

STATE OF CALIFORNIA)
COUNTY OF SACRAMENTO}

I am a citizen of the United States and a resident of the County of Sacramento. I am over the age of eighteen years and not a party to the within entitled action; and my business address is Schools Insurance Authority; Workers' Compensation Division, P. O. Box 276710, Sacramento, CA 95827-6710.

On this date, I served the within Utilization Review Decision dated _____ and completed DWC Form IMR-1 with instructions and addressed envelope to the Administrative Director on the following parties:

(List names and addresses of all parties served)

Injured Worker
Applicant Attorney (if applicable)
Defense Attorney (if applicable)
Requesting Provider

by placing a true copy thereon fully prepaid, in the United States mail at Sacramento, California.

I certify (or declare), under penalty of perjury, that the foregoing is true and correct.

Executed on this \$date\$ at Sacramento, California.

Name of person preparing the proof of svcs



Schools Insurance Authority
PO BOX 276710
Sacramento, CA 95827-6710
Ph: 916-364-1281
Fx: 916-362-2824
www.sia-jpa.org

REQUEST FOR ADDITIONAL MEDICAL INFORMATION

Date

Requesting Provider
Address

Re: Employee :
Employer :
Date of Injury :
Claim Number :

Date of Medical Treatment Request by Provider:
Date Medical Treatment Request was First
Received:
Due Date for Utilization Review Determination:

Specific Medical Treatment Requested:

Dear Dr.

Your request for the above referenced medical treatment has been received. The following medical information is necessary to render a decision and was not provided with the original request for authorization:

- | | |
|--|--|
| | Most current PR-2 or narrative progress report |
| | Most current diagnostic studies/MRI/CT/films/etc. |
| | Specialty consultation report |
| | Frequency and duration of services requested |
| | Other: (The examiner or UR Nurse will identify what information is needed/missing) |

Please fax your response no later than _____, to:

Utilization Review Department
Schools Insurance Authority
P.O. Box 276710
Sacramento, CA 95827

Fax (916) 362-2824

Sincerely,

Examiner or UR Nurse's Name

This request is made pursuant to the following sections of Title 8, CCR, § 9792.9.1:

(f)(1) The timeframe for decisions specified in subdivision (c) may only be extended under one or more of the following circumstances:

(A) The claims administrator or reviewer is not in receipt of all of the information reasonably necessary to make a determination

(f)(2)(A) If the circumstance under subdivision (f)(1)(A) applies, a reviewer or non-physician reviewer shall request the information from the treating physician within five (5) business days from the date of receipt of the request for authorization.

(f)(3)(A) If the information reasonably necessary to make a determination under subdivision (f)(1)(A) that is requested by the reviewer or non-physician reviewer is not received within fourteen (14) days from receipt of the completed request for authorization for prospective or concurrent review, or within thirty (30) days of the request for retrospective review, the reviewer shall deny the request with the stated condition that the request will be reconsidered upon receipt of the information.



Schools Insurance Authority
PO BOX 276710
Sacramento, CA 95827-6710
Ph: 916-364-1281
Fx: 916-364-2421
www.sia-jpa.org

Notice of Missing or Incomplete DWC Form RFA or Notice of Incomplete Treatment Request

Date

Requesting Physician
Address

Requesting Physician's fax #

Re: Employee :
Employer :
Date of Injury :
Claim Number :

Date of Medical Treatment Request by Provider:
Date RFA or Medical Treatment Request was First
Received:
SIA's Due Date for Notification of Incomplete RFA
or Incomplete Treatment Request:

Specific Medical Treatment Requested: (where we list the treatment request(s))

Dear Dr.

We are in receipt of the **DWC Form RFA dated _____ / Treatment Request dated _____** pursuant to Title 8, CCR, 9792.9.1(a) and 9792.9.1(c)(2)(A), the form or treatment request is incomplete. We are returning it to you to complete.

1 (Use when RFA and Report have different requests/delete what does not apply)

The DWC Form RFA was submitted with a medical report dated . On page number of the medical report, it lists additional treatment requests that were not included within the DWC Form RFA.

