

SELECTED PROVISIONS Of The CALIFORNIA CODE OF REGULATIONS

TITLE 8 INDUSTRIAL RELATIONS

DIVISION 1 Department of Industrial Relations

CHAPTER 1 DIVISION OF WORKERS' COMPENSATION—QUALIFIED MEDICAL EVALUATOR REGULATIONS

ARTICLE 1 General

§1. Definitions.

As used in the regulations in Chapter 1:

(a) "Accreditation" means the conferring of recognized status as a provider of physician education by the Administrative Director.

(b) "ACOEM" shall have the same meaning as section 9792.20(a), and "ACOEM Practice Guidelines" shall have the same meaning as section 9792.20(b) of Title 8 of the California Code of Regulations.

(c) "Administrative Director" means the administrative director of the Division of Workers' Compensation of the State of California Department of Industrial Relations, and includes his or her designee.

(d) "Agreed Panel QME" means the Qualified Medical Evaluator described in Labor Code section 4062.2(c), that the claims administrator, or if none the employer, and a repre-

sented employee agree upon and select from a QME panel list issued by the Medical Director without using the striking process. An Agreed Panel QME shall be entitled to be paid at the same rate as an Agreed Medical Evaluator under section 9795 of Title 8 of the California Code of Regulations for medical/legal evaluation procedures and medical testimony.

(e) "AMA Guides" means American Medical Association, Guides to the Evaluation of Permanent Impairment [Fifth Edition].

(f) "AME" means Agreed Medical Evaluator, a physician selected by agreement between the claims administrator, or if none the employer, and a represented employee to resolve disputed medical issues referred by the parties in a workers' compensation proceeding.

(g) "Appeals Board" means the Workers' Compensation Appeals Board within the State of California Department of Industrial Relations.

(h) "Audit" means a formal evaluation of a continuing education program, disability evaluation report writing course, or an accredited education provider which is conducted at the request of the Medical Director.

(i) "Comprehensive Medical-Legal Evaluation" means a medical evaluation performed pursuant to Labor Code Sections 4060, 4061, 4062, 4062.1, 4062.2 or 4067 and meeting the

requirements of section 9793(c) of Title 8 of the California Code of Regulations.

(j) "Claims Administrator" means the person or entity responsible for the payment of compensation for any of the following: a self-administered insurer providing security for the payment of compensation required by Divisions 4 and 4.5 of the Labor Code, a self-administered self-insured employer, a group self-insurer, an insured employer, the director of the Department of Industrial Relations as administrator for the Uninsured Employers Benefits Trust Fund (UEBTF) and for the Subsequent Injuries Benefit Trust Fund (SIBTF), a third-party claims administrator for a self-insured employer, insurer, legally uninsured employer, group self-insurer, or joint powers authority, and the California Insurance Guarantee Association (CIGA). The UEBTF shall only be subject to these regulations after proper service has been made on the uninsured employer and the Appeals Board has obtained jurisdiction over the UEBTF by joinder as a party.

(k) "Continuing Education Program" means a systematic learning experience (such as a course, seminar, or audiovisual or computer learning program) which serves to develop, maintain, or increase the knowledge, skills and professional performance of physicians who serve as Qualified Medical Evaluators in the California workers' compensation system.

(l) "Course" means the 12 hours of instruction in disability evaluation report writing which is required of a Qualified Medical Evaluator prior to appointment. A course must be approved by the Administrative Director.

(m) "Credit Hour" means a sixty minute hour. A credit hour may include time for questions and answers related to the presentation.

(n) "Direct medical treatment" means that special phase of the physician-patient relationship during which the physician: (1) attempts to clinically diagnose and to alter or modify the expression of a non-industrial illness, injury or pathological condition; or (2) attempts to cure or relieve the effects of an industrial injury.

(o) "Distance Learning" means an education program in which the instructor and student are in different locations, as in programs based on audio or video tapes, computer programs, or printed educational material.

(p) "DEU" is the Disability Evaluation Unit under the Administrative Director responsible for issuing summary disability ratings.

(q) "Education Provider" means the individual or organization which has been accredited by the Administrative Director to offer physician education programs. There are two categories of providers: (1) the Administrative Director; and (2) individuals, partnerships, or corporations, hospitals, clinics or other patient care facilities, educational institutions, medical or health-related organizations whose membership includes physicians as defined in Labor Code section 3209.3, organizations of non-medical participants in the California workers' compensation system, and governmental agencies. In the case of a national organization seeking accreditation, the California Chapter or organization affiliated with the national organization shall be accredited by the Administrative Director in lieu of the national organization.

(r) "Employer" means any employer within the meaning of Labor Code section 3300, including but not limited to, any of the following: (1) an uninsured employer and the Uninsured Employers Benefits Trust Fund (UEBTF) pursuant to Labor Code Section 3716, (2) an insured employer, (3) a self-insured employer and (4) a lawfully uninsured employer. The UEBTF shall only be subject to these regulations after proper service has been made on the uninsured employer and the Appeals Board has obtained jurisdiction over the UEBTF by joinder as a party.

(s) "Evaluator" means any of the following: "Qualified Medical Evaluator", "Agreed Medical Evaluator", "Agreed Panel QME" or "Panel QME", as appropriate in a specific case.

(t) "Follow-up comprehensive medical-legal evaluation" means a medical evaluation performed pursuant to Labor Code sections 4060, 4061, 4062, 4062.1, 4062.2 or 4067 and meeting the requirements of Section 9793(f) of Title 8 of the California Code of Regulations.

(u) "Medical Treatment Utilization Schedule" or "MTUS" means the treatment utilization schedule adopted by the Administrative Director of the Division of Workers' Compensation as required by Labor Code section 5307.27 and sections 9792.20 *et seq* of Title 8 of the California Code of Regulations.

(v) "Medical Director" means the Medical Director appointed by the Administrative Direc-

tor pursuant to Labor Code section 122 and includes any Associate Medical Directors when acting as his or her designee.

(w) “Mental health record” means a medical treatment or evaluation record created or reviewed by a licensed physician as defined in Labor Code section 3209.3 in the course of treating or evaluating a mental disorder.

(x) “Panel QME” means the physician, from a QME panel list provided by the Medical Director, who is selected under Labor Code section 4062.1(c) when the injured worker is not represented by an attorney, and when the injured worker is represented by an attorney, the physician whose name remains after completion of the striking process or who is otherwise selected as provided in Labor Code section 4062.2(c) when the parties are unable to agree on an Agreed Panel QME.

(y) “Physician’s office” means a bona fide office facility which is identified by a street address and any other more specific designation such as a suite or room number and which contains the usual and customary equipment for the evaluation and treatment appropriate to the physician’s medical specialty or practice.

(z) “Qualified Medical Evaluator (QME)” means a physician licensed by the appropriate licensing body for the state of California and appointed by the Administrative Director pursuant to Labor Code section 139.2, provided however, that acupuncturist QMEs shall not perform comprehensive medical-legal evaluations to determine disability.

(aa) “QME competency examination” means an examination administered by the Administrative Director for the purpose of demonstrating competence in evaluating medical-legal issues in the workers’ compensation system. This examination shall be given at least as often as twice annually.

(bb) “QME competency examination for acupuncturists” means an examination administered by the Administrative Director for the purpose of demonstrating competence in evaluating medical-legal issues in the workers’ compensation system which are not pertinent to the determination of disability, but should be understood by acupuncturist QMEs. This examination shall be given at least as often as twice annually.

(cc) “Significant Financial Interest or Affiliation Held by Faculty”, as used in sections 11.5, 14, 55, 118 and 119 pertaining to faculty of

approved disability report writing or continuing education courses under these regulations, means grant or research support; status as a consultant, member of a speakers’ bureau, or major stock shareholder; or other financial or material interest for the program faculty member or his or her family.

(dd) “Specified Financial Interests” means having a shared financial interest that must be reported or disclosed pursuant to sections 11, 17, 29, 50 or on the “SFI Form 124” attached to QME Form 100, 103 or 104 as required by these regulations.

(ee) “Supplemental medical-legal evaluation” means a medical evaluation performed pursuant to Labor Code sections 4060, 4061, 4062, 4062.1, 4062.2 or 4067 and meeting the requirements of section 9793(l) of Title 8 of the California Code of Regulations.

(ff) “Treating physician” means a physician who has provided direct medical treatment to an employee which is reasonably required to cure or relieve the effects of an industrial injury pursuant to section 4600 of the Labor Code.

(gg) “Unrepresented employee” means an employee not represented by an attorney.

Note: Authority cited: Sections 53, 133, 139.2, 4060, 4061, 4062, 4062.1, 4062.2 and 5307.3, Labor Code. Reference: Sections 139.2, 139.3, 139.31, 139.4, 139.43, 3716, 4060, 4061, 4061.5, 4062, 4062.1, 4062.2, 4062.3, 4062.5, 4067, 4600, 4604.5 and 4660-4664, Labor Code.

History: 1. Repealer and new section filed 8-1-94; operative 8-31-94 (Register 94, No. 31). For prior history, see Register 93, No. 38.

2. Change without regulatory effect amending subsections (c), (g), (h), (k) and (p) filed 9-19-94 pursuant to section 100, title 1, California Code of Regulations (Register 94, No. 38).

3. Amendment of subsections (d) and (f), repealer and new subsection (m), amendment of subsections (n) and (o), new subsections (p) and (q) and subsection relettering, and amendment of newly designated subsection (r) filed 8-23-96; operative 9-22-96 (Register 96, No. 34).

4. New subsection (s) and subsection relettering filed 6-3-97; operative 7-3-97 (Register 97, No. 23).

5. Amendment of subsections (f) and (r) filed 4-14-2000; operative 5-14-2000 (Register 2000, No. 15).

6. New subsections (a) and (e), repealer of former subsection (f), new subsections (h), (j), (k), (m), (r) and (x) and subsection relettering filed 10-16-2000 as an emergency; operative 1-1-2001 (Register 2000, No. 42). A Certificate of Compliance must be transmitted to OAL by 5-1-2001 or emergency language will be repealed by operation of law on the following day.

7. New subsections (a) and (e), repealer of former subsection (f), new subsections (h), (j), (k), (r) and (x) and subsection relettering refiled 5-2-2001 as an emergency; operative 5-2-2001 (Register 2001, No. 18). A Certificate of Compliance must be transmitted to OAL by 8-30-2001 or emergency language will be repealed by operation of law on the following day.

8. Certificate of Compliance as to 5-2-2001 order, including further amendment of section, transmitted to OAL 7-12-2001 and filed 8-23-2001 (Register 2001, No. 34).

9. Amendment of chapter heading, section and Note filed 1-13-2009; operative 2-17-2009 (Register 2009, No. 3).

ARTICLE 2 QME Eligibility

§10. Appointment of QMEs.

(a) Applications for appointment as a QME shall be submitted on the form in section 100 (QME Form 100). The completed application form, and any supporting documentation as required by the application, shall be filed at the Administrative Director's office listed on the form in section 100. Upon his or her approval of each application form and supporting documentation, the Administrative Director shall certify, as eligible to sit for the QME competency examination, those applicants who meet all of the statutory and regulatory eligibility requirements. Any application for appointment may be rejected if it is incomplete, contains false information or does not contain the required supporting documentation listed in section 11.

(b) The Administrative Director may deny appointment or reappointment to any physician who has performed a QME evaluation or examination without valid QME certification at the time of examining the injured worker or the time of signing the initial or follow-up evaluation report. An applicant serving a period of probation imposed by the applicant's professional licensing board or agency may be allowed to take the QME examination while on probationary license status. Applications for appointment or reappointment from physicians who are on probationary license status with a California licensing board or agency while the QME application is pending shall be reviewed by the Medical Director on a case-by-case basis consistent with the provisions of Labor Code section 139.2(m).

(c) No physician who has been convicted of a felony or misdemeanor related to his or her practice shall be appointed or reappointed as a QME. An applicant who has been convicted of any other type of felony or misdemeanor may be denied appointment or reappointment.

(d) Any physician who, while under investigation or after the service of a statement of issues or accusation for alleged violations of these regulations or the Labor Code, withdraws his or her application for appointment or reappointment, resigns or fails to seek reappointment as a QME, shall be subject to having the disciplinary process reactivated whenever an application for appointment or re-appointment is subsequently filed. In the event any of the alleged violations are found to have occurred, the physician's application for appointment or reappointment may be denied by the Administrative Director.

NOTE: Form is available at no charge by downloading from the web at www.dir.ca.gov/dwc/forms.html or by requesting at 1-800-794-6900.

Note: Authority cited: Sections 133, 139.2 and 5307.3, Labor Code; and Section 730, Business and Professions Code. Reference: Sections 139.2, 4060, 4061, 4062, 4062.1 and 4062.2, Labor Code; and Section 730, Business and Professions Code.

History: 1. Relocation of article 2 heading and new section filed 8-1-94; operative 8-31-94 (Register 94, No. 31).

2. Amendment of section filed 8-23-96; operative 9-22-96 (Register 96, No. 34).

3. Amendment filed 4-14-2000; operative 5-14-2000 (Register 2000, No. 15).

4. Amendment of section and Note filed 1-13-2009; operative 2-17-2009 (Register 2009, No. 3).

§10.5. Limitations on Certification as Qualified Medical Evaluators.

[Repealed]

Note: Authority cited: Sections 139 and 139.2. Reference: 8 U.S.C. Sections 1621, 1641 and 1642; Sections 139.2, 5307.3 and 5307.4, Labor Code; and Section 11507 et seq., Government Code.

History: 1. New section filed 11-5-98; operative 12-5-98 (Register 98, No. 45).

2. Change without regulatory effect repealing and adding new Form 10.5, Rev. 5/99 (incorporated by reference) filed 7-12-99 pursuant to section 100, title 1, California Code of Regulations (Register 99, No. 29).

3. Amendment of subsections (e)(1), (e)(3) and (i) and repealer of subsections (i)(1)-(6) filed 4-14-2000; operative 5-14-2000 (Register 2000, No. 15).

4. Repealer filed 1-13-2009; operative 2-17-2009 (Register 2009, No. 3).

§11. Eligibility Requirements for Initial Appointment as a QME.

The Administrative Director shall appoint as QMEs all applicants who meet the requirements set forth in Labor Code Section 139.2(b) and all applicants:

(a) Shall submit the required supporting documentation:

(1) Copy of current license to practice in California;

(2) For Medical Doctors, or Doctors of Osteopathy:

(A) A copy of the applicant's certificate of completion of postgraduate specialty training at an institution recognized by the Accreditation Council for Graduate Medical Education or the osteopathic equivalent as defined pursuant to Section 12, or;

(B) A copy of the applicant's Board certification by a specialty board recognized by the Administrative Director or as defined pursuant to Section 12, or;

(C) A declaration under penalty of perjury accompanied by supporting documentation that the physician has qualifications that the Administrative Director and the Medical Board of California or the Osteopathic Medical Board of California both deem to be equivalent to board certification in a specialty.

(3) If a psychologist, (i) a copy of a doctoral degree in psychology or a doctoral degree deemed equivalent for licensure by the Board of Psychology pursuant to Section 2914 of the Business and Professions Code, and has not had less than five years postdoctoral experience in the treatment of emotional and mental disorders or (ii) served as an AME on eight or more occasions prior to January 1, 1990 and has not less than five years postdoctoral experience in the diagnosis and treatment of emotional and mental disorders.

(4) For Doctors of Chiropractic, the physician shall provide (1) a copy of a current or otherwise valid certificate in California Workers Compensation Evaluation by either a California professional chiropractic association or an accredited California college recognized by the Administrative Director (i.e. Workers' Compensation Evaluation Certificate with a minimum 44 hours completed) or; (2) a certificate of comple-

tion of a chiropractic postgraduate specialty program of at least 300 hours taught by a school or college recognized by the Administrative Director, the Board of Chiropractic Examiners and the Council on Chiropractic Education.

(5) Or, for other physicians, a copy of the physician's professional diploma.

(b)(1) Shall, prior to appointment as a QME, complete a course of at least twelve (12) hours in disability evaluation report writing pursuant to section 11.5 of this Article. Doctors of Chiropractic who submit documentation showing compliance with section 11(a)(4)(1) are exempt from this requirement; and

(2) Shall accurately and fully report on the SFI Form 124 attached to the application (QME Form 100) to the best of the applicant's knowledge the information required by section 29 of Title 8 of the California Code of Regulations, regarding applicant's specified financial interests.

(c) Shall provide supplemental information and/or documentation to the Administrative Director after an application, QME Form 100 (see, 8 Cal. Code Regs. § 100), is submitted if requested to verify an applicant's eligibility for appointment.

(d) Shall agree that during a QME evaluation exam he or she will not treat or offer or solicit to provide medical treatment for that injury for which he or she has done a QME evaluation for an injured worker unless a medical emergency arises as defined under subdivision (a) or (b) of section 1317.1 of the Health and Safety Code. A QME may also provide treatment if requested by the employee pursuant to section 4600 of the Labor Code, but he or she shall not offer or solicit to provide it. A QME who solicits an injured worker to receive direct medical treatment or to become the primary treating physician of that employee shall be subject to disciplinary action pursuant to section 60.

(e) Shall declare under penalty of perjury on the QME application that he or she:

(1) Has an unrestricted California license and is not currently on probation from the state licensing board, or, if the applicant has a California restricted license or is currently on probation, state all the restrictions on the license and all terms of probation; and

(2) Devotes at least one-third of his or her total practice time to providing direct medical

treatment during each year of the applicant's term of appointment. This requirement shall not apply if the applicant qualifies for appointment because the applicant served as an AME on 8 or more occasions in the year prior to application and in each year of the applicant's term; or if the applicant meets the requirements of section 15; and

(3) Has not performed a QME evaluation without QME certification;

(4) Has accurately and fully reported on QME Form 124 to the best of the applicant's knowledge the specified financial interest information required by section 29 of Title 8 of the California Code of Regulations.

(f) Shall pass the QME Competency Examination, or if an acupuncturist, shall pass the QME Competency Examination for acupuncturists.

(1) In order to take this examination, a physician who is not currently appointed as a QME and not exempt pursuant to Labor Code section 139(b)(1), shall be considered to have applied to take the QME competency examination upon submitting the properly-completed Application for Appointment Form in Section 100 (see, 8 Cal. Code Regs. section 100), and the Registration Form for the QME Competency Examination in section 102 (see, 8 Cal. Code Regs. § 102) and the appropriate fee as specified in section 11(f)(2).

(2) The fee for applying to take or retake the QME competency examination is \$ 125.00 and may be waived by the Administrative Director at his or her discretion for first time applicants.

(3) The Administrative Director shall give appropriate public notice of the date, time and location of the examination no fewer than sixty (60) calendar days before a competency examination is to be given.

(4) An applicant must submit the properly completed forms as required in section 11(f)(1) to the Administrative Director at least thirty (30) calendar days prior to the date of the next scheduled competency examination unless the Administrative Director finds good cause to grant an extension to the physician(s).

(5) The Administrative Director shall inform the applicant in writing whether he or she shall be allowed to take the examination within fifteen (15) calendar days from the date the

Administrative Director receives the properly-completed forms and appropriate fee.

(6) The Administrative Director shall inform the applicant in writing whether or not he or she passed the examination within sixty (60) calendar days from the date the applicant takes the competency examination.

(7) An applicant who passes the QME competency examination shall file the QME Fee Assessment Form in Section 103 (see, 8 Cal. Code Regs. section 103) including the appropriate fee within thirty (30) days of the date of the notice. The physician shall not be appointed to the official QME list until the appropriate fee is paid and has completed a disability evaluation report writing course pursuant to section 11.5. Appointments shall be for two-year terms beginning with the date of appointment by the Administrative Director.

(8) Any applicant, who upon good cause shown by the test administrator, is suspected of cheating may be disqualified from the examination and, upon a finding that the applicant did cheat in that exam, the applicant will be denied further admittance to any QME examination for a period of at least five years thereafter. Any applicant who fails to follow test instructions and/or proctor instructions either before or during or at the conclusion of an examination shall be disqualified from the examination procedure and the applicant's exam shall be nullified.

(9) If an applicant fails the competency examination or fails to appear for a noticed QME examination for which the applicant has submitted a QME Exam Registration Form 102 (see, 8 Cal. Code Regs. § 102), the applicant may apply to take any subsequent examinations, upon submission of a new test application form and a fee of \$125. An applicant who fails the exam three times shall show proof of having completed six (6) hours continuing education from a course approved by the Administrative Director prior to taking the examination again.

(10) Any applicant who receives a failing grade on a competency exam may appeal the failing grade to the Administrative Director. Appeals shall be considered on a case by case basis. Appeals will be accepted immediately after a candidate has completed the examination and until ten (10) days after the date of the examination results letter. The appeal shall state specific facts as to why the failing grade should be overturned. Pursuant to Section 6254(g) of

the Government Code, the Administrative Director will consider appeals of test questions and will base his or her decision solely on the written appeal including any supporting documentation submitted by the physician. Appeals will only be accepted for the current examination period. Grounds for appeal are:

(A) Significant procedural error in the examination process;

(B) Unfair Discrimination;

(C) Bias or fraud.

(g) Each applicant shall pay the annual fee required by section 17 of this Article prior to appointment.

NOTE: Forms referred to above are available at no charge by downloading from the web at www.dir.ca.gov/dwc/forms.html or by requesting at 1-800-794-6900.

Note: Authority cited: Sections 133, 139.2 and 5307.3, Labor Code. Reference: Section 139.2, Labor Code; and Section 6254, Government Code.

History: 1. New section filed 8-1-94; operative 8-31-94 (Register 94, No. 31).

2. New subsections (a)-(c) and subsection relettering, amendment of newly designated subsections (d)-(f)(6), new subsections (f)(7) and (f)(8) and subsection renumbering, amendment of newly designated subsections (f)(9) and (f)(10), and new subsection (g) filed 8-23-96; operative 9-22-96 (Register 96, No. 34).

3. Change without regulatory effect amending section (f)(5) filed 6-20-97 pursuant to section 100, title 1, California Code of Regulations (Register 97, No. 25).

4. Amendment filed 4-14-2000; operative 5-14-2000 (Register 2000, No. 15).

5. Amendment of section heading and section filed 8-23-2001; operative 8-23-2001 pursuant to Government Code section 11343.4 (Register 2001, No. 34).

6. Amendment of section and Note filed 1-13-2009; operative 2-17-2009 (Register 2009, No. 3).

§11.5. Disability Evaluation Report Writing Course.

Prior to appointment as a QME, a physician shall complete a course of at least twelve hours of instruction in disability evaluation report writing. The course curriculum shall be specified by the Administrative Director. Only report writing courses which are offered by education providers as defined in subdivision 1(q) of Title 8 of the California Code of Regulations shall qualify to satisfy this requirement.

(a) An education provider applicant shall submit:

(1) a completed QME Form 118 (Application for Accreditation) (see, 8 Cal. Code Regs. § 118) which contains:

(A) the applicant's name; address; director of education with contact information; type of organization; length of time in business; nature of business; and past experience providing continuing education courses (including a list of other accrediting agencies that have approved such courses);

(B) a description of the proposed education program or course which includes the title; type (continuing education program or disability evaluation report writing course); location(s); date(s); length of training in clock hours; educational objectives; a complete description of the program or course content; faculty; and the names of other accrediting agencies that have approved the program.

(2) A curriculum vitae for each proposed instructor. A proposed instructor shall have education and/or training and recent work experience relevant to the subject of his/her presentation.

