



State of California
Department of Industrial Relations
Division of Workers' Compensation
Application for Independent Medical Review

Date of Injury (Required) Date of request (Required) Date of UR Decision (Required) Claims Number (Required) Jurisdictional Number (Required) EAMS No (if applicable)

Injured worker Information (Completion of this section is required)

Injured Worker First Name MI Injured Worker Last Name

Injured Worker Street Address/PO Box Injured Worker City State Zip Code

Daytime Phone Number Evening Phone Number

Medical provider information (Completion of this section is required)

Provider First Name Provider Last Name

Employer, Insurance Carrier or Claims Administrator Information (Completion of this section is required)

Employer Name (Please leave blank spaces between numbers, names or words)

Claims Administrator Name (Please leave blank spaces between numbers, names or words)

Claims Administrator Street Address/PO Box (Please leave blank spaces between numbers, names or words)

Claims Administrator City State Zip Code

Type of Review Requested (Required) Primary Diagnosis (Use ICD-9 Code where practical)

Is the claims administrator disputing liability for the requested medical treatment besides the question of medical necessity?

☐ Yes ☐ No If yes, indicate why liability is being disputed

Consent to obtain medical records

I am asking for an independent medical review (IMR) to make a decision about the requested medical treatment that was denied by my claims administrator. I allow my health care providers and claims administrator to release all relevant medical records and information to review this issue. These records may include medical, mental health, substance abuse, HIV, 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 of the Division of Workers' Compensation to review these records and information and send them 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. All the information set forth on this application is true and correct.

Date:

MM/DD/YYYY

Signature

File this Application by mail by sending the form to : Division of Workers' Compensation
P.O. Box 7788999
Sacramento, Ca. 99999

DWC form IMR (1/1/2013) You may also file this form by faxing the document to: Fax (916) -----

IMR Application Instructions

Instructions for the Employee

If your claims administrator denies, delays, or modifies your treating physician's request for medical services or treatment, you can request an Independent Medical Review (IMR) by a physician who is not connected to your claims administrator. The specialty of the physician will be the same as the specialty of your treating physician, if possible. The request must be made on this form. If the IMR is decided in your favor, your claims administrator must give you the service or treatment your physician requested. You pay no costs for an IMR.

You must apply for IMR within thirty (30) days from the day you receive the utilization review decision letter informing you that the medical services or treatment requested by your treating physician was denied, delayed, or modified. Please be aware that if you decide not to participate in the IMR process, you may be giving up your rights to pursue legal action against your claims administrator regarding the service or treatment you are requesting.

How to Apply

Review the form to make sure that all the information provided by your claims administrator is correct. If you believe that any of the information on the form is incorrect, please submit a separate sheet that provides the correct information. Review the consent to obtain medical records, then sign and date the form where indicated at the bottom. If you have designated a parent, guardian, conservator, relative, or other designee to act on your behalf in filing this application, they may sign for you.

Employee Right to Provide Information

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

- Your treating physician's recommendation that the requested medical treatment is medically necessary for your medical condition.
- Medical information or justification that the requested medical treatment, on an urgent care or emergency basis, was medically necessary for your medical condition
- Reasonable information supporting your position that the requested medical treatment is or was medically necessary for your medical condition. This may include all information in your possession that was provided to you by your employer, claims administrator, or your treating physician, concerning your treating physician's decision or the claims administrator's decision regarding the requested medical treatment, as well as any additional material that you believe is relevant.

Determining Your Eligibility for IMR

The Application will be initially screened to determine if it is eligible for IMR. If the Application is found eligible, you will be sent written notification of the contact information of the IMRO. You must then send, as instructed, the employee's relevant medical records as defined by California Code of Regulations, title 8, section 9792.10.5 to the IMRO. Please review California Code of Regulations, title 8, sections 9792.10.1, et seq. for additional requirements regarding the IMR process. Note that claims administrators are responsible for the costs of IMR; you will be directly billed by the IMRO for the cost of IMRs performed on your utilization review decisions.

The Independent Medical Review Organization (IMRO) designated by the Division of Workers' Compensation will review your application and send you a letter telling you that you qualify for an IMR. The letter will include instructions as to how to submit your information and records. If your application is determined to be eligible for IMR, IMRO has thirty (30) days from the date they receive all necessary documents and information to make a decision on your application.

Do Not File this page with your request for IMR