Please confirm in writing if you are only requesting the treatment listed on the DWC Form RFA or if it was your intent to include the treatment listed within the report as part of your request for authorization.

If you intended to include the treatment(s) listed within the report, we need clarification on the following as it was either missing from the report or unclear:

2) (Use for all others or delete if this does not apply)

The missing information or information we need clarification for is:

Once we are in receipt of the completed DWC Form RFA or treatment request as defined in Title 8, CCR, 9792.9.1(a) and 9792.9.1(c)(2)(A), we will be happy to address your request.

Sincerely,

Examiner's Name

Enclosure: DWC Form RFA and/or Treatment Request



Schools Insurance Authority
PO BOX 276710
Sacramento, CA 95827-6710
Ph: 916-364-1281
Fx: 916-364-2421
www.sia-jpa.org

Duplicate Treatment Request

Date

Requesting Provider's Name

Address

Re: Employee :
Employer :
Date of Injury :
Claim Number :
Provider Fax # :
Date RFA First Received :

Dear Dr.

We are in receipt of your request for treatment dated _____ for _____.

We reviewed your request and have determined that it is a duplicate request and was previously (authorized /addressed by our Utilization Review Determination) dated _____.

Pursuant to Labor Code 4610(k), and Title 8, CCR 9792.9.1(h), our Utilization Review Determination remains in effect for 12 months from the date of the decision without further action from us.

Sincerely,

Examiner's Name

Enclosure: (A copy of the Treatment Authorization Fax or URD)

CC: Injured Worker
Applicant Attorney / Defense Attorney (if applicable)



Schools Insurance Authority
PO BOX 276710
Sacramento, CA 95827-6710
Ph: 916-364-1281
Fx: 916-362-2824
www.sia-jpa.org

This letter is used to advise the requesting physician, injured worker, and their attorney (when applicable) that utilization review for the request is being deferred until parties have resolved the liability dispute

*PROVIDER'S and EMPLOYEE'S
NOTICE OF DEFERRAL of TREATMENT REQUEST
LIABILITY DISPUTE*

Date
Provider's Name
Address

Injured Worker's Name
Address

Re: Employee :
Employer :
Date of Injury :
Claim Number :

Date of Medical Treatment Request by Provider:
Date Medical Treatment Request was First Received:
Due Date for Utilization Review Deferral:

Description of the specific course of proposed medical treatment for which authorization was requested:

Dear Dr. :

In accordance with California regulations (CCR 9792.9.1[b][1]) governing Utilization Review Standards, Utilization Review for medical treatment may be deferred if the claims administrator disputes liability for either the occupational injury for which the treatment is recommended or the recommended treatment itself on grounds other than medical necessity.

We are deferring utilization review of the requested medical treatment described above until such time that the liability dispute is resolved either by agreement of the parties or through the dispute resolution process of the Workers' Compensation Appeals Board.

UR - Provider's & Employee's Notice of Deferral for all Dates of Injury

Please be advised:

(Choose One)

Liability for the injury itself is disputed as the claim is denied.

Liability for the claimed body part(s) is disputed.

Liability for the recommended treatment is disputed.

Pursuant to CCR 9792.9.1(b)(2), if it is finally determined that Schools Insurance Authority is liable for the claimed injury, body part, or treatment we have the right and may elect to conduct a retrospective review of this request within 30 days of that determination. We will advise you accordingly.

TO THE EMPLOYEE:

California state law requires that we inform you of the following so that you understand your options, this process and where to go for additional assistance or information:

*“You have the right to disagree with decisions affecting your claim. If you have questions about the information in this notice, please call me **(insert examiner’s name)** at **(916) 364-1281**. However, if you are represented by an attorney, please contact your attorney instead of me.*

For information about the workers’ compensation claims process and your rights and obligations, go to www.dwc.ca.gov or contact an information and assistance (I&A) officer of the State Division of Workers’ Compensation. For recorded information and a list of offices, call toll-free 1-800-736-7401.

Sincerely,

Examiner’s Name

cc: Applicant Attorney/Defense Attorney (if applicable)