(3) The application for accreditation as an education provider, along with all required supporting documents, shall be submitted to the Administrative Director, at least 60 calendar days before any public advertisement of the applicant's course.

(b) The Administrative Director shall accredit an applicant that: meets the definition of an education provider; submits a completed, signed and dated application which demonstrates past experience in providing continuing education programs; and proposes a program which meets the requirements of section 55(c) or a course which meets the requirements of section 11.5(a) and (i). The applicant must demonstrate that adequate time is allocated to the curriculum set forth in section 11.5(i) for the course to be approved by the Administrative Director. Proposed content for continuing education program credit must relate directly to disability evaluation or California workers' compensation-related medical dispute evaluation. No credit shall be recognized by the Administrative Director for material primarily discussing the business aspects of workers' compensation medical practice, including but not limited to billing, coding and marketing.

(c) The Administrative Director shall notify the applicant within 20 calendar days after

receipt of the application containing all the information listed in section 11.5(a) whether that education provider has been accredited for a two year period and the proposed course has been approved. Incomplete applications will be returned to the applicant.

(d) Each education provider that has been accredited by the Administrative Director will be given a number which must be displayed on course promotional material.

(e) On or before the date the course is first presented, the education provider shall submit the program syllabus (all program handouts) to the Administrative Director.

(f) An approved course may be offered for two (2) years. An accredited education provider shall notify the Administrative Director in writing of any change to the faculty in an approved course. The provider shall send the Administrative Director the program outline, promotional material and faculty for each offering of the program at least 45 days prior to the date of the presentation of the program. The Administrative Director may require submission of the program syllabi. The Administrative Director may require changes in the program based on its review of the program outline, program syllabi, promotional material or faculty if the Administrative Director finds that any aspect of the program is not in compliance with these regulations.

(g) To apply for re-accreditation, the education provider applicant must submit a completed QME Form 118 (Application for Accreditation) (see, 8 Cal. Code Regs. § 118), using the application process in 11.5(a). The applicant may complete section 2 of the form using a new program or course or one which was given by the applicant during the recent accreditation period. The Administrative Director shall give the provider 90 days' notice of the need to seek re-accreditation.

(h) Promotional materials for a course must state the education provider's educational objectives; the professional qualifications of course faculty (at the least, all relevant professional degrees); the content of course activities; and the intended audience.

(i) The minimum of 12 hours of instruction in disability evaluation report writing shall include:

(1) The Qualified Medical Evaluator's Role in the Disability Evaluation Process (minimum recommended 1 hour)

How disability evaluation reports are used

The reasons why reports must be clear, complete and timely

The QME's role as an expert witness

Impact of the QME's report on the injured worker

QME ethics and the Confidentiality of Medical Information Act

(2) Elements of the Medical-Legal Report (minimum recommended 1 hour)

The Labor Code and regulatory requirements for medical-legal reports

(3) The Language of Reports (minimum recommended 4 hours)

Evaluation of disability in California (impairment and disability)

The occupational history

The physician examination and the role of testing

The Medical Treatment Utilization Schedule (MTUS) adopted by the Administrative Director pursuant to Labor Code section 5307.27, found in section 9792.20 *et seq* of Title 8 of the California Code of Regulations, and relevant portions of the ACOEM Practice Guidelines

Providing opinions that resolve disputed medical treatment issues consistent with the evaluation criteria specified in section 35.5(d) of Title 8 of the California Code of Regulations

Packard Thurber's Evaluation of Industrial Disability, section 43 through 47 and section 9725 through 9727 of Title 8 of the California Code of Regulations (for cases with dates of injury not subject to the AMA guide-based impairment rating system, described below)

Factors of disability, including subjective and objective factors, loss of pre-injury capacity and work restrictions, for cases involving dates of injury not subject to the AMA guide-based impairment rating system

Activities of Daily Living, for cases subject to the AMA Guides

Work restrictions

Work Capabilities

American Medical Association, Guides to the Evaluation of Permanent Impairment, [Fifth Edition] (AMA Guides) and its use in determining permanent disability in accordance with the Schedule for Rating Permanent Disabilities [ef-

fective January 1, 2005] (for all claims with dates of injury on or after January 1, 2005, and for those compensable claims arising before January 1, 2005, in which either there is no comprehensive medical-legal report or no report by a treating physician indicating the existence of permanent disability, or when the employer is not required to provide the notice to the injured worker required by Labor Code section 4061)

Causation

Determination of permanent and stationary status

Vocational rehabilitation (for claims with dates of injury prior to January 1, 2004)

Apportionment including the requirements of Labor Code sections 4660, 4663 and 4664 added by SB 899 (Stats. 2004, ch. 34)

Future medical treatment using the Medical Treatment Utilization Schedule

Review of records

Providing sufficient support for conclusions

(4) The Administrative Director's Disability Evaluation Protocols (minimum recommended 1 hour)

An overview of the Neuromusculoskeletal, Pulmonary, Cardiac, Immunologic, or Psychiatric protocols, and an in-depth discussion of measurement of impairment, calculations and rationale for rating under the AMA Guides, as relevant.

(5) The Third Party Perspective (minimum recommended 1 hour)

The report from the perspective of those who read it:

Judge(s), attorney(ies), insurer(s), rater(s), employer(s), qualified rehabilitation representative(s).

(6) Anatomy of a Good Report (small group or other interactive sessions — minimum recommended 3 hours)

Discussion of examples of good reports and identification of weaknesses in reports

Opportunities for the practitioner to critique and/or correct reports.

If feasible, physician should have the opportunity to write a sample report.

Review of results of Administrative Director's annual report review and identification of common problems with reports.

(7) Mechanics of Report Writing (minimum recommended 1 hour)

The QME Process

Face to face time

Timelines for submission of report

Completion of required forms

Service of reports

Final questions and answers

(8) Submission and Critique of Written Medical/legal Report. As a condition of completion of the course taken to satisfy the requirements of this section, each physician enrollee shall draft at least one practice written medical/legal report, based on a sample case library of materials, which written report shall be critiqued with notations by the course education provider.

(j) All audio or video tapes, computer programs and printed educational material used in the course must be submitted to the Administrative Director on or before the date the course is first given. Up to the full twelve hours of instruction may be completed by distance learning whenever the Administrative Director has approved the submitted course prior to the first day the course is given. All distance learning materials shall bear a date of release and shall be updated yearly. The education provider shall notify the Administrative Director in writing of the revision.

(k) No one shall recruit members or promote commercial products or services in the instruction room immediately before, during, or immediately after the presentation of a course. Education providers or vendors may display/sell educational materials related to workers' compensation or applications for membership in an area adjoining a course. A course provider or faculty member shall disclose on QME Form 119 (Faculty Disclosure of Commercial Interest) (see, 8 Cal. Code Regs. § 119) any significant financial interest held by faculty in or affiliation with any commercial product or service which is discussed in a course and that interest or affiliation must be disclosed to all attendees. An education provider shall file every Form 119 in its possession with the Administrator Director.

(l) The provider shall maintain attendance records for each disability evaluation report writing course for a period of no less than three years after the course is given. A physician attending the course must be identified by signature. The provider must submit a copy of the signature list to the Administrative Director within 60 days of completion of the course.

(m) The provider is required to give the QME Evaluation Form 117 (Qualified Medical

Evaluator Continuing Education Response Form) (see, 8 Cal. Code Regs. § 117) to course attendees and request they submit the form to the Administrative Director. This information shall not be used in lieu of a certification of completion given by the provider, as specified pursuant to section (n). Destruction by a provider or its employee of a QME's Evaluation Form or failure by such provider or its employee to distribute Form 117 as part of its course shall constitute grounds for revocation of a provider's accredited status. The Administrative Director shall tabulate the responses and return a summary to the provider within 90 days of completion of the course.

(n) The provider shall issue a certificate of completion to the physician that states the name of the provider, the provider's number, the date(s) and location and title of the course. To be eligible for appointment as a QME, a physician must complete no less than 12 hours of the curriculum specified in Section 11.5(i) and must submit a copy of that certificate to the Administrative Director.

(o) Joint sponsorship of courses (as between an accredited and an unaccredited provider) must be approved by the Administrative Director prior to presentation of the course.

(p) The Administrative Director may audit a provider's course(s) at the request of the medical director to determine if the provider meets the criteria for accreditation. The Administrative Director may audit courses given by providers randomly, when a complaint is received, or on the basis of responses on QME Form 117 (Qualified Medical Evaluator Continuing Education Response Form) (see, 8 Cal. Code Regs. § 117). An auditor shall not receive QME credit for auditing a course. The Administrative Director shall make written results of the audit available to the provider no more than 30 days after the audit is completed.

(q) Accredited providers that cease to offer disability evaluation report writing courses shall notify the Administrative Director in writing no later than 60 days prior to the discontinuing an approved course.

(r) The Administrative Director may withdraw accreditation of a provider or deny such a provider's application for accreditation on the following grounds (in addition to failure to meet the relevant requirements of subsections 11.5(a):

(1) Conviction of a felony or any offense substantially related to the activities of the provider.

(2) Any material misrepresentation of fact made by the provider.

(3) Failure to comply with Administrative Director regulations.

(4) False or misleading advertising.

(5) Failure to comply with Administrative Director's recommendations following an audit.

(6) Failure to distribute QME Form 117 (Qualified Medical Evaluator Continuing Education Response Form) (see, 8 Cal. Code Regs. § 117) cards to course attendees.

NOTE: Forms referred to above are available at no charge by downloading from the web at www.dir.ca.gov/dwc/forms.html or by requesting at 1-800-794-6900.

Note: Authority cited: Sections 133, 139.2, 4060, 4061, 4062, 4062.1, 4062.2 and 5307.3, Labor Code. Reference: Sections 139.2, 4060, 4061, 4061.5, 4062, 4062.1, 4062.2, 4062.3 and 4067, Labor Code.

History: 1. New section filed 10-16-2000 as an emergency; operative 1-1-2001 (Register 2000, No. 42). A Certificate of Compliance must be transmitted to OAL by 5-1-2001 or emergency language will be repealed by operation of law on the following day.

2. New section refiled 5-2-2001 as an emergency; operative 5-2-2001 (Register 2001, No. 18). A Certificate of Compliance must be transmitted to OAL by 8-30-2001 or emergency language will be repealed by operation of law on the following day.

3. Certificate of Compliance as to 5-2-2001 order, including further amendment of section, transmitted to OAL 7-12-2001 and filed 8-23-2001 (Register 2001, No. 34).

4. Amendment of section and Note filed 1-13-2009; operative 2-17-2009 (Register 2009, No. 3).

§12. Recognition of Specialty Boards.

The Administrative Director shall recognize only those specialty boards recognized by the respective California licensing boards for physicians as defined in Labor Code section 3209.3.

Note: Authority cited: Sections 133, 139.2, 139.4, 139.43, 139.45 and 5307.3, Labor Code. Reference: Sections 139.2(b)(3)(A) and 3209.3, Labor Code; Section 651(i), Business and Professions Code.

History: 1. New section filed 8-1-94; operative 8-31-94 (Register 94, No. 31).

2. Amendment of section filed 8-23-96; operative 9-22-96 (Register 96, No. 34).

3. Amendment of section and Note filed 1-13-2009; operative 2-17-2009 (Register 2009, No. 3).

§13. Physician's Specialty.

A physician's specialty(ies) is one for which the physician is board certified or, one for which a medical doctor or doctor of osteopathy has completed a postgraduate specialty training as defined in Section 11(a)(2)(A) or held an appointment as a QME in that specialty on June 30, 2000, pursuant to Labor Code Section 139.2. To be listed as a QME in a particular specialty, the physician's licensing board must recognize the designated specialty board and the applicant for QME status must have provided to the Administrative Director documentation from the relevant board of certification or qualification.

Note: Authority cited: Sections 133, 139.2, 139.4, 139.43, 139.45 and 5307.3, Labor Code. Reference: Section 139.2(b)(3)(A), Labor Code; and Section 651(i), Business and Professions Code.

History: 1. New section filed 8-1-94; operative 8-31-94 (Register 94, No. 31).
2. Amendment of section filed 8-23-96; operative 9-22-96 (Register 96, No. 34).
3. Amendment filed 4-14-2000; operative 5-14-2000 (Register 2000, No. 15).
4. Amendment filed 8-23-2001; operative 8-23-2001 pursuant to Government Code section 11343.4 (Register 2001, No. 34).
5. Amendment of section and Note filed 1-13-2009; operative 2-17-2009 (Register 2009, No. 3).

§14. Doctors of Chiropractic: Certification in Workers' Compensation Evaluation.

(a) All doctors of chiropractic shall be certified in workers' compensation evaluation by either a California professional chiropractic association, or an accredited California college recognized by the Administrative Director. The certification program shall include instruction in disability evaluation report writing that meets the standards set forth in section 11.5.

(b) California professional chiropractic associations or accredited California colleges applying to be recognized by the Administrative Director for the purpose of providing these required courses to chiropractors in California workers' compensation evaluation, shall meet the following criteria:

(1) The provider's courses shall be administered and taught by a California professional chiropractic association or a California chiropractic college accredited by the Council on Chiropractic Education. Instructors shall be licensed or certified in their profession or if a

member of a non-regulated profession have at least two years experience in their area of instruction regarding workers' compensation issues.

(2) The provider's method of instruction and testing shall include all of the following:

(A) Lecture, didactic sessions and group discussion including an initial 8 hours of overview of the workers' compensation system and 36 additional hours in medical-legal issues for total minimum class time of 44 hours. Up to 4 hours of the instruction covering the regulations affecting QMEs and/or writing ratable reports may be satisfied by distance learning. The initial 8 hours of overview are transferable to any other approved program provider for credit;

(B) Passing a written test at the completion of the program to determine proficiency and application of course material;

(C) Writing a narrative conclusion to medical-legal issues in response to facts presented or a narrative report, in appropriate format, which would meet the standards of a ratable report;

(3) The initial 8 hours of the course material shall cover the following information:

(A) Overview of California Labor Code, DWC (Division of Workers' Compensation of the California Department of Industrial Relations) and the regulations of the Division of Workers' Compensation and of the Workers' Compensation Appeals Board governing QMEs, medical-legal reports and evaluations;

(B) Obligations of the treating and evaluating physicians;

(C) Review of appropriate workers' compensation terminology;

(4) The remaining 36 hours shall include but not be limited to the following:

(A) History and examination procedure requirements, including all relevant treatment, treatment utilization and evaluation guidelines and regulations adopted by the Administrative Director;

(B) The subjects outlined in subdivision 11.5(i) not already addressed in the first 8 hours, including but not limited to, proper use of the AMA Guides, the medical treatment utilization schedule (MTUS) adopted pursuant to Labor Code section 5307.27, and relevant portions of the ACOEM practice guidelines;

(C) Apportionment, including the changes in Labor Code sections 4660, 4663 and 4664 by SB 899 (Stats. 2004, ch. 34);

- (D) Vocational rehabilitation;
- (E) Continued and future medical care.

(5) The provider's course material and tests shall be submitted to the Administrative Director for annual review and the Administrative Director shall monitor a provider's course as necessary to determine if the provider meets the criteria for recognition.

(6) The provider's course advertising shall clearly state whether or not the course is recognized to satisfy the requirement for chiropractic California workers' compensation evaluation by the Administrative Director.

(c) Course Material shall also cover at a minimum, the material within the text of the "Physicians Guide to Medical Practice in the California Workers' Compensation System (Current Edition)."

(d) No one shall recruit members or promote commercial products or services in the instruction room immediately before, during, or immediately after the presentation of a course. Education providers or vendors may display/sell educational materials related to workers' compensation or applications for membership in an area adjoining a course. A course provider or faculty member shall disclose on QME Form 119 (Faculty Disclosure of Commercial Interest) (see, 8 Cal. Code Regs. §119) any significant financial interest held by faculty in or affiliation with any commercial product or service which is discussed in a course and that interest or affiliation must be disclosed to all attendees. An education provider shall file every Form 119 in its possession with the Administrator Director. NOTE: The "Physicians' Guide" does not appear as a part of this regulation. Copies are available through the Medical Director Division of Workers' Compensation, Attention: Medical Unit, P. O. Box 71010, Oakland, CA 94612.

Note: Authority cited: Sections 122, 133, 139.2, 139.3 and 5307.3, Labor Code. Reference: Sections 139.2, 4060, 4061, 4062, 4062.1, 4062.2, 4062.3 and 4067, Labor Code.

History: 1. New section filed 4-9-93 as an emergency; operative 4-9-93 (Register 93, No. 15). A Certificate of Compliance must be transmitted to OAL 8-9-93 or emergency language will be repealed by operation of law on the following day.

2. Editorial correction amending subsections (a)(1) and (b) and Note (Register 93, No. 17).

3. New section refiled 9-16-93 with amendment of subsections (a)(1)-(b) as an emergency; operative 9-16-93 (Register 93, No. 38). A Certificate of Com-

pliance must be transmitted to OAL by 1-14-94 or emergency language will be repealed by operation of law on the following day.

4. Certificate of Compliance as to 9-16-93 order including amendment of subsections (b) and (c) transmitted to OAL 10-28-93 and filed 12-14-93 (Register 93, No. 51).

5. Relocation of article 2 filed 8-1-94; operative 8-31-94 (Register 94, No. 31).

6. Amendment of subsections (a)(1) and (a)(2), repealer of subsections (b)-(b)(2) and subsection relettering, and amendment of newly designated subsections (b) and (c) filed 8-23-96; operative 9-22-96 (Register 96, No. 34).

7. Amendment filed 6-7-99 as an emergency; operative 6-7-99 (Register 99, No. 24). A Certificate of Compliance must be transmitted to OAL by 10-5-99 or emergency language will be repealed by operation of law on the following day.

8. Reinstatement of section as it existed prior to 6-7-99 emergency amendment by operation of Government Code section 11346.1(f) (Register 2000, No. 3).

9. Amendment filed 1-19-2000; operative 1-19-2000 pursuant to Government Code section 11343.4(d) (Register 2000, No. 3).

10. Renumbering of former section 14 to section 16 filed 4-14-2000 pursuant to section 100, title 1, California Code of Regulations (Register 2000, No. 15).

11. Renumbering and amendment of former section 13.5 to section 14 filed 4-14-2000; operative 5-14-2000 (Register 2000, No. 15).

12. Amendment of subsections (a), (b), (b)(4) and (b)(6) and redesignation and amendment of former subsection (b)(7) as new subsection (c) filed 8-23-2001; operative 8-23-2001 pursuant to Government Code section 11343.4 (Register 2001, No. 34).

13. Amendment of section and Note filed 1-13-2009; operative 2-17-2009 (Register 2009, No. 3).

§15. Appointment of Retired or Teaching Physicians.

In order to be considered for appointment as a QME pursuant to Labor Code Section 139.2(c), a physician shall pass the QME competency examination and submit written documentation to the Administrative Director that he or she meets either (a), (b) or (c) of this section.

The physician shall:

(a) Be a current salaried faculty member at an accredited university or college, have a current license to practice as a physician and be engaged in teaching, lecturing, published writing or medical research at that university or college in the area of his or her specialty for not less than one-third of his or her professional

time. The physician's practice in the three consecutive years immediately preceding the time of application shall not have been devoted solely to the forensic evaluation of disability.

(b) Be retired from full-time practice; retain a current license to practice in California as a physician with his or her licensing board; and

(1) Have a minimum of 25 years' experience in his or her practice as a physician; and

(2) Have had a minimum of 10 years' experience in workers' compensation medical issues; and

(3) Be practicing currently fewer than 10 hours per week on direct medical treatment as a physician; and

(4) Not have engaged in a practice devoted solely to the forensic evaluation of disability during the three consecutive years immediately preceding the time of application.

(c) Be retired from active practice due to a documented medical or physical disability as defined pursuant to Government Code section 12926 and currently practice in his or her specialty fewer than 10 hours per week. The physician shall have 10 years experience in workers' compensation medical issues as a physician. The physician's practice in the three consecutive years immediately preceding the time of application shall not have been devoted solely to the forensic evaluation of disability.

(d) A physician appointed under section 11 of Title 8 of the California Code of Regulations or this section shall, notify the Administrative Director of changes in his or her status and shall complete the requirements for continuing education pursuant to section 55 of Title 8 of the California Code of Regulations prior to reappointment.

Note: Authority cited: Sections 133, 139.2 and 5307.3, Labor Code. Reference: Section 139.2, Labor Code.

History: 1. New section filed 4-9-93 as an emergency; operative 4-9-93 (Register 93, No. 15). A Certificate of Compliance must be transmitted to OAL 8-9-93 or emergency language will be repealed by operation of law on the following day.

2. Editorial correction amending subsection (b) and Note (Register 93, No. 17).

3. New section refiled 9-16-93 with amendment of subsections (a)(1)-(b) as an emergency; operative 9-16-93 (Register 93, No. 38). A Certificate of Compliance must be transmitted to OAL by 1-14-94 or emergency language will be repealed by operation of law on the following day.

4. Certificate of Compliance as to 9-16-93 order including amendment of subsection (b) transmitted to OAL 10-28-93 and filed 12-14-93 (Register 93, No. 51).

5. Amendment filed 6-7-99 as an emergency; operative 6-7-99 (Register 99, No. 24). A Certificate of Compliance must be transmitted to OAL by 10-5-99 or emergency language will be repealed by operation of law on the following day.

6. Reinstatement of section as it existed prior to 6-7-99 emergency amendment by operation of Government Code section 11346.1(f) (Register 2000, No. 3).

7. Amendment filed 1-19-2000; operative 1-19-2000 pursuant to Government Code section 11343.4(d) (Register 2000, No. 3).

8. Renumbering of former section 15 to section 17 filed 4-14-2000 pursuant to section 100, title 1, California Code of Regulations (Register 2000, No. 15).

9. Renumbering and amendment former section 13.7 to section 15 filed 4-14-2000; operative 5-14-2000 (Register 2000, No. 15).

10. Amendment of section and Note filed 1-13-2009; operative 2-17-2009 (Register 2009, No. 3).

§16. Determination of Fees for QME Eligibility.

(a) For purposes of establishing the annual fee for any qualified medical evaluator pursuant to Article 2, physicians (as defined under Section 3209.3 of the Labor Code) shall be classified into one of three categories:

(1) QMEs who meet all applicable requirements under Article 2 and 5 and who have conducted 0-10 comprehensive medical-legal evaluations in the twelve months prior to the assessment of the fee. Comprehensive medical-legal evaluations are evaluations as defined under Section (1)(i) of this Chapter performed by a physician.

(2) QMEs who meet all applicable requirements under Article 2 and 5 and who have conducted 11-24 comprehensive medical-legal evaluations in the twelve months prior to assessment of the fee. Comprehensive medical-legal evaluations are evaluations as defined under Section (1)(i) of this Chapter performed by a physician.

(3) QMEs who meet all applicable requirements under Article 2 and 5 and who have conducted 25 or more comprehensive medical-legal evaluations in the twelve months prior to assessment of the fee. Comprehensive medical-legal evaluations are evaluations as defined

under Section (1)(i) of this Chapter performed by a physician.

(b) The evaluations shall be conducted in compliance with all applicable statutes and regulations.

(c) Verification of the number of examinations shall be made by the Administrative Director using The Qualified or Agreed Medical Evaluator Findings Summary Form in section 111 (See, 8 Cal. Code Regs. § 111), as well as any other relevant records or sources of information. Misrepresentation of the number of evaluations performed for purposes of establishing a physician's QME fee shall constitute grounds for disciplinary proceedings under section 60 of this chapter.

NOTE: Form referred to above is available at no charge by downloading from the web at www.dir.ca.gov/dwc/forms.html or by requesting at 1-800-794-6900.

Note: Authority cited: Sections 133, 139.2 and 5307.3, Labor Code. Reference: Section 139.2, Labor Code.

History: 1. New section filed 4-9-93 as an emergency; operative 4-9-93 (Register 93, No. 15). A Certificate of Compliance must be transmitted to OAL 8-9-93 or emergency language will be repealed by operation of law on the following day.

2. Editorial correction amending Note (Register 93, No. 17).

3. New section refiled 9-16-93 with amendment of subsection (a) as an emergency; operative 9-16-93 (Register 93, No. 38). A Certificate of Compliance must be transmitted to OAL by 1-14-94 or emergency language will be repealed by operation of law on the following day.

4. Certificate of Compliance as to 9-16-93 order including amendments transmitted to OAL 10-28-93 and filed 12-14-93 (Register 93, No. 51).

5. Amendment of section filed 8-23-96; operative 9-22-96 (Register 96, No. 34).

6. Amendment filed 6-7-99 as an emergency; operative 6-7-99 (Register 99, No. 24). A Certificate of Compliance must be transmitted to OAL by 10-5-99 or emergency language will be repealed by operation of law on the following day.

7. Reinstatement of section as it existed prior to 6-7-99 emergency amendment by operation of Government Code section 11346.1(f) (Register 2000, No. 3).

8. Amendment filed 1-19-2000; operative 1-19-2000 pursuant to Government Code section 11343.4(d) (Register 2000, No. 3).

9. Renumbering of former section 16 to section 18 and renumbering of former section 14 to number 16

filed 4-14-2000 pursuant to section 100, title 1, California Code of Regulations (Register 2000, No. 15).

10. Amendment of subsection (c) and Note filed 1-13-2009; operative 2-17-2009 (Register 2009, No. 3).

§17. Fee Schedule for QME.

(a) All physicians seeking QME status shall be required to pay to the Workers' Compensation Administration Revolving Fund, the following fee:

(1) QMEs performing 0-10 comprehensive medical-legal evaluations, \$110 during each of the years or any part of a year the physician retains his or her eligibility on the approved QME list.

(2) QMEs performing 11-24 comprehensive medical-legal evaluations, \$125 during each of the years or any part of a year the physician retains his or her eligibility on the approved QME list.

(3) QMEs performing 25 or more comprehensive medical-legal evaluations, \$250 during each of the years or any part of a year the physician retains his or her eligibility on the approved QME list.

(b) Individual QMEs who perform comprehensive medical-legal evaluations at more than one physician's office location shall be required to pay an additional \$100 annually per additional office location. Each physician's office listed with the Medical Director must be located within California, be identified by a street address and any other more specific location such as a suite or room number, and must contain the usual and customary equipment for the type of evaluation appropriate to the QME's medical specialty or scope of practice. This requirement applies to all QMEs regardless of whether the QME is a sole practitioner, or corporation, or partnership pursuant to Corporations Code Chapter 2 (sections 15501-15533), Chapter 3 (sections 15611-15723) and/or Chapter 5 (sections 16100-16962).

(c) The Administrative Director may waive or return the statutory fee in the amount of \$110 for the completion of a survey of QMEs to validate the QME competency examination. The term "completion of the survey" means the return of the survey to the testing agency designated by the Administrative Director on or before the date for the return of the survey.

(d) At the time of paying the appropriate QME annual fee, each QME shall also complete

and forward to the Medical Director with the annual fee a completed QME SFI Form 124, providing updated information about the QME's specified financial interests as defined in section 29 of Title 8 of the California Code of Regulations.

Note: Authority cited: Sections 133, 139.2 and 5307.3, Labor Code. Reference: Section 139.2, Labor Code.

History: 1. New section filed 4-9-93 as an emergency; operative 4-9-93 (Register 93, No. 15). A Certificate of Compliance must be transmitted to OAL 8-9-93 or emergency language will be repealed by operation of law on the following day.

2. Editorial correction amending Note (Register 93, No. 17).

3. New section refiled 9-16-93 with amendments as an emergency; operative 9-16-93 (Register 93, No. 38). A Certificate of Compliance must be transmitted to OAL by 1-14-94 or emergency language will be repealed by operation of law on the following day.

4. Certificate of Compliance as to 9-16-93 order including amendments transmitted to OAL 10-28-93 and filed 12-14-93 (Register 93, No. 51).

5. Renumbering former section 17 to new section 19 filed 4-14-2000; operative 5-14-2000 (Register 2000, No. 15).

6. Renumbering of former section 15 to section 17 filed 4-14-2000 pursuant to section 100, title 1, California Code of Regulations (Register 2000, No. 15).

7. New subsection (c) and amendment of Note filed 2-14-2002 as an emergency; operative 2-14-2002 (Register 2002, No. 7). A Certificate of Compliance must be transmitted to OAL by 6-14-2002 or emergency language will be repealed by operation of law on the following day.

8. Amendment of section and Note filed 1-13-2009; operative 2-17-2009 (Register 2009, No. 3).

§18. QME Fee Due Dates.

(a) All physicians, regardless of the number of comprehensive medical-legal evaluations performed under section 17 of Title 8 of the California Code of Regulations shall pay the required QME fees at yearly intervals within 30 days of receipt of notice from the Administrative Director that the QME fee for the next 12 months is due and payable. No physician who has passed the competency examination shall be placed on the active QME roster until the appropriate fee under section 17 has been paid.

(b) Any QME who fails to pay the required statutory fee within 30 days of receipt of a final notice that the fee is due shall be notified that he or she shall be terminated from the official QME roster of physicians within 30 days and shall not

perform any panel QME or represented QME comprehensive medical-legal evaluation until the fee is paid.

(c) If the QME fee is not paid within two years from the due date in the final fee notice from the Administrative Director to the QME or QME applicant that the fee is due, then the physician shall resubmit a new application pursuant to Sections 10 and 11 of Title 8 of the California Code of Regulations, pass the QME competency examination and pay the appropriate fee prior to regaining or obtaining QME active status.

Note: Authority cited: Sections 133, 139.2 and 5307.3, Labor Code. Reference: Section 139.2, Labor Code.

History: 1. New section filed 4-9-93 as an emergency; operative 4-9-93 (Register 93, No. 15). A Certificate of Compliance must be transmitted to OAL 8-9-93 or emergency language will be repealed by operation of law on the following day.

2. Editorial correction amending subsections (b) and (b)(1) and Note (Register 93, No. 17).

3. New section refiled 9-16-93 with amendment of section heading and text as an emergency; operative 9-16-93 (Register 93, No. 38). A Certificate of Compliance must be transmitted to OAL by 1-14-94 or emergency language will be repealed by operation of law on the following day.

4. Certificate of Compliance as to 9-16-93 order including amendments transmitted to OAL 10-28-93 and filed 12-14-93 (Register 93, No. 51).

5. Repealer filed 8-23-96; operative 9-22-96 (Register 96, No. 34).

6. Renumbering of former section 16 to section 18 filed 4-14-2000 pursuant to section 100, title 1, California Code of Regulations (Register 2000, No. 15).

7. Amendment of section and Note filed 1-13-2009; operative 2-17-2009 (Register 2009, No. 3).

§19. Certificate of QME Status.

(a) Upon receipt of the QME fees and review by the Administrative Director to ensure current compliance with section 139.2 of Labor Code and any other applicable regulations promulgated by the Administrative Director concerning QME eligibility, the Administrative Director shall within 45 days send to the physician a Qualified Medical Evaluator certificate. The QME certificate shall be displayed in a conspicuous manner at the QME's office location at all times during the period the QME is appointed by the Administrative Director to conduct evaluations.

(b) It shall be unlawful for any physician who has been terminated or suspended from the QME list or who has failed to pay the required QME fee pursuant to sections 17 and 18 of Title 8 of the California Code of Regulations to display a Qualified Medical Evaluator certificate.

Note: Authority cited: Sections 133, 139.2 and 5307.3, Labor Code. Reference: Section 139.2, Labor Code.

History: 1. Renumbering and amendment of former section 17 to new section 19 filed 4-14-2000; operative 5-14-2000 (Register 2000, No. 15).
2. Amendment of section and Note filed 1-13-2009; operative 2-17-2009 (Register 2009, No. 3).

ARTICLE 2.5

Time Periods for Processing Applications for QME Status

§20. Time Periods.

(a) Within 45 days of receipt of an application for QME status, the Administrative Director shall either inform the applicant, in writing, that the application is complete and accepted for filing, or that the application is deficient and what specific information is required.

(b) Within 45 days of receipt of a completed application, the Administrative Director shall inform the applicant, in writing, of its decision to allow or not to allow the applicant to proceed to take the required QME competency examination as per Section 11(f) of Title 8 of the California Code of Regulations.

(c) Within 45 days of receipt of a completed application, the Administrative Director must inform the applicant, in writing, of its decision to grant or deny the application.

Note: Authority cited: Sections 133, 139.2 and 5307.3, Labor Code. Reference: Sections 4060, 4061, 4062, 4062.1, 4062.2 and 4067, Labor Code.

History: 1. New article 2.5 and section filed 8-1-94; operative 8-31-94 (Register 94, No. 31).
2. Amendment of section and Note filed 1-13-2009; operative 2-17-2009 (Register 2009, No. 3).

ARTICLE 3

Assignment of Qualified Medical Evaluators, Evaluation Procedure

§29. Specified Financial Interests That May Affect Assignment to QME Panels.

(a) Every physician seeking appointment or reappointment as a Qualified Medical Evaluator

shall disclose specified financial interests, as defined in section 1(dd) and 29(b) of Title 8 of the California Code of Regulations.

(b) "Specified Financial Interests" means being a general partner or limited partner in, or having an interest of five (5) percent or more in, or receiving or being legally entitled to receive a share of five (5) percent or more of the profits from, any medical practice, group practice, medical group, professional corporation, limited liability corporation, clinic or other entity that provides treatment or medical evaluation, goods or services for use in the California workers' compensation system.

(c) "SFI Form 124", as used in sections 1 through 159 of Title 8 of the California Code of Regulations, means the QME SFI Form 124 that is completed and filed as an attachment to QME Form 100, 103 or 104 by the physician or QME with the Medical Director of the Division of Workers' Compensation.

(d) Specified financial interests shall be disclosed on QME SFI Form 124, respectively, when applying for appointment on QME Form 100, at the time of paying the annual fee on QME Form 103 or when applying for reappointment on QME Form 104.

(e) The completed QME SFI Form 124 shall be filed along with the QME Form 100, 103 or 104, respectively, when the form is filed with the Medical Director of the Division of Workers' Compensation.

(f) Failure of a Qualified Medical Evaluator to complete and file a QME SFI Form 124 with the Medical Director when required by this section shall be grounds for disciplinary action pursuant to section 60 of Title 8 of the California Code of Regulations.

(g) The Administrative Director shall use the information provided by physicians pursuant to this section to avoid assigning QMEs who share specified financial interests to the same QME panel. If two or more QMEs assigned to a panel share specified financial interests as defined in this section, any party may request a replacement QME. If three QMEs share specified financial interests as defined in this section, two of the QMEs shall be replaced. If two QMEs share specified financial interests as defined in this section, one of the QMEs shall be replaced. The QMEs that must be replaced shall be randomly selected by the Medical Director.

NOTE: Forms referred to above are available at no charge by downloading from the web at www.dir.ca.gov/dwc/forms.html or by requesting at 1-800-794-6900.

Note: Authority cited: Sections 133, 139.2 and 5307.3, Labor Code. Reference: Sections 139.2, 4060, 4061, 4062, 4062.1, 4062.2 and 4067, Labor Code.

History: 1. New section filed 1-13-2009; operative 2-17-2009 (Register 2009, No. 3).

§30. QME Panel Requests.

(a) Unrepresented cases. Whenever an injured worker is not represented by an attorney and either the employee or the claims administrator requests a QME panel pursuant to Labor Code section 4062.1, the request shall be submitted on the form in section 105 (Request for QME Panel under Labor Code Section 4062.1) (See, 8 Cal. Code Regs. § 105). The claims administrator (or if none the employer) shall provide Form 105 along with the Attachment to Form 105 (How to Request a Qualified Medical Evaluator if you do not have an Attorney) to the unrepresented employee by means of personal delivery or by first class or certified mailing.

(b) Represented cases. Requests for a QME panel in a represented case, for all cases with a date of injury on or after January 1, 2005, and for all other cases where represented parties agree to obtain a panel of Qualified Medical Evaluators pursuant to the process in Labor Code section 4062.2, shall be submitted on the form in section 106 (Request for a QME Panel under Labor Code Section 4062.2) (See, 8 Cal. Code Regs. § 106). The party requesting a QME panel shall: 1) identify the disputed issue that requires a comprehensive medical/legal report to be resolved; 2) attach a copy of the written proposal, naming one or more physicians to be an Agreed Medical Evaluator, that was sent to the opposing party once the dispute arose; 3) designate a specialty for the QME panel requested; 4) state the specialty preferred by the opposing party, if known; and 5) state the specialty of the treating physician. In represented cases with dates of injury prior to January 1, 2005, and only upon the parties' agreement to obtain a QME panel pursuant to Labor Code section 4062.2, the party requesting a QME panel shall submit QME Form 106 in compliance with this section and provide written evidence of the parties' agreement. Once such a panel in a represented case with a date of injury prior to January 1, 2005, is issued, the parties

shall be bound by the timelines and process as described in Labor Code section 4062.2.

(c) In the event a request form is incomplete, or improperly completed, so that a QME panel selection cannot properly be made, the request form shall be returned to the requesting party with an explanation of why the QME panel selection could not be made. The Medical Director also may delay issuing a new QME panel, if necessary, until the Medical Director receives additional reasonable information requested from a party or both parties, needed to resolve the panel request. Reasonable information as used in this subdivision includes but is not limited to whether a QME panel previously issued to the injured worker was used.

(d)(1) After a claim form has been filed, the claims administrator, or if none the employer, may request a panel of Qualified Medical Evaluators only as provided in Labor Code section 4060, to determine whether to accept or reject a claim within the ninety (90) day period for rejecting liability in Labor Code section 5402(b), and only after providing evidence of compliance with Labor Code Section 4062.1 or 4062.2.

(d)(2) Once the claims administrator, or if none the employer, has accepted as compensable injury to any body part in the claim, a request for a panel QME may only be filed based on a dispute arising under Labor Code section 4061 or 4062.

(d)(3) Whenever an injury or illness claim of an employee has been denied entirely by the claims administrator, or if none by the employer, only the employee may request a panel of Qualified Medical Evaluators, as provided in Labor Code sections 4060(d) and 4062.1 if unrepresented, or as provided in Labor Code sections 4060(c) and 4062.2 if represented.

(d)(4) After the ninety (90) day period specified in Labor Code section 5402(b) for denying liability has expired, a request from the claims administrator, or if none from the employer, for a QME panel to determine compensability shall only be issued upon presentation of a finding and decision issued by a Workers' Compensation Administrative Law Judge that the presumption in section 5402(b) has been rebutted and an order that a QME panel should be issued to determine compensability. The order shall also specify the residential or, if applicable, the employment-based zip code

from which to select evaluators and either the medical specialty of the panel or which party may select the medical specialty.

(e) If the request form is submitted by or on behalf of an employee who no longer resides within the state of California, the geographic area of the QME panel selection within the state shall be determined by agreement between the claims administrator, or if none the employer, and the employee. If no agreement can be reached, the geographic area of the QME panel selection shall be determined for an unrepresented employee by the employee's former residence within the state, and for a represented employee by the office of the employee's attorney.

(f) To compile a panel list of three (3) independent QMEs randomly selected from the specialty designated by the party holding the legal right to request a QME panel, the Medical Director shall exclude from the panel, to the extent feasible, any QME who is listed by another QME as a business partner or as having a shared specified financial interest, as those terms are defined in sections 1 and 29 of Title 8 of the California Code of Regulations.

(g) The panel request in a represented case must be sent to the Medical Unit address on the QME Form 106 by means of first class mail delivered by the United States postal service. The Medical Unit will not accept panel requests in represented cases that are delivered in person by a party, the party's attorney, any other person or by other commercial courier or delivery services.

(h) The time periods specified in Labor Code sections 4062.1(c) and 4062.2(c), respectively, for selecting an evaluator from a QME panel and for scheduling an appointment, shall be tolled whenever the Medical Director asks a party for additional information needed to resolve the panel request. These time periods shall remain tolled until the date the Medical Director issues either a new QME panel or a decision on the panel request.

NOTE: Forms referred to above are available at no charge by downloading from the web at www.dir.ca.gov/dwc/forms.html or by requesting at 1-800-794-6900.

Note: Authority cited: Sections 133, 139.2, 4061, 4062 and 5307.3, Labor Code. Reference: Sections 139.2, 4061, 4062, 4062.1, 4062.2, 4062.3, 4064 and 4067, Labor Code.

History: 1. New article 3 and section filed 8-1-94; operative 8-31-94 (Register 94, No. 31).

2. Amendment of subsection (b) and new subsections (d)-(e) filed 8-23-96; operative 9-22-96 (Register 96, No. 34).

3. Amendment of subsections (a), (c) and (d)(1) filed 4-14-2000; operative 5-14-2000 (Register 2000, No. 15).

4. Amendment of section and Note filed 1-13-2009; operative 2-17-2009 (Register 2009, No. 3).

§30.5. Specialist Designation.

The Medical Director shall utilize in the QME panel selection process the type of specialist(s) indicated by the requestor on the Request for Qualified Medical Evaluator Form 105 or 106 of Title 8 of the California Code of Regulations, unless otherwise provided in these regulations.

Note: Authority cited: Sections 133, 139.2, 4061, 4062 and 5307.3, Labor Code. Reference: Sections 139.2, 4061, 4062, 4062.1, 4062.2, 4064 and 4067, Labor Code.

History: 1. Renumbering and amendment of former section 32 to new section 30.5 filed 4-14-2000; operative 5-14-2000 (Register 2000, No. 15).

2. Amendment of section and Note filed 1-13-2009; operative 2-17-2009 (Register 2009, No. 3).

§31. QME Panel Selection.

(a) The panels shall be selected randomly from the appropriate specialty identified by the party who holds the legal right to designate the specialty, with consideration given to the proximity of the QME's medical office to the employee's residence.

(b) The Medical Director shall exclude from the panel selection process any QME who has informed the Medical Director that he or she is unavailable pursuant to section 33 of Title 8 of the California Code of Regulations.

(c) Any physician who has served as a primary treating physician or secondary physician and who has provided treatment to the employee in accordance with section 9785 of Title 8 of the California Code of Regulations for the disputed injury shall not perform a QME evaluation on that employee. Whenever that physician's name appears on a QME panel, he or she shall disqualify him or herself if contacted by a party to perform the evaluation. Either party may request a replacement QME for this reason pursuant to section 31.5 of Title 8 of the California Code of Regulations.

(d) To issue a panel in a selected specialty there shall be at least five active QMEs in the specialty at the time the panel selection is requested. In the event less than five QMEs are active in a requested specialty, the Medical Director shall contact the party who holds the legal right to designate the specialty for an alternate specialty selection.

Note: Authority cited: Sections 133, 139.2, 4061, 4062 and 5307.3, Labor Code. Reference: Sections 139.2, 4060, 4061, 4062, 4062.1, 4062.2, 4064 and 4067, Labor Code.

History: 1. New section filed 8-1-94; operative 8-31-94 (Register 94, No. 31).

2. Repealer of subsection (d) and subsection relettering, and amendment of newly designated subsection (d) filed 8-23-96; operative 9-22-96 (Register 96, No. 34).

3. Amendment of subsections (b) and (d) filed 4-14-2000; operative 5-14-2000 (Register 2000, No. 15).

4. Amendment of section and Note filed 1-13-2009; operative 2-17-2009 (Register 2009, No. 3).

§31.1. QME Panel Selection Disputes in Represented Cases.

(a) When the Medical Director receives two or more panel selection forms pursuant to Labor Code section 4062.2 on the same day and the forms designate different physician specialties for the QME panel, the Medical Director shall use the following procedures:

1) If one party requests the same specialty as that of the treating physician, the panel shall be issued in the specialty of the treating physician unless the Medical Director is persuaded by supporting documentation provided by the requestor that explains the medical basis for the requested specialty;

2) If no party requests a panel in the specialty of the treating physician, the Medical Director shall select a specialty appropriate for the medical issue in dispute and issue a panel in that specialty.

3) Upon request by the Medical Director, the party requesting the panel shall provide additional medical records to assist the Medical Director in determining the appropriate specialty.

(b) In the event a party in a represented case wishes to request a QME panel pursuant to Labor Code section 4062.2 in a specialty other than the specialty of the treating physician, the party shall submit with the panel request form any relevant documentation supporting the reason for requesting a different specialty.

(c) In the event the Medical Director is unable to issue a QME panel in a represented case within thirty (30) calendar days of receiving the request, either party may seek an order from a Workers' Compensation Administrative Law Judge that a QME panel be issued. Any such order shall specify the specialty of the QME panel or the party to be designated to select the specialty.

Note: Authority cited: Sections 133, 139.2 and 5307.3, Labor Code. Reference: Sections 4060, 4061, 4062, 4062.2, 4064 and 4067, Labor Code.

History: 1. New section filed 1-13-2009; operative 2-17-2009 (Register 2009, No. 3). For prior history, see Register 2000, No. 15.

§31.3. Scheduling Appointment with Panel QME.

(a) When the employee is not represented by an attorney, the unrepresented employee shall, within ten (10) days of having been furnished with the form, select a QME from the panel list, contact the QME to schedule an appointment and inform the claims administrator of the QME selection and the appointment.

(b) Neither the employer, nor the claims administrator nor any other representative of the employer shall discuss the selection of the QME with an unrepresented worker who has the legal right to select the QME.

(c) If, within ten (10) days of the issuance of a QME panel, the unrepresented employee fails to select a QME from the QME panel or fails to schedule an appointment with the selected QME, the claims administrator may schedule an appointment with a panel QME only as provided in Labor Code section 4062.1(c), and shall notify the employee of the appointment as provided in that section.

(d) Whenever the employee is represented by an attorney and the parties have completed the conferring and striking processes described in Labor Code section 4062.2(c), the represented employee shall schedule the appointment with the physician selected from the QME panel. If the represented employee fails to do so within ten (10) business days of the date a QME is selected from the panel, the claims administrator or administrator's attorney may arrange the appointment and notify the employee and employee's attorney.

Note: Authority cited: Sections 133, 139.2 and 5307.3, Labor Code. Reference: Sections 4060, 4061, 4062, 4062.1, 4062.2, 4064 and 4067, Labor Code.

History: 1. New section filed 1-13-2009; operative 2-17-2009 (Register 2009, No. 3).

§31.5. QME Replacement Requests.

(a) A replacement QME to a panel, or at the discretion of the Medical Director a replacement of an entire panel of QMEs, shall be selected at random by the Medical Director and provided upon request whenever any of the following occurs:

(1) A QME on the panel issued does not practice in the specialty requested by the party holding the legal right to request the panel.

(2) A QME on the panel issued cannot schedule an examination for the employee within sixty (60) days of the initial request for an appointment, or if the 60 day scheduling limit has been waived pursuant to section 33(e) of Title 8 of the California Code of Regulations, the QME cannot schedule the examination within ninety (90) days of the date of the initial request for an appointment.

(3) The injured worker has changed his or her residence address since the QME panel was issued and prior to date of the initial evaluation of the injured worker.

(4) A physician on the QME panel is a member of the same group practice as defined by Labor Code section 139.3 as another QME on the panel.

(5) The QME is unavailable pursuant to section 33 (Unavailability of the QME).

(6) The evaluator who previously reported in the case is no longer available.

(7) A QME named on the panel is currently, or has been, the employee's primary treating physician or secondary physician as described in section 9785 of Title 8 of the California Code of Regulations for the injury currently in dispute.

(8) The claims administrator, or if none the employer, and the employee agree in writing, for the employee's convenience only, that a new panel may be issued in the geographic area of the employee's work place and a copy of the employee's agreement is submitted with the panel replacement request.

(9) The Medical Director, upon written request, finds good cause that a replacement QME or a replacement panel is appropriate for reasons related to the medical nature of the injury. For purposes of this subsection, "good cause" is defined as a documented medical or psychological impairment.

(10) The Medical Director, upon written request, filed with a copy of the Doctor's First Report of Occupational Injury or Illness (Form DLSR 5021 [see 8 Cal. Code Regs. §§ 14006 and 14007] and the most recent DWC Form PR-2 ("Primary Treating Physician's Progress Report" [See 8 Cal. Code Regs. § 9785.2] or narrative report filed in lieu of the PR-2, determines after a review of all appropriate records that the specialty chosen by the party holding the legal right to designate a specialty is medically or otherwise inappropriate for the disputed medical issue(s). The Medical Director may request either party to provide additional information or records necessary for the determination.

(11) The evaluator has violated section 34 (Appointment Notification and Cancellation) of Title 8 of the California Code of Regulations, except that the evaluator will not be replaced for this reason whenever the request for a replacement by a party is made more than fifteen (15) calendar days from either the date the party became aware of the violation of section 34 of Title 8 of the California Code of Regulations or the date the report was served by the evaluator, whichever is earlier.

(12) The evaluator failed to meet the deadlines specified in Labor Code section 4062.5 and section 38 (Medical Evaluation Time Frames) of Title 8 of the California Code of Regulations and the party requesting the replacement objected to the report on the grounds of lateness prior to the date the evaluator served the report. A party requesting a replacement on this ground shall attach to the request for a replacement a copy of the party's objection to the untimely report.

(13) The QME has a disqualifying conflict of interest as defined in section 41.5 of Title 8 of the California Code of Regulations.

(14) The Administrative Director has issued an order pursuant to section 10164(c) of Title 8 of the California Code of Regulations (order for additional QME evaluation).

(15) The selected medical evaluator, who otherwise appears to be qualified and competent to address all disputed medical issues refuses to provide, when requested by a party or by the Medical Director, either: A) a complete medical evaluation as provided in Labor Code sections 4062.3(i) and 4062.3(j), or B) a written statement that explains why the evaluator believes he

or she is not medically qualified or medically competent to address one or more issues in dispute in the case.

(16) The QME panel list was issued more than twenty four (24) months prior to the date the request for a replacement is received by the Medical Unit, and none of the QMEs on the panel list have examined the injured worker.

(b) Whenever the Medical Director determines that a request made pursuant to subdivision 31.5(a) for a QME replacement or QME panel replacement is valid, the time limit for an unrepresented employee to select a QME and schedule an appointment under section Labor Code section 4062.1(c) and the time limit for a represented employee to strike a QME name from the QME panel under Labor Code section 4062.2(c), shall be tolled until the date the replacement QME name or QME panel is issued.

(c) In the event the parties in a represented case have struck two QME names from a panel and subsequently a valid ground under subdivision 31.5 arises to replace the remaining QME, none of the QMEs whose names appeared on the earlier QME panel shall be included in the replacement QME panel.

Note: Authority cited: Sections 133, 139.2, 4061, 4062, 4062.3, 4062.5, 5307.3 and 5703.5, Labor Code. Reference: Sections 139.2, 4060, 4061, 4062, 4062.1, 4062.2, 4062.3, 4064 and 4067, Labor Code.

History: 1. New section filed 8-23-96; operative 9-22-96 (Register 96, No. 34).
2. Amendment of subsections (b), (b)(1) and (b)(3) and new subsections (b)(4)-(5) filed 4-14-2000; operative 5-14-2000 (Register 2000, No. 15).
3. Amendment of section and Note filed 1-13-2009; operative 2-17-2009 (Register 2009, No. 3).

§31.7. Obtaining Additional QME Panel in a Different Specialty.

(a) Once an Agreed Medical Evaluator, an Agreed Panel QME, or a panel Qualified Medical Evaluator has issued a comprehensive medical/legal report in a case and a new medical dispute arises, the parties, to the extent possible, shall obtain a follow-up evaluation or a supplemental evaluation from the same evaluator.

(b) Upon a showing of good cause that a panel of QME physicians in a different specialty is needed to assist the parties reach an expeditious and just resolution of disputed medical issues in the case, the Medical Director shall issue an additional panel of QME physicians

selected at random in the specialty requested. For the purpose of this section, good cause means:

(1) An order by a Workers' Compensation Administrative Law Judge for a panel of QME physicians that also either designates a party to select the specialty or states the specialty to be selected and the residential or employment-based zip code from which to randomly select evaluators; or

(2) The AME or QME selected advises the parties and the Medical Director, or his or her designee, that she or he has completed or will complete a timely evaluation of the disputed medical issues within his or her scope of practice and areas of clinical competence but recommends that a new evaluator in another specialty is needed to evaluate one or more remaining disputed medical conditions, injuries or issues that are outside of the evaluator's areas of clinical competence, and either the injured worker is unrepresented or the parties in a represented case have been unable to select an Agreed Medical Evaluator for that purpose; or

(3) A written agreement by the parties in a represented case that there is a need for an additional comprehensive medical legal report by an evaluator in a different specialty, that attempts to select an Agreed Medical Evaluator pursuant to Labor Code section 4062.2 for that purpose have failed and the specialty that the parties have agreed upon for the additional evaluation; or

(4) In an unrepresented case, that the parties have conferred with an Information and Assistance Officer, have explained the need for an additional QME evaluator in another specialty to address disputed issues and, as noted by the Information and Assistance Officer on the panel request form, the parties have reached agreement in the presence of and with the assistance of the Officer on the specialty requested for the additional QME panel. The parties may confer with the Information and Assistance Officer in person or by conference call.

Note: Authority cited: Sections 133, 139.2, 4061, 4062, 4062.3, 4062.5, 5307.3 and 5703.5, Labor Code. Reference: Sections 139.2, 4061, 4062, 4062.1, 4062.2, 4062.3, 4064 and 4067, Labor Code.

History: 1. New section filed 1-13-2009; operative 2-17-2009 (Register 2009, No. 3).

§32. Consultations.

(a) In any case where an acupuncturist has been selected by the injured worker from a three-member panel and an issue of disability is in dispute, the acupuncturist shall request a consult from a QME defined under section 1(z) to evaluate the disability issue(s). The acupuncturist shall evaluate all other issues as required for a complete evaluation. If requested by the QME acupuncturist to obtain a QME to provide the consulting evaluation, the Medical Director shall issue a panel within fifteen (15) days of the request in the specialty selected by the QME acupuncturist.

(b) Except as provided in subdivision 32(a) above, no QME may obtain a consultation for the purpose of obtaining an opinion regarding permanent disability and apportionment consistent with the requirements of Labor Code sections 4660 through 4664 and the AMA Guides.

(c) For injuries occurring on or after January 1, 1994, a QME may obtain a consultation from any physician as reasonable and necessary pursuant to Labor Code section 4064(a).

(d) Whenever an Agreed Panel QME or a QME determines that a consultation is necessary pursuant to this section and the physician selected for the consultation is not selected by the parties from a QME panel issued by the Medical Director, the referring QME must arrange the consultation appointment and advise the injured employee and the claims administrator, or if none the employer, and each party's attorney if any, in writing of the appointment date, time and place by use of QME Form 110 (QME Appointment Notification Form) (See, 8 Cal. Code Regs. § 110).

(e) The consulting physician shall serve the consulting report on the referring QME. Upon receipt of the consulting physician's report, the referring evaluator shall review the consulting physician's report, incorporate that report by reference into the referring evaluator's medical-legal report and comment on the consulting physician's findings and conclusions in the discussion sections of the evaluator's report.

(f) The referring QME shall file the comprehensive medical-legal report within the time periods specified in section 38 of Title 8 of the California Code of Regulations. In the event a consulting physician's report has not been received, or will not be received, in time to comply with the time periods, the referring

QME shall serve the comprehensive medical-legal report timely, and upon receipt of the consulting physician's report, the referring evaluator shall, within fifteen (15) calendar days of receipt of the consulting report, issue a supplemental report that incorporates the consulting physician's report by reference, and comments on whether and how the findings in the consulting report change the referring evaluator's opinions. The referring evaluator shall list, in the report commenting on a consulting physician's report, all reports and information received from each party for the consulting physician, indicate whether each item was forwarded to the consulting physician, and for items not forwarded the reason the referring evaluator determined it was not necessary to forward the item to the consulting physician.

(g) With the exception of verbal communications between an injured worker and the consulting physician in the course of the consulting examination, all other communications by the parties, as well as any reports and other information from the parties for the consulting physician, if any, shall be made in writing directed only to the referring QME, who may forward such communications on to the consulting physician as appropriate. With the exception of deposing the consulting physician if necessary and except as provided in this subdivision, neither party nor a party's attorney, shall communicate directly with nor send correspondence or records directly to the consulting physician.

NOTE: Form referred to above is available at no charge by downloading from the web at www.dir.ca.gov/dwc/forms.html or by requesting at 1-800-794-6900.

Note: Authority cited: Sections 133, 139.2, 4061, 4062, 4064, 5307.3 and 5703.5, Labor Code. Reference: Sections 3209.3, 4061, 4062, 4062.1, 4062.2, 4064, 4067 and 5703.5, Labor Code.

History: 1. New section filed 8-1-94; operative 8-31-94 (Register 94, No. 31).

2. Renumbering of former section 32 to new section 30.5 and renumbering and amendment of former section 32.5 to section 32 filed 4-14-2000; operative 5-14-2000 (Register 2000, No. 15).

3. Amendment of section and Note filed 1-13-2009; operative 2-17-2009 (Register 2009, No. 3).

§32.5. Rebuttal QME Examinations. [Repealed]

Note: Authority cited: Sections 139.2, 4061, 4062 and 4064, Labor Code. Reference: Sections 4061 and 4062, Labor Code.

History: 1. New section filed 8-23-96; operative 9-22-96 (Register 96, No. 34).
 2. Renumbering of former section 32.5 to section 32 and renumbering and amendment of former section 32.7 to section 32.5 filed 4-14-2000; operative 5-14-2000 (Register 2000, No. 15).
 3. Repealer filed 1-13-2009; operative 2-17-2009 (Register 2009, No. 3).

§32.6. Additional QME Evaluations Ordered by the Appeals Board.

The Medical Director shall issue a panel of Qualified Medical Evaluators upon receipt of an order of a Workers' Compensation Administrative Law Judge or the Appeals Board, that includes a finding that an additional evaluation is reasonable and necessary to resolve disputed issues under Labor Code sections 4060, 4061 or 4062. The order shall specify the residential or employment-based zip code from which to randomly select evaluators, specify the specialty for the QME panel or designate the party who shall select the specialty of the QME panel, and specify who shall select a new specialty in the event there are too few QMEs in the specialty initially selected to issue a panel in accordance with section 31(d) of Title 8 of the California Code of Regulations.

Note: Authority cited: Sections 133, 139.2, 4061, 4062, 4064, 5307.3, 5703 and 5703.5, Labor Code. Reference: Sections 139.2, 4060, 4061, 4062, 4062.1, 4062.2 and 4064, Labor Code.

History: 1. New section filed 1-13-2009; operative 2-17-2009 (Register 2009, No. 3).

§33. Unavailability of QME.

(a) A QME who will be unavailable to schedule or perform comprehensive medical evaluations as an Agreed Panel QME or as a Panel QME for a period of 14 days, or up to a maximum of 90 days during a one year fee period, for any reason shall notify the Medical Director by submitting the form in Section 109 (Notice of Qualified Medical Evaluator Unavailability) (see, 8 Cal. Code Regs. § 109) at least 30 days before the period of unavailability is to begin. The Medical Director may, in his or her discretion, grant unavailable status within the 30-day notice period for good cause, including but not limited to medical or family emergency.

(b) At the time of requesting unavailable status, the QME shall provide the Medical Director with a list of any and all comprehensive medical/legal evaluation examinations already

scheduled during the time requested for unavailable status. The QME shall indicate whether each such examination is being rescheduled or the QME plans to complete the exam and report while in unavailable status.

(c) A QME who is unavailable as provided in subdivision (a) shall not perform any new evaluation examinations as a QME until the physician returns to active QME status. Such a QME may complete medical-legal examinations and reports already scheduled and reported to the Medical Director, as well as reports for evaluation examinations performed prior to becoming unavailable under subdivision (a). Such a QME also may complete supplemental reports.

(d) It shall not be an acceptable reason for unavailability that a QME does not intend to perform comprehensive medical-legal evaluations for unrepresented workers. A QME who has filed notifications for unavailability totaling more than ninety (90) days during the QME fee period without good cause may be denied reappointment subject to section 52 of Title 8 of the California Code of Regulations. Good cause includes, but is not limited to, sabbaticals, or death or serious illness of an immediate family member.

(e) If a party with the legal right to schedule an appointment with a QME is unable to obtain an appointment with a selected QME within sixty (60) days of the date of the appointment request, that party may waive the right to a replacement in order to accept an appointment no more than ninety (90) days after the date of the party's initial appointment request. When the selected QME is unable to schedule the evaluation within ninety (90) days of the date of that party's initial appointment request, either party may report the unavailability of the QME and the Medical Director shall issue a replacement pursuant to section 31.5 of Title 8 of the California Code of Regulations upon request, unless both parties agree in writing to waive the ninety (90) day time limit for scheduling the initial evaluation.

(f) If a QME fails to notify the Medical Director, by submitting the form in section 109 (Notice of Qualified Medical Evaluator Unavailability) (see, 8 Cal. Code Regs. § 109), of his or her unavailability at a medical office at least thirty (30) days prior to the period the evaluator becomes unavailable, the Medical Director may designate the QME to be unavailable at that

location for thirty (30) days from the date the Medical Director learns of the unavailability.

(g) Whenever the Medical Director is notified by a party seeking an appointment with a Qualified Medical Evaluator, or otherwise becomes aware, that the QME is not available and not responding to calls or mail at a location listed for the QME, a certified letter will be sent to the QME by the Medical Director regarding his/her unavailability. If the Medical Director does not receive a response within fifteen (15) days of the date the certified letter is mailed, then the QME will be made unavailable at that location. The time a QME is placed on unavailable status pursuant to this subdivision shall count toward the ninety (90) day limit in subdivision 33(a) of Title 8 of the California Code of Regulations.

NOTE: Form referred to above is available at no charge by downloading from the web at www.dir.ca.gov/dwc/forms.html or by requesting at 1-800-794-6900.

Note: Authority cited: Sections 133, 139.2 and 5307.3, Labor Code. Reference: Sections 139.2, 4060, 4061, 4062, 4062.1, 4062.2, 4062.5 and 4067, Labor Code.

History: 1. New section filed 8-1-94; operative 8-31-94 (Register 94, No. 31).
2. Amendment filed 4-14-2000; operative 5-14-2000 (Register 2000, No. 15).
3. Amendment of section and Note filed 1-13-2009; operative 2-17-2009 (Register 2009, No. 3).

§34. Appointment Notification and Cancellation.

(a) Whenever an appointment for a comprehensive medical evaluation is made with a QME, the QME shall complete an appointment notification form by submitting the form in Section 110 (QME Appointment Notification Form) (See, 8 Cal. Code Regs. § 110). The completed form shall be postmarked or sent by facsimile to the employee and the claims administrator, or if none the employer, within 5 business days of the date the appointment was made. In a represented case, a copy of the completed form shall also be sent to the attorney who represents each party, if known. Failure to comply with this requirement shall constitute grounds for denial of reappointment under section 51 of Title 8 of the California Code of Regulations.

(b) The QME shall schedule an appointment for a comprehensive medical-legal exam-

ination which shall be conducted only at the medical office listed on the panel selection form. However, upon written request by the injured worker and only for his or her convenience, the evaluation appointment may be moved to another medical office of the selected QME if it is listed with the Medical Director as an additional office location.

(c) The QME shall include within the notification whether a Certified Interpreter, as defined by Labor Code Section 5811 and subject to the provisions of section 9795.3 of Title 8 of the California Code of Regulations, is required and specify the language. The interpreter shall be arranged by the party who is to pay the cost as provided for in Section 5811 of the Labor Code.

(d) An evaluator, whether an AME, Agreed Panel QME or QME, shall not cancel a scheduled appointment less than six (6) business days prior to the appointment date, except for good cause. Whenever an evaluator cancels a scheduled appointment, the evaluator shall advise the parties in writing of the reason for the cancellation. The Appeals Board shall retain jurisdiction to resolve disputes among the parties regarding whether an appointment cancellation pursuant to this subdivision was for good cause. The Administrative Director shall retain jurisdiction to take appropriate disciplinary action against any Agreed Panel QME or QME for violations of this section.

(e) An Agreed Panel QME or a QME who cancels a scheduled appointment shall reschedule the appointment to a date within thirty (30) calendar days of the date of cancellation. The re-scheduled appointment date may not be more than sixty (60) calendar days from the date of the initial request for an appointment, unless the parties agree in writing to accept the date beyond the sixty (60) day limit.

(f) An Agreed Medical Evaluator who cancels a scheduled appointment shall reschedule the appointment within sixty (60) calendar days of the date of the cancellation, unless the parties agree in writing to accept an appointment date no more than thirty (30) calendar days beyond the sixty (60) day limit.

(g) Failure to receive relevant medical records, as provided in section 35 of Title 8 of the California Code of Regulations and section 4062.3 of the Labor Code, prior to a scheduled appointment shall not constitute good cause under this section for the evaluator to cancel the

appointment, unless the evaluator is a psychiatrist or psychologist performing an evaluation regarding a disputed injury to the psyche who states in the evaluation report that receipt of relevant medical records prior to the evaluation was necessary to conduct a full and fair evaluation.

(h) An appointment scheduled with an evaluator, whether an AME, Agreed Panel QME or QME shall not be cancelled or rescheduled by a party or the party's attorney less than six (6) business days before the appointment date, except for good cause. Whenever the claims administrator, or if none the employer, or the injured worker, or either party's attorney, cancels an appointment scheduled by an evaluator, the cancellation shall be made in writing, state the reason for the cancellation and be served on the opposing party. Oral cancellations shall be followed with a written confirming letter that is faxed or mailed by first class U.S. mail within twenty four hours of the verbal cancellation and that complies with this section. An injured worker shall not be liable for any missed appointment fee whenever an appointment is cancelled for good cause. The Appeals Board shall retain jurisdiction to resolve disputes regarding whether an appointment cancellation by a party pursuant to this subdivision was for good cause.

(i) The date of cancellation shall be determined from the date of postmark, if mailed, or from the facsimile receipt date as shown on the recipient's fax copy.

NOTE: Form referred to above is available at no charge by downloading from the web at www.dir.ca.gov/dwc/forms.html or by requesting at 1-800-794-6900.

Note: Authority cited: Sections 133, 139.2 and 5307.3, Labor Code. Reference: Sections 4060, 4061, 4062, 4062.1, 4062.2 and 4067, Labor Code.

History: 1. New section filed 8-1-94; operative 8-31-94 (Register 94, No. 31).

2. Amendment of subsections (a) and (c) filed 4-14-2000; operative 5-14-2000 (Register 2000, No. 15).

3. Amendment of section heading, section and Note filed 1-13-2009; operative 2-17-2009 (Register 2009, No. 3).

§35. Exchange of Information and Ex Parte Communications.

(a) The claims administrator, or if none the employer, shall provide, and the injured worker may provide, the following information to the

evaluator, whether an AME, Agreed panel QME or QME:

(1) All records prepared or maintained by the employee's treating physician or physicians;

(2) Other medical records, including any previous treatment records or information, which are relevant to determination of the medical issue(s) in dispute;

(3) A letter outlining the issues that the evaluator is requested to address in the evaluation, which shall be served on the opposing party no less than 20 days in advance of the evaluation;

(4) Whenever the treating physician's recommended medical treatment is disputed, a copy of the treating physician's report recommending the medical treatment with all supporting documents, a copy of claims administrator's, or if none the employer's, decision to approve, delay, deny or modify the disputed treatment with the documents supporting the decision, and all other relevant communications about the disputed treatment exchanged during the utilization review process required by Labor Code section 4610;

(5) Non-medical records, including films and videotapes, which are relevant to determination of medical issue(s) in dispute, after compliance with subdivision 35(c) of Title 8 of the California Code of Regulations.

(b)(1) All communications by the parties with the evaluator shall be in writing and sent simultaneously to the opposing party when sent to the medical evaluator, except as otherwise provided in subdivisions (c), (k) and (l) of this section.

(2) Represented parties who have selected an Agreed Medical Evaluator or an Agreed Panel QME shall, as part of their agreement, agree on what information is to be provided to the AME or the Agreed Panel QME, respectively.

(c) At least twenty (20) days before the information is to be provided to the evaluator, the party providing such medical and non-medical reports and information shall serve it on the opposing party. Mental health records that are subject to the protections of Health and Safety Code section 123115(b) shall not be served directly on the injured employee, but may be provided to a designated health care provider as provided in section 123115(b)(2), and the injured employee shall be notified in

writing of this option for each such record to be provided to the evaluator. In both unrepresented and represented cases the claims administrator shall attach a log to the front of the records and information being sent to the opposing party that identifies each record or other information to be sent to the evaluator and lists each item in the order it is attached to or appears on the log. In a represented case, the injured worker's attorney shall do the same for any records or other information to be sent to the evaluator directly from the attorney's office, if any. The claims administrator, or if none the employer, shall include a cover letter or other document when providing such information to the employee which shall clearly and conspicuously include the following language: "Please look carefully at the enclosed information. It may be used by the doctor who is evaluating your medical condition as it relates to your workers' compensation claim. If you do not want the doctor to see this information, you must let me know within 10 days."

(d) If the opposing party objects within 10 days to any non-medical records or information proposed to be sent to an evaluator, those records and that information shall not be provided to the evaluator unless so ordered by a Workers' Compensation Administrative Law Judge.

(e) In no event shall any party forward to the evaluator: (1) any medical/legal report which has been rejected by a party as untimely pursuant to Labor Code section 4062.5; (2) any evaluation or consulting report written by any physician other than a treating physician, the primary treating physician or secondary physician, or an evaluator through the medical-legal process in Labor Code sections 4060 through 4062, that addresses permanent impairment, permanent disability or apportionment under California workers' compensation laws, unless that physician's report has first been ruled admissible by a Workers' Compensation Administrative Law Judge; or (3) any medical report or record or other information or thing which has been stricken, or found inadequate or inadmissible by a Workers' Compensation Administrative Law Judge, or which otherwise has been deemed inadmissible to the evaluator as a matter of law.

(f) Either party may use discovery to establish the accuracy or authenticity of non-medical records or information prior to the evaluation.

(g) Copies of all records being sent to the evaluator shall be sent to all parties except as otherwise provided in section (d) and (e). Failure to do so shall constitute ex parte communication within the meaning of subdivision (k) below by the party transmitting the information to the evaluator.

(h) In the event that the unrepresented employee schedules an appointment within 20 days of receipt of the panel, the employer or if none, the claims administrator shall not be required to comply with the 20 day time frame for sending medical information in subsection (c) provided, however, that the unrepresented employee is served all non-medical information in subdivision (c) 20 days prior to the information being served on the QME so the employee has an opportunity to object to any non-medical information.

(i) In the event that a party fails to provide to the evaluator any relevant medical record which the evaluator deems necessary to perform a comprehensive medical-legal evaluation, the evaluator may contact the treating physician or other health care provider, to obtain such record(s). If the party fails to provide relevant medical records within 10 days after the date of the evaluation, and the evaluator is unable to obtain the records, the evaluator shall complete and serve the report to comply with the statutory time frames under section 38 of Title 8 of the California Code of Regulations. The evaluator shall note in the report that the records were not received within the required time period. Upon request by a party, or the Appeals Board, the evaluator shall complete a supplemental evaluation when the relevant medical records are received. For a supplemental report the evaluator need not conduct an additional physical examination of the employee if the evaluator believes a review of the additional records is sufficient.

(j) The evaluator and the employee's treating physician(s) may consult as necessary to produce a complete and accurate report. The evaluator shall note within the report new or additional information received from the treating physician.

(k) The Appeals Board shall retain jurisdiction in all cases to determine disputes arising from objections and whether ex parte contact in violation of Labor Code section 4062.3 or this section of Title 8 of the California Code of Regulations has occurred. If any party commu-

nicates with an evaluator in violation of Labor Code section 4062.3, the Medical Director shall provide the aggrieved party with a new panel in which to select a new QME or the aggrieved party may elect to proceed with the original evaluator. Oral or written communications by the employee, or if the employee is deceased by the employee's dependent, made in the course of the examination or made at the request of the evaluator in connection with the examination shall not provide grounds for a new evaluator unless the Appeals Board has made a specific finding of an impermissible ex parte communication.

(I) In claims involving a date of injury prior to 1/1/2005 where the injured worker is represented by an attorney and the parties have decided to each select a separate Qualified Medical Evaluator, the provisions of this section shall not apply to the communications between a party and the QME selected by that party.

Note: Authority cited: Sections 133, 139.2 and 5307.3, Labor Code. Reference: Sections 139.2, 4060, 4061, 4062, 4062.1, 4062.2, 4062.3, 4064 and 4067, Labor Code.

History: 1. New section filed 8-1-94; operative 8-31-94 (Register 94, No. 31).

2. New subsection (c) and subsection relettering, amendment of newly designated subsections (d) and (e) and new subsection (f) filed 8-23-96; operative 9-22-96 (Register 96, No. 34).

3. New subsection (b)(3) and amendment of subsection (e) filed 4-14-2000; operative 5-14-2000 (Register 2000, No. 15).

4. Amendment of section heading, section and Note filed 1-13-2009; operative 2-17-2009 (Register 2009, No. 3).

§35.5. Compliance by AMEs and QMEs with Administrative Director Evaluation and Reporting Guidelines.

(a) Each evaluation examination and report completed pursuant to Labor Code sections 4060, 4061, 4062, 4062.1, 4062.2, 4064, 4067 or 5703.5 shall be performed in compliance with all appropriate evaluation procedures pursuant to this Chapter.

(b) Each reporting evaluator shall state in the body of the comprehensive medical-legal report the date the examination was completed and the street address at which the examination was performed. If the evaluator signs the report on any date other than the date the examination was completed, the evaluator shall enter the date

the report is signed next to or near the signature on the report.

(c) The evaluator shall address all contested medical issues arising from all injuries reported on one or more claim forms prior to the date of the employee's appointment with the medical evaluator that are issues within the evaluator's scope of practice and areas of clinical competence. The reporting evaluator shall attempt to address each question raised by each party in the issue cover letter sent to the evaluator as provided in subdivision 35(a)(3).

(d) At the evaluator's earliest opportunity and no later than the date the report is served, the evaluator shall advise the parties in writing of any disputed medical issues outside of the evaluator's scope of practice and area of clinical competency in order that the parties may initiate the process for obtaining an additional evaluation pursuant to section 4062.1 or 4062.2 of the Labor Code and these regulations in another specialty. In the case of an Agreed Panel QME or a panel QME, the evaluator shall send a copy of the written notification provided to the parties to the Medical Director at the same time. However, only a party's request for an additional panel, with the evaluator's written notice under this section attached, or an order by a Workers' Compensation Administrative Law Judge, will be acted upon by the Medical Director to issue a new QME panel in another specialty in the claim.

(e) In the event a new injury or illness is claimed involving the same type of body part or body system and the parties are the same, or in the event either party objects to any new medical issue within the evaluator's scope of practice and clinical competence, the parties shall utilize to the extent possible the same evaluator who reported previously.

(f) Unless the Appeals Board or a Workers' Compensation Administrative Law Judge orders otherwise or the parties agree otherwise, whenever a party is legally entitled to depose the evaluator, the evaluator shall make himself or herself available for deposition within at least one hundred twenty (120) days of the notice of deposition and, upon the request of the unrepresented injured worker and whenever consistent with Labor Code section 5710, the deposition shall be held at the location at which the evaluation examination was performed, or at a facility or office chosen by the deposing party

that is not more than 20 miles from the location of the evaluation examination.

(g) Whenever an Agreed Medical Evaluator or Qualified Medical Evaluator provides an opinion in a comprehensive medical/legal report on a disputed medical treatment issue, the evaluator's opinion shall be consistent with and apply the standards of evidence-based medicine set out in Division 1, Chapter 4.5, Subchapter 1, sections 9792.20 *et seq* of Title 8 of the California Code of Regulations (Medical Treatment Utilization Schedule). In the event the disputed medical treatment, condition or injury is not addressed by the Medical Treatment Utilization Schedule, the evaluator's medical opinion shall be consistent with and refer to other evidence-based medical treatment guidelines, peer reviewed studies and articles, if any, and otherwise shall explain the medical basis for the evaluator's reasoning and conclusions.

Note: Authority cited: Sections 133, 139.2, 4062.3 and 5307.3, Labor Code. Reference: Sections 139.2, 4060, 4061, 4062, 4062.1, 4062.2, 4064, 4067, 4604.5, 4628, 5703.5, 5307.27 and 5710, Labor Code.

History: 1. New section filed 4-14-2000; operative 5-14-2000 (Register 2000, No. 15).

2. Amendment of section heading and section and new Note filed 1-13-2009; operative 2-17-2009 (Register 2009, No. 3).

§36. Service of Comprehensive Medical–Legal Evaluation Reports by Medical Evaluators Including Reports Under Labor Code Section 4061.

(a) Whenever an injured worker is represented by an attorney, the evaluator shall serve each comprehensive medical-legal evaluation report, follow-up comprehensive medical-legal evaluation report and supplemental evaluation report on the injured worker, his or her attorney and on the claims administrator, or if none the employer, by completing QME Form 122 (AME or QME Declaration of Service of Medical-Legal Report Form) (See, 8 Cal. Code Regs. § 122) and attaching QME Form 122 to the report, unless section 36.5 of Title 8 of the California Code of Regulations applies. If applicable in a claim involving disputed injury to the psyche, the evaluator shall comply with the requirements of section 36.5 of Title 8 of the California Code of Regulations (Service of Comprehensive Medical-Legal Report in Claims of Injury to the Psyche) (See, 8 Cal. Code Regs. §§ 36.5, 120 and 121).

(b) Whenever an injured worker is not represented by an attorney, the Qualified Medical Evaluator shall serve each comprehensive medical-legal evaluation report, follow-up evaluation report or supplemental report that addresses only disputed issues outside of the scope of Labor Code section 4061, by completing the questions and declaration of service on the QME Form 111 (QME Findings Summary Form) (See, 8 Cal. Code Regs. § 111), and by serving the report with the QME Form 111 attached, on the injured worker and the claims administrator, or if none on the employer, unless section 36.5 of Title 8 of the California Code of Regulations applies. If applicable in a claim involving disputed injury to the psyche, the evaluator shall comply with the requirements of section 36.5 of Title 8 of the California Code of Regulations (Service of Comprehensive Medical-Legal Report in Claims of Injury to the Psyche) (See, 8 Cal. Code Regs. §§ 36.5, 120 and 121.)

(c) Whenever the evaluator is serving a medical-legal evaluation report that addresses or describes findings and conclusions pertaining to permanent impairment, permanent disability or apportionment of an unrepresented injured worker, the evaluator shall serve the evaluation report, the completed QME Form 111 (QME Findings Summary Form) (See, 8 Cal. Code Regs. § 111), DWC-AD Form 100 (DEU) (Employee's Disability Questionnaire) (See, 8 Cal. Code Regs. §§ 10160 and 10161) and DWC-AD Form 101 (DEU) (Request for Summary Rating Determination of Qualified Medical Evaluator's Report) (See, 8 Cal. Code Regs. §§ 10160 and 10161), with the document cover sheet, DWC-CA form 10232.1 (see, 8 Cal. Code Regs. § 10232.1), and separator sheet, DWC-CA form 10232.2 (see, 8 Cal. Code Regs. § 10232.2), as required by Title 8, California Code of Regulations section 10160(d)(4), on the local DEU office, at the same time as serving the report, QME Form 111, DWC-AD Form 100 (DEU) and DWC-AD Form 101 (DEU) on the claims administrator, or if none the employer, and on the unrepresented employee within the time frames specified in section 38 of Title 8 of the California Code of Regulations, unless section 36.5 of Title 8 of the California Code of Regulations applies. If applicable, in cases involving disputed injury to the psyche, the evaluator shall follow the procedures described in section 36.5 of Title 8 of the California Code of Regulations (Service of Comprehensive Medical-Legal Re-

port in Claims of Injury to the Psyche) (See, 8 Cal. Code Regs. §§ 36.5, 120 and 121).

(d) If an evaluation report is completed for an unrepresented employee, in which the QME determines that the employee's condition has not become permanent and stationary as of the date of the evaluation, the parties shall request any further evaluation from the same QME if the QME is currently an active QME and available at the time of the request for the additional evaluation. If the QME is unavailable, a new panel may be issued to resolve any disputed issue(s). If the evaluator is no longer a QME, he/she may issue a supplemental report as long as a face-to-face evaluation (as defined in section 49(b) of Title 8 of the California Code of Regulations) with the injured worker is not required. In no event shall a physician who is not a QME or no longer a QME perform a follow up evaluation on an unrepresented injured worker.

(e) After a Qualified Medical Evaluator has served a comprehensive medical-legal report that finds and describes permanent impairment, permanent disability or apportionment in the case of an unrepresented injured worker, the QME shall not issue any supplemental report on any of those issues in response to a party's request until after the Disability Evaluation Unit has issued an initial summary rating report, or unless the evaluator is otherwise directed to issue a supplemental report by the Disability Evaluation Unit, by the Administrative Director or by a Workers' Compensation Administrative Law Judge. A party wishing to request a supplemental report pursuant to subdivision 10160(f) of Title 8 of the California Code of Regulations, based on the party's objection to or need for clarification of the evaluator's discussion of permanent impairment, permanent disability or apportionment, may do so only by sending the detailed request, within the time limits of subdivision 10160(f), directly to the DEU office where the report was served by the evaluator and not to the evaluator until after the initial summary rating has been issued.

NOTE: Forms referred to above are available at no charge by downloading from the web at www.dir.ca.gov/dwc/forms.html or by requesting at 1-800-794-6900.

Note: Authority cited: Sections 133, 139.2 and 5307.3, Labor Code. Reference: Sections 4060, 4061, 4062, 4062.1, 4062.2, 4064, 4067, 4600 and 4660-4664, Labor Code.

History: 1. New section filed 8-1-94; operative 8-31-94 (Register 94, No. 31).

2. Amendment of section heading, section and Note filed 4-14-2000; operative 5-14-2000 (Register 2000, No. 15).

3. Amendment of section heading, section and Note filed 1-13-2009; operative 2-17-2009 (Register 2009, No. 3).

§36.5. Service of Comprehensive Medical/Legal Report in Claims of Injury to the Psyche.

(a) For any evaluation involving a claimed or disputed injury to the psyche, the injured worker shall be advised by the evaluator that the employee's copy of the comprehensive medical-legal report, and any follow up or supplemental reports, from the evaluation may be served either directly on the injured worker or instead on a physician designated in writing by the injured worker prior to leaving the evaluator's office, for the purpose of reviewing and discussing the evaluation report with the injured worker. The evaluator shall explain that the designated physician may be but need not be the injured worker's primary treating physician in the workers' compensation claim and that the employer will be responsible for payment for one office visit with the designated physician for this purpose.

(b) Whenever injury to the psyche is claimed and in the course of the evaluation, the evaluator makes a determination pursuant to Health and Safety Code section 123115(b) that there is a substantial risk of significant adverse or detrimental medical consequences to the injured worker from seeing or receiving a copy of part or all of evaluation report which is a mental health record, the evaluator shall do all of the following:

(1) Complete QME Form 121 (Declaration Regarding Protection of Mental Health Record);

(2) Advise the injured worker that the determination under Health and Safety Code 123115(b) has been made regarding the evaluation report as a mental health record and that the evaluator only may serve the injured worker's copy of the evaluation report on a person who is a licensed physician, as defined in Labor Code section 3209.3, whose name the injured worker may designate in writing prior to leaving the evaluator's office, or on the employee's attorney, if any;

(3) Permit inspection and copying of the mental health record(s) subject to the Health and Safety Code section 123115(b) determination, only by a licensed physician as defined in Labor Code section 3209.3 or another health care provider as defined in Health and Safety Code section 123105(a);

(4) Complete the QME Form 121 and enter the name and address of the physician designated in writing by the injured worker on this form;

(5) Attach a completed copy of QME Form 121 (Declaration Regarding Protection of Mental Health Record) to the copy of the evaluation report in the injured worker's medical or medical-legal file;

(6) Serve the completed comprehensive medical-legal evaluation report, follow-up medical-legal report or supplemental medical-legal report(s) subject to the provisions of this section, with the completed QME Form 121 (Declaration Regarding Protection of Mental Health Record) attached, on the licensed physician designated by the injured worker on QME Form 121, and on the claims administrator, and on each party's attorney, if any, as provided in section 36, and within the time periods in section 38, of Title 8 of the California Code of Regulations. In the event the injured worker designates a physician on QME Form 121 other than the current primary treating physician in his or her workers' compensation claim, the evaluator shall also serve a copy of the report with the QME Form 121 attached on the primary treating physician;

(7) Whenever the report addresses any permanent impairment, permanent disability or apportionment and the injured worker is not represented by an attorney, a copy of the report with the completed QME Form 121 attached shall also be served on the appropriate office of the Disability Evaluation Unit, along with the QME Form 111 (QME's Findings Summary Form), and DWC-AD form 100 (DEU) (Employee's Disability Questionnaire) (See, 8 Cal. Code Regs. §§ 10160 and 10161) and DWC-AD form 101 (DEU) (Request for Summary Rating Determination of Qualified Medical Evaluator's Report) (See, 8 Cal. Code Regs. §§ 10160 and 10161), with the document cover sheet, DWC-CA form 10232.1 (see, 8 Cal. Code Regs. § 10232.1), and separator sheet, DWC-CA form 10232.2 (see, 8 Cal. Code Regs. § 10232.2), as

required by Title 8, California Code of Regulations section 10160(d)(4);

(8) Whenever the report addresses permanent impairment, permanent disability or apportionment and the injured worker is represented by an attorney, a copy of the report with the completed QME Form 121 attached shall be served with QME Form 122 (AME or QME Declaration of Service of Medical-Legal Report) on the physician designated by the injured worker, the injured worker's attorney and on the claims administrator's attorney, or if none on the claims administrator.

(c) "Mental health record" for the purposes of this subdivision means a medical treatment or evaluation record created by or received and reviewed by a licensed physician, as defined in Labor Code section 3209.3, in the course of treating or evaluating the injured worker in a workers' compensation claim, and includes for the purposes of this subdivision but is not limited to, treatment records and comprehensive medical-legal reports.

(d) Upon serving the employee's copy of the medical-legal report in compliance with subdivisions 36.5(b)(6), 36.5(b)(7) or 36.5(b)(8) of Title 8 of the California Code of Regulations on the physician designated by the employee on the QME Form 121 (Declaration Regarding Protection of Mental Health Record), the evaluator's obligation to serve the report on the injured worker under Labor Code sections 139.2(j)(1) and 4061(c), and section 36 of Title 8 of the California Code of Regulation, shall be deemed satisfied.

(e) Mental health records subject to a determination under Health and Safety Code section 123115(b) and this subdivision shall be kept confidential by the claims administrator and all parties' attorneys in the case unless ordered otherwise by a Workers' Compensation Administrative Law Judge. Whenever such a mental health record is filed by a party at the Workers' Compensation Appeals Board, the party filing such a record shall request and obtain a protective order from a Workers' Compensation Administrative Law Judge that shall specify in what manner the mental health record may be inspected, copied and entered into evidence.

(f) Whenever the injured worker advises the evaluator that he or she prefers to have the evaluation report served on a designated physician as provided in subdivision 36.5(b) above,

and the evaluator does not make a determination pursuant to Health and Safety Code section 123115(b), the evaluator shall provide QME Form 120 (Voluntary Directive for Alternate Service of Medical-Legal Report) (See, 8 Cal. Code Regs. § 120) to the injured worker and shall request the injured worker to complete the form before leaving the evaluator's office.

(g) Upon receipt by the evaluator of a QME Form 120 completed by the injured worker, the evaluator shall attach the original executed QME Form 120 to the original medical-legal report for service on the claims administrator, or if none on the employer. The evaluator shall serve the evaluation report with QME Form 120 attached by completing the questions and the declaration of proof of service on QME Form 111 (Qualified Medical Evaluator's Findings Summary Form) (See, 8 Cal. Code Regs. § 111). In the case of an unrepresented injured worker, the evaluator shall serve the report with the required forms as provided in subdivision 36.5(b)(7) of Title 8 of the California Code of Regulations. In the case of a represented injured worker, the evaluator shall serve the report with QME Form 120 attached, by completing the declaration of service on QME Form 122 (AME or QME Declaration of Service of Medical-Legal Report) (See, 8 Cal. Code § 122) and serving it with the report.

(h) Whenever an evaluation report is being served on a designated physician with QME Form 120 (Voluntary Directive for Alternate Service of Medical-Legal Report) (See, 8 Cal. Code Regs. § 120), the evaluator shall serve two copies of the medical-legal report with the QME Form 120 attached on the physician designated on the form by the injured worker, at the same time as serving the copies of the medical-legal report on the claims administrator, or if none on the employer, and on the injured worker's attorney if any. Service of a medical-legal report by an evaluator in compliance with this subdivision shall satisfy the evaluator's obligation to serve a copy of the report on the employee under Labor Code sections 139.2(j)(1) and 4061(c.) and section 36 of Title 8 of the California Code of Regulations.

(i) The physician designated by the injured worker in writing and listed on QME Form 120 or QME Form 121 shall not be limited to the primary treating physician in the disputed workers' compensation claim. As an additional medical treatment expense incurred in the claim

within the meaning of section 4600 of the Labor Code, the claims administrator, or if none the employer, shall reimburse the physician designated by the injured worker and listed on either the QME Form 121 (Declaration Regarding Protection of Mental Health Record) or the QME Form 120 (Voluntary Directive for Alternate Service of Medical-Legal Evaluation Report on Disputed Injury to the Psyche), for one office visit, when used, for the purpose of reviewing and discussing the evaluator's report with injured worker, at the applicable rate under section 9789.11 (Physician Services Rendered on or After July 1, 2004) of Title 8 of the California Code of Regulations for an office visit and may include, as appropriate, record review, any necessary face-to-face time during the visit in excess of that specified in the applicable CPT office visit code, and charges, for time required to prepare a treatment report pertaining to the office visit, if necessary.

(j) Whenever the comprehensive medical-legal report is served by the evaluator on a physician pursuant to subdivision 36.5(f) with the QME Form 120 (Voluntary Directive for Alternate Service of Medical-Legal Report on Disputed Injury to the Psyche) attached, one of the two copies of the medical-legal report served on the designated physician shall be provided to the injured worker by the designated physician during the office visit.

(k) In the event the injured worker refuses or fails to designate a physician in writing to be listed on either QME Form 120 or QME Form 121, the evaluator shall serve the report as appropriate under section 36 or section 36.5, and within the time periods under section 38, of Title 8 of the California Code of Regulations, except that the injured worker's copy of the report which is subject to a finding under Health and Safety Code § 123115(b) shall then be served only on the injured worker's attorney, if represented, or if not represented on the injured worker's primary treating physician.

NOTE: Forms referred to above are available at no charge by downloading from the web at www.dir.ca.gov/dwc/forms.html or by requesting at 1-800-794-6900.

Note: Authority cited: Sections 133, 139.2 and 5307.3, Labor Code. Reference: Sections 56-56.37, Civil Code; Sections 4060, 4061, 4062, 4062.1, 4062.2, 4064, 4067, 4600 and 4660-4664, Labor Code; Section 123115(b), Health and Safety Code.

History: 1. New section filed 1-13-2009; operative 2-17-2009 (Register 2009, No. 3).

§37. Treating Physician's Determination of Medical Issues Form. [Repealed]

Note: Sections 139, 4061 and 4061.5, Labor Code. Reference: Sections 139(e)(9), 4061 and 4061.5, Labor Code.

History: 1. New section and forms filed 5-17-95; operative 5-24-95 pursuant to Government Code section 11343.4(d) (Register 95, No. 20).

2. Repealer of section and forms filed 1-13-2009; operative 2-17-2009 (Register 2009, No. 3).

§38. Medical Evaluation Time Frames; Extensions for QMEs and AMEs.

(a) The time frame for an initial or a follow-up comprehensive medical-legal evaluation report to be prepared and submitted shall not exceed thirty (30) days after the QME, Agreed Panel QME or AME has seen the employee or otherwise commenced the comprehensive medical-legal evaluation procedure. If an evaluator fails to prepare and serve the initial or follow-up comprehensive medical-legal evaluation report within thirty (30) days and the evaluator has failed to obtain approval from the Medical Director for an extension of time pursuant to this section, the employee or the employer may request a QME replacement pursuant to section 31.5 of Title 8 of the California Code of Regulations. Neither the employee nor the employer shall have any liability for payment for the medical evaluation which was not completed within the timeframes required under this section unless the employee and the employer each waive the right to a new evaluation and elect to accept the original evaluation, in writing or by signing and returning to the Medical Director either QME Form 113 (Notice of Denial of Request For Time Extension) or QME Form 116 (Notice of Late QME/AME Report – No Extension Requested) (See, 8 Cal. Code Regs. §§ 113 and 116).

(b) All requests by an evaluator for extensions of time shall be made on form 112 (QME/AME Time Frame Extension Request) (See, 8 Cal. Code Regs. § 112). If the evaluation will not be completed on the original due date, the evaluator may request an extension from the Medical Director, not to exceed an additional 30

days. An extension of the time for completing the report shall be approved, as follows:

(1) When the evaluator has not received test results or the report of a consulting physician, necessary to address all disputed medical issues in time to meet the initial 30-day deadline, an extension of up to thirty (30) days shall be granted;

(2) When the evaluator has good cause, as defined in Labor Code section 139.2(j)(1)(B), an extension of fifteen (15) days shall be granted.

(c) Not later than 5 days before the initial 30-day period to complete and serve the report expires, the evaluator shall notify the Medical Director, the employee and the claims administrator, or if none, the employer, of the request for an extension by use of QME Form 112 (QME/AME Time Extension Request) (See, 8 Cal. Code Regs. § 112).

(d) The Medical Director shall notify the requesting evaluator and the parties of the decision on the extension request by completion of the box at the bottom of QME Form 112 (QME/AME Time Frame Extension Request) (See, 8 Cal. Code Regs. § 112). In the event that a request for an extension of time is denied, the Medical Director shall also send the parties QME Form 113 (Notice of Denial of Request for Time Extension) (See, 8 Cal. Code Regs. § 113) to be used by each party to state whether the party wishes to request a new evaluator or to accept the late report of the original evaluator.

(e) Whenever the Medical Director becomes aware that the report of a Qualified Medical Evaluator or an Agreed Medical Evaluator has not been completed within the required time under section 38 and no extension of time was requested by the evaluator, the Medical Director shall send the parties a Notice of Late QME/AME Report – No Extension Requested (QME Form 116) (See, 8 Cal. Code Regs. § 116). Each party shall complete the form and return it to the Medical Director in order to indicate whether or not the party wishes to accept the late report.

(f) Good cause, as defined in Labor Code section 139.2(j)(1)(B) and section 38(b)(2) of Title 8 of the California Code of Regulations, means:

(1) medical emergencies of the evaluator or the evaluator's family;

(2) death in the evaluator's family;

(3) natural disasters or other community catastrophes that interrupt the operation of the evaluator's office operations;

(g) Extensions shall not be granted because relevant medical information/records (including Disability Evaluation Form 101 (Request for Summary Determination of Qualified Medical Evaluator's Report) (See, 8 Cal. Code Regs. § 10161)) have not been received. The evaluator shall complete the report based on the information available and state that the opinions and/or conclusions may or may not change after review of the relevant medical information/records.

(h) The time frame for supplemental reports shall be no more than sixty (60) days from the date of a written or electronically transmitted request to the physician by a party. The request for a supplemental report shall be accompanied by any new medical records that were unavailable to the evaluator at the time of the original evaluation and which were properly served on the opposing party as required by Labor Code section 4062.3. An extension of the sixty (60) day time frame for completing the supplemental report, of no more than thirty (30) days, may be agreed to by the parties without the need to request an extension from the Medical Director.

(i) Evaluators requesting time extensions will be monitored and advised by the Medical Director when such a request appears unreasonable or excessive. Failure to comply with this section may constitute grounds for denial of the QME's request for reappointment pursuant to section 51 of Title 8 of the California Code of Regulations.

NOTE: Forms referred to above are available at no charge by downloading from the web at www.dir.ca.gov/dwc/forms.html or by requesting at 1-800-794-6900.

Note: Authority cited: Sections 133, 139.2(j)(1), 4061, 4062 and 5307.3, Labor Code. Reference: Sections 139.2, 4061, 4062, 4062.1, 4062.2, 4062.5, 4064 and 4067, Labor Code.

History: 1. New section filed 8-1-94; operative 8-31-94 (Register 94, No. 31).

2. Amendment of subsections (a) and (b), new subsections (c)-(c)(3) and subsection relettering, and amendment of newly designated subsection (d) filed 8-23-96; operative 9-22-96 (Register 96, No. 34).

3. Amendment filed 4-14-2000; operative 5-14-2000 (Register 2000, No. 15).

4. Amendment of section and Note filed 1-13-2009; operative 2-17-2009 (Register 2009, No. 3).

§39. Destruction of Records by the Medical Director.

The Medical Director may destroy any forms filed pursuant to these regulations five years after the date of receipt, provided that the completed "Application for Appointment as Qualified Medical Evaluator" form shall be preserved for each QME during the period(s) of his or her appointment as a QME. The "Request for Qualified Medical Evaluator" forms may be destroyed by the Medical Director two years after the date of receipt.

Note: Authority cited: Sections 133, 139.2 and 5307.3, Labor Code. Reference: Sections 139.2, 4060, 4061 and 4062, Labor Code; and Section 14755, Government Code.

History: 1. New section filed 8-1-94; operative 8-31-94 (Register 94, No. 31).

2. Amendment of section heading, section and Note filed 1-13-2009; operative 2-17-2009 (Register 2009, No. 3).

§39.5. Retention of Records by QMEs.

(a) All QMEs shall retain a copy of all comprehensive medical-legal reports completed by the QME for a period of five years from the date of each evaluation report. A QME may satisfy this requirement by retaining only an electronic copy of the report, as long as the electronic copy retained is a true and correct copy of the original, showing the QME signature, that was served on the parties. Upon written request, a QME is required to return original radiological films, imaging studies and original medical records to the person who supplied the original records to the QME or to the injured worker.

(b) An evaluator shall submit all comprehensive medical/legal reports performed as a QME under this article to the Medical Director upon request for a review by the Medical Director. Failure to submit evaluations upon request by the Medical Director may constitute grounds for disciplinary action pursuant to Section 60.

Note: Authority cited: Sections 133, 139.2(j)(1) and 5307.3, Labor Code. Reference: Sections 139.2, 4060, 4061, 4062, 4062.1, 4062.2, 4064 and 4062.5, Labor Code; and Section 14755, Government Code.

History: 1. New section filed 8-23-96; operative 9-22-96 (Register 96, No. 34).

2. Amendment filed 4-14-2000; operative 5-14-2000 (Register 2000, No. 15).

3. Amendment of section heading, section and Note filed 1-13-2009; operative 2-17-2009 (Register 2009, No. 3).

ARTICLE 4

Evaluation Procedures

§40. Disclosure Requirements: Injured Workers.

(a) An evaluator selected from a QME panel shall advise an injured worker prior to or at the time of the actual evaluation of the following:

(1) That he or she is entitled to ask the evaluator and the evaluator shall promptly answer questions about any matter concerning the evaluation process in which the QME and the injured worker are involved;

(2) That subject to section 41(g), the injured worker may discontinue the evaluation based on good cause. Good cause includes: (A) discriminatory conduct by the evaluator towards the worker based on race, sex, national origin, religion, or sexual preference, (B) abusive, hostile or rude behavior including behavior that clearly demonstrates a bias against injured workers, and (C) instances where the evaluator requests the worker to submit to an unnecessary exam or procedure.

(b) When required as a condition of probation by the Administrative Director or his/her licensing authority, the QME shall disclose his/her probationary status. The QME shall be entitled to explain any circumstances surrounding the probation. If at that time, the injured worker declines to proceed with the evaluation, such termination shall be considered by the Administrative Director to have occurred for good cause.

(c) If the injured worker declines to ask any questions relating to the evaluation procedure as set forth in section 40(a), and does not otherwise object on the grounds of good cause to the exam proceedings under section 41(a) during the exam itself, the injured worker shall have no right to object to the QME comprehensive medical-legal evaluation based on a violation of this section.

Note: Authority cited: Sections 133, 139.2 and 5307.3, Labor Code. Reference: Sections 139.2, 4060, 4061, 4062, 4062.1, 4062.2 and 4067, Labor Code.

History: 1. New article 4 heading and section filed 4-11-95; operative 5-11-95 (Register 95, No. 15).

2. Amendment of article 4 heading filed 4-14-2000; operative 5-14-2000 (Register 2000, No. 15).

3. Amendment of section heading, section and Note filed 1-13-2009; operative 2-17-2009 (Register 2009, No. 3).

§41. Ethical Requirements.

(a) All QMEs, regardless of whether the injured worker is represented by an attorney, shall:

(1) Maintain a clean, professional physician's office (as defined in section 1(y) at all times which shall contain functioning medical instruments and equipment appropriate to conducting the evaluation within the physician's scope of practice and a functioning business office phone with the phone number listed with the Medical Director for that location which a party may use to schedule an examination or to handle other matters related to a comprehensive medical/legal evaluation.

(2) Schedule all appointments for comprehensive medical-legal evaluations without regard to whether a worker is unrepresented or represented by an attorney. A QME shall not refuse to schedule an appointment with an injured worker solely because the worker is not represented by an attorney or because a promise to reimburse or reimbursement is not made prior to the evaluation.

(3) Not request the employee to submit to an unnecessary exam or procedure.

(4) Refrain from treating or soliciting to provide medical treatment, medical supplies or medical devices to the injured worker.

(5) Communicate with the injured worker in a respectful, courteous and professional manner.

(6) Refrain from violating section 41.5 of Title 8 of the California Code of Regulations.

(7) Refrain from unilaterally rescheduling a panel QME examination more than two times in the same case.

(8) Refrain from cancelling a QME examination less than six (6) business days from the date the exam is scheduled without good cause and without providing a new examination date within thirty (30) calendar days of the date of cancellation.

(b) Evaluators selected from a QME panel provided by the Administrative Director shall

not engage in ex parte communication in violation of Labor Code section 4062.3.

(c) All QMEs, regardless of whether the injured worker is represented by an attorney, shall with respect to his or her comprehensive medical-legal evaluation:

(1) Refuse any compensation from any source contingent upon writing an opinion that in any way could be construed as unfavorable to a party to the case.

(2) Review all available relevant medical and non-medical records and/or facts necessary for an accurate and objective assessment of the contested medical issues in an injured worker's case before generating a written report. The report must list and summarize all medical and non-medical records reviewed as part of the evaluation.

(3) Render expert opinions or conclusions without regard to an injured worker's race, sex, national origin, religion or sexual preference.

(4) Render expert opinions or conclusions only on issues which the evaluator has adequate qualifications, education, and training. All conclusions shall be based on the facts and on the evaluator's training and specialty-based knowledge and shall be without bias either for or against the injured worker or the claims administrator, or if none the employer.

(5) Present a report that addresses all relevant and contested medical issues as presented on one or more claim forms, is ratable by the DEU, if applicable, and complies with all relevant guidelines of the Administrative Director.

(6) Date the report on the date it is completed and ready for signature and service on the parties. No report shall be dated on the date of the evaluation examination unless the full written text of the report is completed and ready for signature and service on that same date.

(7) Write all portions of the report that contain discussion of medical issues, medical research used as the basis for medical determinations, and medical conclusions made by the evaluator. In the event more than one evaluator signs a single report, each signing physician shall clearly state those parts of the employee evaluation examination performed and the portions of the report discussion and conclusion drafted by the signing evaluator. Where a consultation report is obtained by an evaluator from a physician in a different specialty, the consultation report shall be incorporated by reference

into the final report and appended to the referring QME's report.

(8) Serve the report as provided in these regulations at the same time on the employee and the claims administrator, or if none the employer, and on each of their attorneys, respectively.

(d) All aspects of all physical and/or psychological comprehensive medical-legal evaluations, including history taking, shall be directly related to contested medical issues as presented by any party or addressed in the reports of treating physician(s). No evaluator shall engage in any physical contact with the injured worker which is unnecessary to complete the examination.

(e) No physician certified by the Administrative Director as a QME, or his or her agent, shall contact an evaluator for the purpose of influencing that evaluator's opinions or conclusions in any comprehensive medical-legal evaluation or report.

(f) No evaluator shall schedule appointments to the extent that any injured worker will be required to wait for more than one hour at the evaluator's office prior to being seen for the previously agreed upon appointment time for an evaluation. An injured worker who is not seen by the evaluator within one hour may terminate the exam and request a replacement evaluator from the Administrative Director. No party shall be liable for the terminated exam. The evaluator may explain any reasons for the delay to the injured worker and, provided both parties agree, the evaluation may proceed or be rescheduled for a later date. If the evaluation is rescheduled, the evaluator shall provide notice of the new date of the evaluation to the parties within 5 business days after rescheduling the appointment.

(g) If the injured worker terminates the examination process based on an alleged violation of section 35(k), 40, 41(a) or 41.5 of Title 8 of the California Code of Regulations, and the Appeals Board later determines that good cause did not exist for the termination, the cost of the evaluation shall be deducted from the injured worker's award. A violation of section 40 or of any part of section 41(a) or 41.5 by the evaluator shall constitute good cause for purposes of an Appeals Board determination. No party shall be liable for any cost for medical reports or medical

services delivered as a result of an exam terminated for good cause.

(h) Nothing in this section shall require an evaluator to undertake or continue a comprehensive medical-legal evaluation where the injured worker or his/her representative uses abusive language towards the evaluator or evaluator's staff or deliberately attempts to disrupt the operation of the evaluator's office in any way. The evaluator shall state under penalty of perjury, the facts supporting the termination of the evaluation process. Upon request, the Medical Director shall investigate the facts and make a final determination of the issue(s).

(i) Nothing in this section shall require an evaluator selected from a panel to undertake or continue a comprehensive medical-legal evaluation where the injured worker is intoxicated or under the influence of any medication which impairs the injured worker's ability to participate in the evaluation process. The evaluator shall state under penalty of perjury, the facts supporting the termination of the evaluation process. Upon request, the Medical Director shall investigate the facts and make a final determination of the issue(s).

Note: Authority cited: Sections 133, 139.2, 5307.3 and 5307.6, Labor Code. Reference: Sections 139.2, 4060, 4061, 4062, 4062.1, 4062.2, 4062.3, 4062.5, 4067 and 4628, Labor Code.

History: 1. New section filed 4-11-95; operative 5-11-95 (Register 95, No. 15).

2. New subsection (b), subsection relettering, and amendment of redesignated subsection (b)(1) filed 7-18-95 as an emergency; operative 7-18-95 (Register 95, No. 29). A Certificate of Compliance must be transmitted to OAL by 11-15-95 or emergency language will be repealed by operation of law on the following day.

3. Certificate of Compliance as to 7-18-95 order including amendment of subsection (b), deletion of subsection (b)(1) designator, and amendment of Note transmitted to OAL 11-14-95 and filed 12-21-95 (Register 95, No. 51).

4. Amendment filed 4-14-2000; operative 5-14-2000 (Register 2000, No. 15).

5. Amendment of section and Note filed 1-13-2009; operative 2-17-2009 (Register 2009, No. 3).

§41.5. Conflicts of Interest by Medical Evaluators.

(a) An evaluator shall not request or accept any compensation or other thing of value from any source that does or could create a conflict with his or her duties as an evaluator under the

Labor Code or the regulations of the Administrative Director (Title 8 of the California Code of Regulations, Chapters 1 through 1.8, section 1 et seq) or of the Workers' Compensation Appeals Board (Title 8 of the California Code of Regulations, Chapters 1.9, sections 10600 through 10727).

(b) A conflict with the duties of an evaluator as used in Labor Code section 139.2(o) means having a disqualifying conflict of interest with one or more of the persons or entities described in subdivision (c) and failing to disclose the fact of the conflict.

(c) The persons or entities with whom a disqualifying conflict of interest can exist are:

- (1) The injured worker, or his or her attorney;
- (2) The employer, or the employer's attorney;
- (3) The claims adjuster or insurer or third party administrator, or their attorney, respectively;

(4) Any primary treating physician or secondary physician for the employee, if the treatment provided by that physician is disputed in the case;

(5) The utilization review physician reviewer or expert reviewer, or utilization review organization, only if the opinion of that reviewer or that utilization review organization is disputed in the case;

(6) The surgical center in which the injured worker had, or is proposed to be used to have, surgery, only if the need for surgery is disputed in the case.

(7) Other purveyor of medical goods or medical services, only if the medical necessity for using such goods or services is in dispute in the case.

(d) "Disqualifying Conflict of Interest" means the evaluator has any of the following relationships or interests with a person or entity listed in subdivision 41.5(c):

(1) A familial relationship of parent, child, grandparent, grandchild, sibling, uncle, aunt, nephew, niece, spouse, fiancée or cohabitant;

(2) A significant disqualifying financial interest, as defined below, including:

(A) Employment or a promise of employment;

(B) An interest of five (5) % or more in the fair market value of any form of business entity involved in workers' compensation matters, or

of private real property or personal property, or in a leasehold interest;

(C) Five (5) % or more of the evaluator's income is received from direct referrals by or from one or more contracts with a person or entity listed in subdivision 41.5(c), except that contracts for participation in a Medical Provider Network as defined under Labor Code section 4616 et seq shall be excluded;

(D) A financial interest as defined in Labor Code section 139.3 that would preclude referral by the evaluator to such a person or entity;

(E) A financial interest as defined under the Physician Ownership and Referral Act of 1993 (PORA) set out in Business and Professions Code sections 650.01 and 650.02 that would preclude referral by the evaluator to such a person or entity.

(3) A professional affiliation which means the evaluator performs services in the same medical group or other business entity comprised of medical evaluators who specialize in workers' compensation medical-legal evaluations;

(4) Any other relationship or interest not addressed by subdivisions (d)(1) through (d)(3) which would cause a person aware of the facts to reasonably entertain a doubt that the evaluator would be able to act with integrity and impartiality.

(e) An Agreed Medical Evaluator or a Qualified Medical Evaluator may disqualify himself or herself on the basis of a conflict of interest pursuant to this section whenever the evaluator has a relationship with a person or entity in a specific case, including doctor-patient, familial, financial or professional, that causes the evaluator to decide it would be unethical to perform a comprehensive medical-legal evaluation examination or to write a report in the case.

(f) An Agreed Medical Evaluator or Qualified Medical Evaluator who knows, or should know, that he or she has a disqualifying conflict of interest with any person or entity listed in subdivision 41.5(c), that also is involved in the specific workers' compensation claim identified to the evaluator, shall send written notification to the injured worker and the claims administrator, or if none the employer, or their respective attorneys if any, within five (5) business days of the evaluator becoming aware of the conflict. The written notice shall include, at a minimum:

1) disclosure that a disqualifying conflict of interest exists; 2) the person or entity with whom the conflict arises; and 3) the category of conflict, such as familial, significant financial, or other type of ethical conflict. Whenever the evaluator declines to perform an evaluation due to disqualifying himself or herself pursuant to subdivision 41.5(e), the parties shall be entitled to a replacement QME or, in represented cases a replacement panel pursuant to section 31.5 of Title 8 of the California Code of Regulations. Whenever the evaluator notifies the parties of a conflict without stating that he or she declines to perform the evaluation, the parties shall follow the procedures set out in section 41.6 of Title 8 of the California Code of Regulations. In any case in which the injured worker is not represented by an attorney, the evaluator shall fax a copy of the notice of conflict to the Medical Unit of the Division of Workers' Compensation at the same time it is sent to the parties.

(g) Any injured worker or claims administrator or if none the employer, including his or her attorney respectively, who knows of, or becomes aware of, a potential disqualifying conflict of interest, as defined under this section, with a specific evaluator selected to perform a comprehensive medical/legal examination and report or a follow up examination and report, shall notify the selected evaluator in writing at the earliest opportunity and no later than within five (5) business days of becoming aware of the potential conflict, to enable the evaluator to determine whether the disqualifying conflict exists. The notice shall include the person with whom the alleged conflict exists and the nature of the conflict. A copy of this notice shall be served on the opposing party at the same time as it is sent to the evaluator. The evaluator shall review the information provided and advise the parties in writing within five (5) business days of receipt of the notice whether the evaluator has a conflict of interest as specified in this section.

Note: Authority cited: Sections 133, 139.2(o) and 5307.3, Labor Code. Reference: Sections 139.2 and 139.3, Labor Code; and Sections 650.01 and 650.02, Business and Professions Code.

History: 1. New section filed 1-13-2009; operative 2-17-2009 (Register 2009, No. 3).

§41.6. Procedures After Notice of Conflict of Interest and Waivers of Conflicts of Interest of an Evaluator.

(a) Whenever an Agreed or Qualified Medical Evaluator notifies the parties that a disqual-

ifying conflict of interest exists, and even if it arises after the evaluator has performed an initial or follow up comprehensive medical-legal evaluation, the parties shall use the following procedures.

(b) An evaluator shall proceed with any scheduled evaluation involving a physical examination or supplemental report in the case, unless either the evaluator declines to proceed due to disqualifying himself or herself pursuant to section 41.5(e) of Title 8 of the California Code of Regulations or unless, pursuant to this section, the injured worker or the claims administrator is entitled to a replacement QME.

(c) Within five (5) business days of receipt of the evaluator's notice of conflict:

(1) If the injured worker is not represented by an attorney, the parties shall obtain a new evaluator by following the procedure provided under section 31.5 of Title 8 of the California Code of Regulations and a replacement QME, or when necessary replacement QME panel, shall be issued.

(2) If the injured worker is represented by an attorney, each party shall notify the evaluator and the opposing party in writing of the party's decision either to waive the conflict or to object to the evaluator on the basis of the evaluator's conflict. Whenever either party objects to the evaluator due to a conflict, the parties shall obtain a new evaluator by following the procedures provided in Labor Code section 4062.2 and section 31.5 of Title 8 of the California Code of Regulations.

(3) In the event the parties in a represented case wish to waive a conflict of interest, any such waiver shall be valid only if the general nature of the conflict of interest is disclosed in writing and on the same document, or duplicate copies of the same document, each party has signed a statement indicating that the signing party understands that the evaluator has a conflict of interest, the party understands the nature of the conflict, and the party wishes to waive the opportunity to obtain another evaluator. The signature of an attorney shall have the same effect as the signature of the party represented by the attorney, if a copy of the document signed by the attorney is served on the represented party by the attorney or by any other party or attorney. It shall be the duty of the attorney to serve a copy of the signed document on the party-client.

(d) Any dispute over whether a conflict of interest of an evaluator may affect the integrity and impartiality of the evaluator with respect to an evaluation report or supplemental report, and any dispute over waiver of an evaluator's conflict under this section, shall be determined by a Workers' Compensation Administrative Law Judge.

Note: Authority cited: Sections 133, 139.2(o) and 5307.3, Labor Code. Reference: Sections 139.2, 4060, 4061, 4062, 4062.1, 4062.2, 4064 and 4067, Labor Code.

History: 1. New section filed 1-13-2009; operative 2-17-2009 (Register 2009, No. 3).

§41.7. Gifts to Medical Evaluators.

(a) No physician reporting as an Agreed Medical Evaluator or a Qualified Medical Evaluator shall accept gifts that have a total fair market value in the aggregate of three hundred sixty dollars (\$ 360) or more, from any single source that handles California workers' compensation matters, in the course of any consecutive twelve months. The sources include, but are not limited to, one or more attorneys, physicians, employers, claims administrators, medical or health care or insurance or utilization review business entities. This prohibition shall not include reasonable and appropriate income earned from a Medical Provider Network as defined in Labor Code sections 4616 et seq, from a Health Care Organization as defined in Labor Code sections 4600.3 et seq, from a Preferred Provider Organization or managed care organization as defined in Health and Safety Code sections 1340 et seq for services performed as a treating physician nor for reasonable and appropriate income paid for services performed as reviewing physician or medical director pursuant to Labor Code section 4610, or for services performed as an Agreed Medical Evaluator or Qualified Medical Evaluator.

(b) For the purposes of this section, "Gift" means any payment to the extent that consideration of equal or greater value is not received. It includes any rebate or discount in the price of anything of value, unless the rebate or discount is also made in the regular course of business to members of the public, and any loan, forgiveness or other thing of value having a fair market value in excess of \$ 360 in the aggregate.

(c) Any person who claims that a payment, rebate, discount, loan, forgiveness, or other

thing of value is not a gift by reason of receipt of consideration has the burden of proving that the consideration received is of equal or greater value.

(d) A Qualified Medical Evaluator who violates any portion of this section shall be subject to disciplinary action pursuant to section 60 et seq of these regulations.

Note: Authority cited: Sections 133, 139.2(o) and 5307.3, Labor Code. Reference: Sections 139.2 and 139.3, Labor Code.

History: 1. New section filed 1-13-2009; operative 2-17-2009 (Register 2009, No. 3).

§43. Method of Evaluation of Psychiatric Disability.

(a) For all claims arising before January 1, 2005, not subject to section 43(b), the method of measuring the psychiatric elements of a disability shall be as set forth below in the "Psychiatric Protocols" as adopted by the Industrial Medical Council on July 16, 1992, and amended on March 18 and October 25, 1993. The full text of this document is available at no charge on the web at www.dir.ca.gov/IMC/guidelines.html or by calling the Medical Unit at 1-800-794-6900.

(b) For all claims having dates of injury on or after January 1, 2005, and for those compensable claims arising before January 1, 2005, where there has been either no comprehensive medical-legal report or no report by a treating physician indicating the existence of permanent disability, or when the claims administrator, or if none the employer, is not required to provide the notice required by section 4061 to the injured worker, the method of evaluating the psychiatric elements of impairment shall include describing the employee's symptoms, social, occupational and, if relevant, school functioning, and describing the rationale for the evaluator's assignment to a level of impairment as published in the Permanent Disability Rating Schedule adopted by the Administrative Director on or after January 2005 pursuant to section 9805 of Title 8 of the California Code of Regulations.

[Psychiatric Protocols Not Reproduced]

Note: Authority cited: Sections 133, 139.2(j)(4) and 5307.3, Labor Code. Reference: Sections 139.2(j)(4), 4060, 4061, 4062, 4062.1, 4062.2, 4067, 4628 and 4660, Labor Code, and Section 9805 of Title 8 of the California Code of Regulations.

History: 1. New section filed 12-7-93; operative 1-6-94 (Register 93, No. 50).

2. Change without regulatory effect amending section filed 3-15-94 pursuant to title 1, section 100, California Code of Regulations (Register 94, No. 11).

3. Change without regulatory effect amending section filed 9-7-95 pursuant to section 100, title 1, California Code of Regulations (Register 95, No. 36).

4. Change without regulatory effect amending section filed 7-12-2001 pursuant to section 100, title 1, California Code of Regulations (Register 2001, No. 28). Pursuant to this filing, material adopted pursuant to the Administrative Procedure Act that had previously been incorporated by reference in the California Code of Regulations was instead printed in full in the California Code of Regulations.

5. Amendment of section heading, section and Note filed 1-13-2009; operative 2-17-2009 (Register 2009, No. 3).

§44. Method of Evaluation of Pulmonary Disability.

(a) For all claims arising before January 1, 2005, not subject to section 44(b), the method of measuring the pulmonary elements of disability shall be as set forth below in the "Guidelines for Evaluation of Pulmonary Disability" as adopted by the Industrial Medical Council on December 4, 1997. The full text of this document is available at no charge on the web at www.dir.ca.gov/IMC/guidelines.html or by calling the Medical Unit at 1-800-794-6900.

(b) For all claims having dates of injury on or after January 1, 2005, and for those compensable claims arising before January 1, 2005, where there has been either no comprehensive medical-legal report or no report by a treating physician indicating the existence of permanent disability, or when the claims administrator, or if none the employer, is not required to provide the notice required by section 4061 to the injured worker, the method of measuring the pulmonary elements of impairment shall be as described in the American Medical Association, Guides to the Evaluation of Permanent Impairment [Fifth Edition] (AMA Guides). Permanent disability shall be described by applying the provisions of the Permanent Disability Rating Schedule adopted by the Administrative Director pursuant to section 9805 of Title 8 of the California Code of Regulations.

[Guidelines for Evaluation of Pulmonary Disability Not Reproduced]

Note: Authority cited: Sections 133, 139.2(j)(2) and 5307.3, Labor Code. Reference: Sections 139.2(j)(2),

4060, 4061, 4062, 4062.1, 4062.2, 4067, 4628 and 4660, Labor Code.

History: 1. New section filed 5-23-94; operative 6-22-94 (Register 94, No. 21).

2. Amendment of section and Note filed 6-19-98; operative 7-19-98 (Register 98, No. 25).

3. Change without regulatory effect amending section filed 7-12-2001 pursuant to section 100, title 1, California Code of Regulations (Register 2001, No. 28). Pursuant to this filing, material adopted pursuant to the Administrative Procedure Act that had previously been incorporated by reference in the California Code of Regulations was instead printed in full in the California Code of Regulations.

4. Amendment of section and Note filed 1-13-2009; operative 2-17-2009 (Register 2009, No. 3).

§45. Method of Evaluation of Cardiac Disability.

(a) For all claims arising before January 1, 2005, not subject to section 45(b), the method of measuring the cardiac elements of disability shall be set forth below in the "Guidelines for Evaluation of Cardiac Disability" as adopted by the Industrial Medical Council on December 4, 1997 and updated on July 19, 1998. The full text of this document is available at no charge on the web at www.dir.ca.gov/IMC/guidelines.html or by calling the Medical Unit at 1-800-794-6900.

(b) For all claims having dates of injury on or after January 1, 2005, and for those compensable claims arising before January 1, 2005, where there has been either no comprehensive medical-legal report or no report by a treating physician indicating the existence of permanent disability, or when the claims administrator, or if none the employer, is not required to provide the notice required by section 4061 to the injured worker, the method of measuring the cardiac elements of impairment shall be as described in the American Medical Association, Guides to the Evaluation of Permanent Impairment [Fifth Edition] (AMA Guides). Permanent disability shall be described by applying the provisions of the Permanent Disability Rating Schedule adopted by the Administrative Director pursuant to section 9805 of Title 8 of the California Code of Regulations.

[Guidelines for Evaluation of Cardiac Disability Not Reproduced]

Note: Authority cited: Sections 133, 139.2(j)(2) and 5307.3, Labor Code. Reference: Sections 139.2(j)(2), 4060, 4061, 4062, 4062.1, 4062.2, 4067, 4628 and 4660, Labor Code.

History: 1. New section filed 5-23-94; operative 6-22-94 (Register 94, No. 21).

2. Amendment of section and Note filed 6-19-98; operative 7-19-98 (Register 98, No. 25).

3. Change without regulatory effect amending section filed 7-12-2001 pursuant to section 100, title 1, California Code of Regulations (Register 2001, No. 28). Pursuant to this filing, material adopted pursuant to the Administrative Procedure Act that had previously been incorporated by reference in the California Code of Regulations was instead printed in full in the California Code of Regulations.

4. Amendment of section and Note filed 1-13-2009; operative 2-17-2009 (Register 2009, No. 3).

§46. Method of Evaluation of Neuromusculoskeletal Disability.

(a) For all claims arising before January 1, 2005, not subject to section 46(b), the method of measuring the neuromusculoskeletal elements of disability shall be as set forth below in the "Guidelines for Evaluation of Neuromusculoskeletal Disability" as adopted by the Industrial Medical Council on October 20, 1994. The full text of this document is available on the web at no charge at www.dir.ca.gov/IMC/guidelines.html or by calling the Medical Unit at 1-800-794-6900.

(b) For all claims having dates of injury on or after January 1, 2005, and for those compensable claims arising before January 1, 2005, where there has been either no comprehensive medical-legal report or no report by a treating physician indicating the existence of permanent disability, or when the claims administrator, or if none the employer, is not required to provide the notice required by section 4061 to the injured worker, the method of measuring the neuromusculoskeletal elements of impairment shall be as described in the American Medical Association, Guides to the Evaluation of Permanent Impairment [Fifth Edition] (AMA Guides). Permanent disability shall be described by applying the provisions of the Permanent Disability Rating Schedule adopted by the Administrative Director pursuant to section 9805 of Title 8 of the California Code of Regulations.

[Guidelines for Evaluation of Neuromusculoskeletal Disability Not Reproduced]

Note: Authority cited: Sections 133, 139.2(j)(2) and 5307.3, Labor Code. Reference: Sections 139.2, 4060, 4061, 4062, 4062.1, 4062.2, 4067, 4628 and 4660, Labor Code.

History: 1. New section filed 4-18-96; operative 4-18-96 pursuant to Government Code section 11343.4(d) (Register 96, No. 16).

2. Change without regulatory effect amending “Guidelines for Evaluation of Neuromusculoskeletal Disability, 2nd Ed.” (incorporated by reference) filed 6-6-96 pursuant to section 100, title 1, California Code of Regulations (Register 96, No. 23).

3. Change without regulatory effect amending Note filed 8-1-96 pursuant to section 100, title 1, California Code of Regulations (Register 96, No. 31).

4. Amendment of section and Note filed 4-14-2000; operative 5-14-2000 (Register 2000, No. 15).

5. Change without regulatory effect amending section filed 7-12-2001 pursuant to section 100, title 1, California Code of Regulations (Register 2001, No. 28). Pursuant to this filing, material adopted pursuant to the Administrative Procedure Act that had previously been incorporated by reference in the California Code of Regulations was instead printed in full in the California Code of Regulations.

6. Amendment of section and Note filed 1-13-2009; operative 2-17-2009 (Register 2009, No. 3).

§46.1. Guidelines for the Evaluation of Foot and Ankle Disability.

(a) For all claims before January 1, 2005, not subject to section 46.1(b), the method of measuring the elements of foot and ankle shall be set forth below in the “Guidelines for Evaluation of Foot and Ankle Disability” as adopted by the Industrial Medical Council on October 28, 2000. The full text of this document is available on the web at no charge at www.dir.ca.gov/IMC/guidelines.html or by calling the Medical Unit at 1-800-794-6900.

(b) For all claims having dates of injury on or after January 1, 2005, and for those compensable claims arising before January 1, 2005, where there has been either no comprehensive medical-legal report or no report by a treating physician indicating the existence of permanent disability, or when the claims administrator, or if none the employer, is not required to provide the notice required by section 4061 to the injured worker, the method of measuring the elements of foot and ankle impairment shall be described in the American Medical Association, Guides to the Evaluation of Permanent Impairment [Fifth Edition] (AMA Guides). Permanent disability shall be described by applying the provisions of the Permanent Disability Rating Schedule adopted by the Administrative Director pursuant to section 9805 of Title 8 of the California Code of Regulations.

Note: Authority cited: Sections 139, 139.2, 4060, 4061 and 4062, Labor Code. Reference: Sections 139, 139.2, 4060, 4061, 4061.5 and 4062, Labor Code.

History: 1. New section and appendices A-C filed 1-8-2003; operative 2-7-2003 (Register 2003, No. 2).
2. Repealer of section and Appendices A-C and new section filed 1-13-2009; operative 2-17-2009 (Register 2009, No. 3).

§47. Method of Evaluation of Immunologic Disability.

(a) For all claims before January 1, 2005, not subject to section 47(b), the method of measuring the immunologic elements of disability shall be set forth below in the “Guidelines for Immunologic Testing” as adopted by the Industrial Medical Council on March 17, 1994. The full text of this document is available on the web at no charge at www.dir.ca.gov/IMC/guidelines.html or by calling the Medical Unit at 1-800-794-6900.

(b) For all claims having dates of injury on or after January 1, 2005, and for those compensable claims arising before January 1, 2005, where there has been either no comprehensive medical-legal report or no report by a treating physician indicating the existence of permanent disability, or when the employer is not required to provide the notice required by section 4061 to the injured worker, the method of measuring the immunological elements of impairment shall be described in the American Medical Association, Guides to the Evaluation of Permanent Impairment [Fifth Edition] (AMA Guides). Permanent disability shall be described by applying the provisions of the Permanent Disability Rating Schedule adopted by the Administrative Director pursuant to section 9805 of Title 8 of the California Code of Regulations.

[Guidelines for Immunologic Testing Not Reproduced]

Note: Authority cited: Section 139.2(j)(2), Labor Code. Reference: Sections 139.2(j)(2), 4060, 4061 and 4062, Labor Code.

History: 1. New section filed 5-23-94; operative 6-22-94 (Register 94, No. 21).

2. Amendment of Note filed 4-14-2000; operative 5-14-2000 (Register 2000, No. 15).

3. Change without regulatory effect amending section filed 7-12-2001 pursuant to section 100, title 1, California Code of Regulations (Register 2001, No. 28). Pursuant to this filing, material adopted pursuant to the Administrative Procedure Act that had previously been incorporated by reference in the California Code

of Regulations was instead printed in full in the California Code of Regulations.

4. Amendment filed 1-13-2009; operative 2-17-2009 (Register 2009, No. 3).

ARTICLE 4.5

Minimum Time Guidelines

§49. Definitions.

The following definitions apply to this Article:

(a) Cardiovascular evaluation. "Cardiovascular evaluation" means the determination of disability due to pathological changes of the heart and/or the central circulatory system.

(b) Face to Face time. "Face to face time" means only that time the evaluator is present with an injured worker. This includes the time in which the evaluator performs such tasks as taking a history, performing a physical examination or discussing the worker's medical condition with the worker. Face to face time excludes time spent on research, records review and report writing. Any time spent by the injured worker with clinical or clerical staff who perform diagnostic or laboratory tests (including blood tests or x-rays) or time spent by the injured worker in a waiting room or other area outside the evaluation room is not included in face to face time.

(c) Medical evaluation. "Medical evaluation" means a comprehensive medical-legal evaluation as defined under section 9793 of Article 5.6, Subchapter 1, Chapter 4.5 of Title 8 of the California Code of Regulations.

(d) Neuromusculoskeletal evaluation. "Neuromusculoskeletal evaluation" means the determination of disability due to injury to the central nervous systems, the spine and extremities, and the various muscle groups of the body.

(e) Psychiatric evaluation. "Psychiatric evaluation" means the determination of disability due to psychopathology, by either a psychiatrist or psychologist following the Method of Measurement of Psychiatric Disability set out in section 43 of Title 8 of the California Code of Regulations.

(f) Pulmonary evaluation. "Pulmonary evaluation" means the determination of disability due to pathological changes of the lungs and/or other components of the respiratory system.

(g) QME. "QME" means Qualified Medical Evaluator appointed by the Administrative Director pursuant to Labor Code section 139.2.

(h) Uncomplicated evaluation. "Uncomplicated evaluation" means a face to face evaluation in which all of the following are recorded in the medical report: Minimal or no review of records, minimal or no diagnostic studies or laboratory testing, minimal or no research, and minimal or no medical history taking.

Note: Authority cited: Sections 133, 139.2 and 5307.3, Labor Code. Reference: Sections 139.2, 4060, 4061, 4062, 4062.1, 4062.2, 4067, 4628 and 4660, Labor Code.

History: 1. Change without regulatory effect relocating article 4.5 heading and renumbering former section 149 to new section 49 filed 8-31-94 pursuant to section 100, title 1, California Code of Regulations (Register 94, No. 35).

2. Change without regulatory effect amending article heading filed 9-28-94 pursuant to section 100, title 1, California Code of Regulations (Register 94, No. 39).

3. Amendment of subsection (b) filed 4-14-2000; operative 5-14-2000 (Register 2000, No. 15).

4. Amendment of section and Note filed 1-13-2009; operative 2-17-2009 (Register 2009, No. 3).

§49.2. Neuromusculoskeletal Evaluation.

A medical evaluation concerning a claim for neuromusculoskeletal injury (whether specific or cumulative in nature) shall not be completed by a QME in fewer than 20 minutes of face to face time. Twenty minutes is the minimum allowable face to face time for an uncomplicated evaluation. The evaluator shall state in the evaluation report the amount of face to face time actually spent with the injured worker and explain in detail any variance below the minimum amount of face to face time stated in this regulation.

Note: Authority cited: Sections 133, 139.2(j) and 5307.3, Labor Code. Reference: Sections 139.2, 4060, 4061, 4062, 4062.1, 4062.2, 4067, 4628 and 4660, Labor Code.

History: 1. Change without regulatory effect renumbering former section 149.2 to new section 49.2 filed 8-31-94 pursuant to section 100, title 1, California Code of Regulations (Register 94, No. 35).

2. Amendment of section and Note filed 1-13-2009; operative 2-17-2009 (Register 2009, No. 3).

§49.4. Cardiovascular Evaluation.

A medical evaluation concerning a claim for cardiovascular injury (whether specific or cumu-

lative in nature) shall not be completed by a QME in fewer than 30 minutes of face to face time. Thirty minutes is the minimum allowable face to face time for an uncomplicated evaluation. The evaluator shall state in the evaluation report the amount of face to face time actually spent with the injured worker and explain in detail any variance below the minimum amount of face to face time stated in this regulation.

Note: Authority cited: Sections 133, 139.2(j) and 5307.3, Labor Code. Reference: Sections 139.2, 4060, 4061, 4062, 4062.1, 4062.2, 4067, 4628 and 4660, Labor Code.

History: 1. Change without regulatory effect renumbering former section 149.4 to new section 49.4 filed 8-31-94 pursuant to section 100, title 1, California Code of Regulations (Register 94, No. 35).
2. Amendment of section and Note filed 1-13-2009; operative 2-17-2009 (Register 2009, No. 3).

§49.6. Pulmonary Evaluation.

A medical evaluation concerning a claim for pulmonary injury (whether specific or cumulative in nature) shall not be completed by a QME in fewer than 30 minutes of face to face time. Thirty minutes is the minimum allowable face to face time for an uncomplicated evaluation. The evaluator shall state in the evaluation report the amount of face to face time actually spent with the injured worker and explain in detail any variance below the minimum amount of face to face time stated in this regulation.

Note: Authority cited: Sections 133, 139.2(j) and 5307.3, Labor Code. Reference: Sections 139.2, 4060, 4061, 4062, 4062.1, 4062.2, 4067, 4628 and 4660, Labor Code.

History: 1. Change without regulatory effect renumbering former section 149.6 to new section 49.6 filed 8-31-94 pursuant to section 100, title 1, California Code of Regulations (Register 94, No. 35).
2. Amendment of section and Note filed 1-13-2009; operative 2-17-2009 (Register 2009, No. 3).

§49.8. Psychiatric Evaluation.

A medical evaluation concerning a claim for psychiatric injury (whether specific or cumulative in nature) shall not be completed by a QME in less than one hour of face to face time. One hour is considered the minimum allowable face to face time for an uncomplicated evaluation. The evaluator shall state in the evaluation report the amount of face to face time actually spent with the injured worker and explain in detail any variance below the minimum amount of face to face time stated in this regulation.

Note: Authority cited: Sections 133, 139.2(j) and 5307.3, Labor Code. Reference: Sections 139, 139.2, 4060, 4061, 4062, 4062.1, 4062.2, 4067, 4628 and 4660, Labor Code.

History: 1. Change without regulatory effect renumbering former section 149.8 to new section 49.8 filed 8-31-94 pursuant to section 100, title 1, California Code of Regulations (Register 94, No. 35).

2. Amendment of section and Note filed 1-13-2009; operative 2-17-2009 (Register 2009, No. 3).

§49.9. Other Evaluation.

A medical evaluation concerning a claim for any injury (whether specific or cumulative in nature) not specifically included in this article shall not be completed by a QME in fewer than 30 minutes of face to face time. Thirty minutes is the minimum allowable face to face time for an uncomplicated evaluation. The evaluator shall state in the evaluation report the amount of face to face time actually spent with the injured worker and explain in detail any variance below the minimum amount of face to face time stated in this regulation.

Note: Authority cited: Sections 133, 139.2(j) and 5307.3, Labor Code. Reference: Sections 139.2, 4060, 4061, 4062, 4062.1, 4062.2, 4067, 4628 and 4660, Labor Code.

History: 1. Change without regulatory effect renumbering former section 149.9 to new section 49.9 filed 8-31-94 pursuant to section 100, title 1, California Code of Regulations (Register 94, No. 35).

2. Amendment of section and Note filed 1-13-2009; operative 2-17-2009 (Register 2009, No. 3).

ARTICLE 5

QME Reappointment

§50. Reappointment: Requirements and Application Form.

(a) In addition to the eligibility requirements set forth in section 11, a physician may seek reappointment on the basis that he or she was an active QME on June 30, 2000. For all physicians, applications for reappointment shall include a Reappointment Application Form in section 104, and the appropriate fee under section 17. The reappointment application and the appropriate fee shall be filed at the Administrative Director's headquarters office listed on the reappointment form.

(b) Any Reappointment Application Form may be rejected if it is incomplete or does not contain the required supporting documentation

listed in section 11 and on the Reappointment Application Form. As part of the approval of the Reappointment Application Form, the Administrative Director shall verify that the QME has complied with all requirements under this Article.

(c) When a QME applies for reappointment, he or she shall submit a statement signed under penalty of perjury:

(1) attesting that he or she has completed the applicable QME continuing education requirement; and

(2) listing the dates, locations, and titles of the continuing education programs and the names of the providers of those programs which he or she has taken to meet the requirement of Labor Code section 139.2(d)(3), as well as the number of hours of attendance at each program. The Administrative Director may randomly audit QMEs for documentation of program attendance, which supports compliance with this requirement; and

(3) attesting that the physician has accurately reported on the QME SFI Form 124 to the best of the QME's knowledge the information required by section 29 regarding the QME's specified financial interests; and

(4) attesting that the physician's license to practice as a physician, as defined under Labor Code section 3209.3, is neither restricted nor encumbered by suspension or probation, nor has the physician been convicted of a misdemeanor or felony related to the physician's practice or a crime of moral turpitude, and that the physician will notify the Administrative Director if the physician's license to practice is subsequently suspended or placed on probation or if the physician is convicted of a misdemeanor or felony related to the physician's practice or of a crime of moral turpitude; and

(5) attesting that the physician shall abide by all regulations of the Administrative Director and shall refrain from making referrals in violation of those regulations; and

(6) attesting that the physician has not performed a QME evaluation during a time when the physician was not appointed as a QME.

Note: Authority cited: Sections 133, 139.2 and 5307.3, Labor Code. Reference: Sections 139.2, Labor Code.

History: 1. New article 5 and repealer and new section filed 8-1-94; operative 8-31-94 (Register 94, No. 31). For prior history, see Register 91, No. 26.

2. Change without regulatory effect amending first paragraph and subsection (i) filed 4-19-95 pursuant to section 100, title 1, California Code of Regulations (Register 95, No. 16).

3. Amendment of article 5 heading and renumbering of former section 50 to new section 53 and new section filed 8-23-96; operative 9-22-96 (Register 96, No. 34).

4. Amendment filed 4-14-2000; operative 5-14-2000 (Register 2000, No. 15).

5. Amendment of section heading and section and new Note filed 9-6-2001; operative 10-6-2001 (Register 2001, No. 36).

6. Amendment of section and Note filed 1-13-2009; operative 2-17-2009 (Register 2009, No. 3).

§51. Reappointment: Failure to Comply with Time Frames.

All QMEs shall comply with the time frames in sections 34 and 38 as a condition for reappointment. The Administrative Director may deny reappointment to any QME who has failed to comply with the evaluation time frames in sections 34 and 38 on at least three occasions during the calendar year.

Note: Authority cited: Sections 133, 139.2 and 5307.3, Labor Code. Reference: Section 139.2(d)(1), Labor Code.

History: 1. Repealer and new section filed 8-1-94; operative 8-31-94 (Register 94, No. 31). For prior history, see Register 91, No. 26.

2. Renumbering of former section 51 to new section 60 and new section filed 8-23-96; operative 9-22-96 (Register 96, No. 34).

3. Renumbering of former section 51 to section 53 and renumbering of former section 50.1 to section 51 filed 4-14-2000; operative 5-14-2000 (Register 2000, No. 15).

4. Amendment of section and Note filed 1-13-2009; operative 2-17-2009 (Register 2009, No. 3).

§52. Reappointment: Unavailability Notification.

All QMEs shall comply with the unavailability notification requirements in section 33 as a condition for reappointment. The Administrative Director may deny reappointment of any QME who has filed notification for unavailability under section 33 for more than 90 calendar days during the calendar year, or who has on any single occasion refused without good cause to perform a medical-legal evaluation.

Note: Authority cited: Sections 133, 139.2 and 5307.3, Labor Code. Reference: Sections 139.2(d) and 139.2(j)(6), Labor Code.

History: 1. Repealer and new section filed 8-1-94; operative 8-31-94 (Register 94, No. 31). For prior history, see Register 91, No. 26.

2. Renumbering of former section 52 to new section 61, renumbering of former section 50.3 to new section 52 and amendment of section filed 8-23-96; operative 9-22-96 (Register 96, No. 34).

3. Renumbering of former section 52 to section 54 and renumbering of former section 50.2 to section 52 filed 4-14-2000; operative 5-14-2000 (Register 2000, No. 15).

4. Amendment of section and Note filed 1-13-2009; operative 2-17-2009 (Register 2009, No. 3).

§53. Reappointment: Failure of Board Certification Examination. [Repealed]

History: 1. Repealer and new section filed 8-1-94; operative 8-31-94 (Register 94, No. 31). For prior history, see Register 91, No. 26.

2. Renumbering of former section 53 to new section 62, renumbering of former section 50 to new section 53 and amendment of section filed 8-23-96; operative 9-22-96 (Register 96, No. 34).

3. Amendment filed 3-15-99; operative 4-14-99 (Register 99, No. 12).

4. Renumbering of former section 53 to section 55 and renumbering of former section 51 to section 53 filed 4-14-2000; operative 5-14-2000 (Register 2000, No. 15).

5. Repealer filed 1-13-2009; operative 2-17-2009 (Register 2009, No. 3).

§54. Reappointment: Evaluations Rejected by Appeals Board.

The Administrative Director may deny reappointment to any QME who has had more than five evaluations rejected by a Workers' Compensation Judge or the Appeals Board originally submitted at a contested hearing. The rejection shall be based on the failure of the QME's evaluation to prove or disprove a contested issue or failure to comply with guidelines promulgated by the Administrative Director pursuant to Labor Code section 139.2(j)(2), (3), (4) or (5). A specific finding must become final and the time for appeal must have expired before any rejected evaluation shall be counted as one of the five rejections.

Note: Authority cited: Sections 133, 139.2 and 5307.3, Labor Code. Reference: Sections 139.2(d) and 139.2(j)(6), Labor Code.

History: 1. New section filed 5-9-91; operative 5-9-91 (Register 91, No. 26). New section is exempt from review by OAL pursuant to Government Code section 11351(a).

2. Repealer filed 8-1-94; operative 8-31-94 (Register 94, No. 31).

3. Renumbering of former section 52 to section 54 filed 4-14-2000; operative 5-14-2000 (Register 2000, No. 15).

4. Amendment of section and Note filed 1-13-2009; operative 2-17-2009 (Register 2009, No. 3).

§55. Reappointment: Continuing Education Programs.

A QME shall complete within the previous 24 months of his or her term of appointment 12 hours of continuing education in disability evaluation or workers' compensation related medical dispute evaluation given by a provider accredited by the Administrative Director.

(a) There are two types of continuing education programs:

(1) On-site programs, in which the instructor and QME are in the same location; and

(2) Distance learning programs.

(A) Providers of distance learning programs shall give either a pre- or post-course self-examination based on the program material. The provider shall grade the QME's test. Credit for the course can be given only for a passing rate of no lower than 70 percent correct responses. The Administrative Director may audit physicians' examinations and scores.

(B) Credit for distance learning courses shall be granted for the actual time spent viewing, listening to or participating in the program and for the reasonable and necessary time to take the examinations for up to six hours per program. Credit for the same distance learning program may be taken only once.

(C) All distance learning materials shall bear a date of release and shall be updated every three years. The provider shall notify the Administrative Director in writing of the revision.

(b) In addition to granting credit for attending a course or program which it gives, the Administrative Director may grant credit for:

(1) Participating in a panel on the development or review of the QME competency examination. A physician may receive one hour credit for each hour of participation on a panel. The QME shall obtain documentation of participation from the test administrator for submission to the Administrative Director.

(2) Instructing in a program given for QME credit by a provider accredited by the Administrative Director. The instructor may receive two

hours of credit for each hour of instruction in an accredited provider's program or one hour of credit for each hour of participation on a panel. Credit for the same presentation may be taken only once during each calendar year. The QME shall submit documentation of participation from the program provider to the Administrative Director.

(3) Attending a program which is accepted by the QME's licensing board for renewal of his or her professional license, provided the subject matter is directly related to California impairment evaluation or workers' compensation medical dispute evaluation.

To request credit for this type of course, the QME must submit:

- (A) proof of attendance;
- (B) written material which describes the program content and program faculty; and
- (C) documentation that the program is for continuing education credit by the physician's licensing board.

(4) Passing the QME competency examination. A QME may be granted six hours of continuing education credit for passing this examination for the purpose of receiving an initial appointment as a QME.

(c) To apply to the Administrative Director for accreditation, a provider shall submit to the Administrative Director, at least 60 calendar days before any public advertisement of the applicant's program or course is made:

(1) a completed form 118, in section 118 of these regulations.

(2) A curriculum vitae for each proposed instructor or author (for paper-based programs). A proposed instructor or author shall have education and/or training and recent work experience relevant to the subject of his/her presentation.

(3) The proposed promotional material for the program.

(4) An outline of course content, or actual course content, consistent with the topics in section 11.5(c) of Title 8 of the California Code of Regulations.

(d) The Administrative Director shall accredit an applicant who meets the definition of an education provider in Section 1(q); submits a completed, signed and dated application which demonstrates past experience in providing continuing education programs; and proposes a program which meets the requirements of sec-

tion 55(c) or a course which meets the requirements of section 11.5(a) and (i). Proposed content for continuing education program credit must relate directly to disability evaluation or California workers' compensation-related medical dispute evaluation. No credit shall be recognized by the Administrative Director for material solely discussing the business aspects of workers' compensation medical practice such as billing, coding and marketing.

(e) The Administrative Director shall notify the applicant within 30 calendar days after receipt of the application containing all the information listed in section 55(c) whether that provider has been accredited for a two year period. Incomplete applications will be returned to the applicant.

(f) A provider that has been accredited by the Administrative Director will be given a number which must be displayed on any public advertisements of QME continuing education programs for that provider with the statement "Accredited by the Administrative Director of the California Division of Workers' Compensation for Qualified Medical Evaluator continuing education. Physicians may report up to _____ hours of credit for QME reappointment."

(g) On or before the date the program is first presented or distributed, the provider shall submit the program syllabus (all program handouts) to the Administrative Director. Each distance learning program shall also submit one copy of the examinations and one copy of the audio/video tapes, computer program or each issue of the journal or newsletter for which credit is to be granted.

(h) A provider may offer different QME continuing education programs during the two-year accreditation period provided the subject matter is in disability evaluation or workers' compensation related medical dispute resolution. The provider shall send the Administrative Director the program outlined and faculty for each new program at least forty-five (45) days prior to the date of presentation of the new program. The Administrative Director may require submission of program syllabi. The Administrative Director may require changes in the program based on its review of the program outline, program syllabi, promotional material or faculty if the Administrative Director finds that any aspect of the program is not in compliance with these regulations.

(i) Promotional materials for a program must state the educational objectives; the professional qualifications of program faculty (at least all relevant professional degrees); the content of program activities; the maximum number of credit hours to be granted; and the intended audience.

(j) Joint sponsorship of education programs (as between an accredited and an unaccredited provider) must be approved by the Administrative Director prior to presentation of the program.

(k) Accredited providers that cease to offer education programs shall notify the Administrative Director in writing.

(l) Instructors shall not recruit members or promote commercial products or services immediately before, during or after a course. Providers or vendors may display/sell educational related to workers' compensation or applications for membership in an area adjoining a course. A course provider or faculty member shall disclose on QME Form 119 (Faculty Disclosure of Commercial Interest), located in section 119 of Title 8 of the California Code of Regulations, any significant financial interest in or affiliation with any commercial product or service held by faculty and discussed in a course and that interest or affiliation must be disclosed to all attendees. A provider shall file every Form 119 in its possession or in its control with the Administrative Director.

(m) The provider shall issue a certificate of completion to each QME who successfully completes a continuing education program. The certificate must list the provider; provider number; date(s); location and title of the continuing education program; and the number of hours in attendance for which credit is to be granted. Credit shall be granted only for the actual time of attendance at or participation in a program. Each accredited provider may in its sole discretion limit the amount of credit hours that a course will be granted to less than the amount of time actually spent in attendance in the course.

(n) To apply for re-accreditation, a provider must submit a completed QME Form 118 (Application for Accreditation or Re-Accreditation as Education Provider) (See, 8 Cal. Code Regs. § 118). The provider may complete section 2 of the form using a new program or course or one which was given by the provider during the recent accreditation period. The Administrative

Director shall give the provider ninety (90) days' notice of the need to seek re-accreditation.

(o) The provider shall maintain attendance records for each continuing education program for a period of no less than three (3) years after the program is given. A physician attending the program must be identified by signature. The provider must submit a copy of the signature list to the Administrative Director within sixty (60) days of completion of the program.

(p) The provider is required to give the QME's Evaluation Form 117 (Qualified Medical Evaluator Continuing Education Response Form) (See, 8 Cal. Code Regs. § 117) to program attendees and request they submit the form to the Administrative Director. This information shall not be used in lieu of a certification of completion given by the provider, as specified pursuant to section (m). Destruction by a provider or its employee of a QME's Evaluation Form or failure by such provider or its employee to distribute Form 117 as part of its program shall constitute grounds for revocation of a provider's accredited status. The Administrative Director shall tabulate the responses and return a summary to the provider within ninety (90) days of completion of the program.

(q) The Administrative Director may audit a provider's program(s) at the request of the medical director to determine if the provider meets the criteria for accreditation. The Administrative Director may audit programs randomly, when a complaint is received, or on the basis of responses on QME Form 117 (Qualified Medical Evaluator Continuing Education Response Form) (See, 8 Cal. Code Regs. § 117). An auditor shall not receive QME credit for an audited program. The Administrative Director shall make written results of the audit available to the provider no more than thirty (30) days after the audit is completed.

(r) The Administrative Director may withdraw accreditation of a provider or deny such a provider's application for accreditation on the following grounds (in addition to failure to meet the relevant requirements of subdivision 11.5(a) or 55(c) of Title 8 of the California Code of Regulations):

(1) Conviction of a felony or any offense substantially related to the activities of the provider.

(2) Any material misrepresentation of fact made by the provider.

(3) Failure to comply with Administrative Director regulations.

(4) False or misleading advertising.

(5) Failure to comply with Administrative Director recommendations following an audit.

(6) Failure to distribute QME Form 117 (Qualified Medical Evaluator Continuing Education Response Form) (See, 8 Cal. Code Regs. § 117) cards to program attendees.

NOTE: Forms referred to above are available at no charge by downloading from the web at www.dir.ca.gov/dwc/forms.html or by requesting at 1-800-794-6900.

Note: Authority cited: Sections 133, 139.2 and 5307.3, Labor Code. Reference: Sections 139.2, 4060, 4061, 4062, 4062.1, 4062.2, 4062.3, 4067 and 4628, Labor Code.

History: 1. New section filed 5-9-91; operative 5-9-91 (Register 91, No. 26). New section is exempt from review by OAL pursuant to Government Code section 11351(a).

2. Repealer filed 8-1-94; operative 8-31-94 (Register 94, No. 31).

3. Renumbering of former section 53 to section 55 filed 4-14-2000; operative 5-14-2000 (Register 2000, No. 15).

4. Amendment of section heading and section filed 9-6-2001; operative 10-6-2001 (Register 2001, No. 36).

5. Amendment of section and Note filed 1-13-2009; operative 2-17-2009 (Register 2009, No. 3).

§56. Reappointment: Failure to Comply with WCAB Order or Ruling.

The Administrative Director may deny reappointment to any QME who has been found in violation of any order or ruling by a Workers' Compensation Judge or the Appeals Board.

Note: Authority cited: Sections 133, 139.2 and 5307.3, Labor Code. Reference: Sections 139.2(d) and 139.2(j)(6), Labor Code.

History: 1. New section filed 4-14-2000; operative 5-14-2000 (Register 2000, No. 15). For prior history see Register 94, No. 31.

2. Amendment of section and Note filed 1-13-2009; operative 2-17-2009 (Register 2009, No. 3).

§57. Reappointment: Professional Standard—Violation of Business and Professions Code Section 730.

The Administrative Director may deny appointment or reappointment to any physician who has performed a QME evaluation or examination without valid QME certification at the

time of examining the injured worker or the time of signing the initial or follow-up evaluation report.

Note: Authority cited: Sections 133, 139.2 and 5307.3, Labor Code; and Section 730, Business and Professions Code. Reference: Sections 139.2(d) and 139.2(j)(6), Labor Code; and Section 730, Business and Professions Code.

History: 1. New section filed 4-14-2000; operative 5-14-2000 (Register 2000, No. 15).

2. Amendment of section and Note filed 1-13-2009; operative 2-17-2009 (Register 2009, No. 3).

ARTICLE 6 QME Discipline

§60. Discipline.

(a) The Administrative Director may, in his or her discretion, suspend or terminate any physician from the QME list without hearing:

(1) whose license has been revoked;

(2) whose license has been suspended or terminated by the relevant licensing board so as to preclude practice;

(3) who has been convicted of a misdemeanor or felony related to the conduct of his or her practice or who has been suspended or placed on probation by his or her licensing board;

(4) based on a stipulation or a decision by the physician's licensing board that the physician has been placed on probation;

(5) who has failed to pay timely the appropriate fee as required under section 17 of Title 8 of the California Code of Regulations.

(b) The Administrative Director may, based on a complaint by the Medical Director, and following a hearing pursuant to section 61 of Title 8 of the California Code of Regulations, suspend, terminate or place on probation a QME found in violation of a statutory or administrative duty as described in the Administrative Director Sanction Guidelines for QMEs under section 65 of Title 8 of the California Code of Regulations. Such violations include, but are not limited to:

(1) one violation of Labor Code section 139.3 or 4628;

(2) failure to follow the medical procedures established by the Administrative Director pursuant to Labor Code section 139.2(j)(1)(2)(3)(4)(5) or (6);

(3) failure to comply with the requirements of Labor Code section 139.2(b) or (c) and/or section 10, 10.5, 11 or 12 of Title 8 of the California Code of Regulations;

(4) failure to comply with the unavailability notification requirements pursuant to section 33 of Title 8 of the California Code of Regulations.

(5) failure to comply with the disclosure, ethical or conflict of interest requirements pursuant to sections 40, 41 or 41.5, respectively, of Title 8 of the California Code of Regulations;

(6) failure to complete accurate and complete reports pursuant to Labor Code section 139.2(i) or to comply with section 39.5 of Title 8 of the California Code of Regulations.

(7) one finding by the Appeals Board of ex parte contact by the QME prohibited by Labor Code section 4062.3.

(8) one finding by the Administrative Director that the QME solicited an injured worker to take over that worker's treatment for his or her workers compensation claim.

(9) failure to disclose a disqualifying conflict of interest as required by section 41.5 of Title 8 of the California Code of Regulations;

(10) failure to disclose a significant financial interest, as defined in sections 1(cc) and 29 of Title 8 of the California Code of Regulations.

(c) The Medical Director may file a complaint with the Administrative Director against a QME on any of the grounds listed in subsection (b) based on a complaint from a member of the public and/or the Medical Director's own initiative. The Medical Director may assign legal counsel and investigators to conduct all matters related to this Article.

(d) The powers and discretion of the Administrative Director are hereby delegated to the Medical Director of the Division, or his or her designee Associate Medical Director, with respect to:

- (1) Conducting investigations and assigning investigators;
- (2) Issuing subpoenas for testimony and/or production of documents;
- (3) Propounding interrogatories;
- (4) Receiving and filing requests for hearing and notices of defense;
- (5) Setting and calendaring cases for hearing;
- (6) Issuing notices of hearing;

(7) Assigning counsel; and

(8) Performing all other functions related to QME discipline under this Article, except for issuing statements of issues, issuing accusations and issuing disciplinary orders after hearing.

(e) A report prepared by a QME which has not been completed and served on one or more parties prior to the date of the final decision taken by the licensing board or the date of the conviction, whichever is earlier, shall be inadmissible before the Appeals Board and no party shall have liability for payment for the report.

Note: Authority cited: Sections 11180-11191, Government Code; Sections 111, 133, 139.2 and 5307.3, Labor Code. Reference: Sections 139.2 and 4062.3, Labor Code.

History: 1. New article 6 (sections 60-62), renumbering of former section 51 to new section 60, repealer and new subsection (a), amendment of subsection (b), new subsection (b)(6) and subsection renumbering, and new subsections (b)(8) and (d) filed 8-23-96; operative 9-22-96 (Register 96, No. 34).

2. Amendment filed 4-14-2000; operative 5-14-2000 (Register 2000, No. 15).

3. Amendment of section and Note filed 1-13-2009; operative 2-17-2009 (Register 2009, No. 3).

§61. Hearing Procedure.

(a) Where the Medical Director determines that there is prima facie evidence of any violation of section 60 of Title 8 of the California Code of Regulations, he or she shall make and submit a prima facie case of the violation to the Administrative Director.

(b) If the Administrative Director sustains the Medical Director's prima facie case, the QME shall be notified in writing of the determination and shall also be notified of his or her right to a hearing in accordance with Chapter 4 (commencing with Section 11370) and Chapter 5 (commencing with section 11500) and Part 1 of Division 3 of the Government Code.

(1) The Administrative Director may, notwithstanding Government Code section 11502, assign the hearing to a hearing officer designated by the Medical Director who shall act as an Administrative Law Judge for the purposes of Government Code sections 11370 et seq. and 11500 et seq., or may delegate in whole or in part to an Administrative Law Judge the authority to conduct the hearing and decide the case. In the event of a hearing, the hearing officer or Administrative Law Judge shall fix the time and place of the hearing and notify interested parties

in writing no fewer than 10 days in advance of the hearing and in accordance with Code of Civil Procedure sections 1013(a) and 2015.5 specifying the time and place of the hearing.

(2) If an Administrative Law Judge conducts a hearing, the Administrative Law Judge selected to preside over the hearing shall hear the case alone, and exercise all powers related to the conduct of the hearing.

(3) At the conclusion of the hearing, the Administrative Law Judge or hearing officer shall file a written statement of findings and proposed decision with the Administrative Director. The decision made pursuant to this action shall include specific findings in accordance with section 60(b) of Title 8 of the California Code of Regulations, and under section 65 of Title 8 of the California Code of Regulations shall recommend, but defer to the Administrative Director the final decision with respect to sanctions.

(4) The Administrative Director's decision on which sanction(s) to impose on a QME, pursuant to Labor Code section 139.2(k) or any other statute giving the Administrative Director disciplinary authority, shall be in accordance with the Sanction Guidelines for Qualified Medical Evaluators under section 65 of Title 8 of the California Code of Regulations.

(5) In accordance with Government Code section 11517(c), if the proposed decision is not adopted by the Administrative Director, the Administrative Director shall determine whether or not to decide the case, based on the record and transcript, and/or whether or not to take additional evidence or to refer the case back to the Administrative Law Judge to take additional evidence on any issue or issues requested by the Administrative Director.

(6) Within thirty (30) days of the date the written decision is served upon the QME, the QME may file a petition for reconsideration with the Administrative Director. The petition shall be governed by Government Code section 11521 and shall set forth any legal or factual basis as to why the decision should not be confirmed.

(c) Judicial Review of the Administrative Director's decision may be had by the filing of a petition for writ of mandate pursuant to Government Code Section 11523 no later than thirty (30) days after the last day on which the

Administrative Director can order reconsideration in accordance with (b)(6) of this section.

Note: Authority cited: Sections 133, 139.2, 5307.3 and 5307.4, Labor Code; and Sections 11370 *et seq.* and 11500 *et seq.*, Government Code. Reference: Section 139.2, Labor Code; and Sections 11502 *et seq.*, Government Code.

History: 1. Renumbering of former section 52 to new section 61, and amendment of subsections (c) and (d) filed 8-23-96; operative 9-22-96 (Register 96, No. 34).

2. Repealer and new section and amendment of Note filed 4-14-2000; operative 5-14-2000 (Register 2000, No. 15).

3. Amendment of section and Note filed 1-13-2009; operative 2-17-2009 (Register 2009, No. 3).

§62. Probation.

(a) A physician on probationary status from his or her licensing authority may be placed on probationary status by the Administrative Director in its discretion in accordance with Sanction Guidelines for Qualified Medical Evaluators under section 65 of Title 8 of the California Code of Regulations.

(b) A QME on probationary status may be required to report periodically to the Medical Director to ensure compliance with any conditions of probation that have been imposed by the Administrative Director. These conditions may include the completion of specific courses and training.

(c) A QME shall be deemed to have passed probation and be eligible for reappointment if he or she has complied with the conditions imposed by the Administrative Director during the probation period, and meets the requirements for reappointment in accordance with Article 5.

(d) A QME shall be deemed to have failed probation if upon completion of the probation period it is determined that he or she has not complied with the conditions imposed by the Administrative Director during the probation period, and/or has failed to meet the requirements for reappointment in accordance with Article 5.

(e) The Administrative Director shall terminate probation, which shall be equivalent to a failure to pass probation, before completion of the probation period if during the probation period it is determined that a QME has not complied with the conditions of probation.

Note: Authority cited: Sections 133, 139.2 and 5307.3, Labor Code. Reference: Sections 139.2, 4060,

4061, 4062, 4062.1, 4062.2, 4067 and 4628, Labor Code.

- History:** 1. Renumbering of former section 53 to new section 62, new subsection (a) and subsection relettering, and amendment of subsections (c) and (d) filed 8-23-96; operative 9-22-96 (Register 96, No. 34).
2. Amendment of subsections (a), (c) and (d) filed 4-14-2000; operative 5-14-2000 (Register 2000, No. 15).
3. Amendment of section and Note filed 1-13-2009; operative 2-17-2009 (Register 2009, No. 3).

§63. Denial of Appointment or Reappointment.

(a) Whenever the Administrative Director determines that an application for appointment or reappointment as a Qualified Medical Evaluator will be denied, the Administrative Director shall:

(1) Notify the applicant in writing of the decision to deny the application and the reasons for the denial; and

(2) Provide notice that if the applicant submits a specific, written response to the notice of denial within thirty (30) days, the Administrative Director will review the decision to deny the application, and within sixty (60) days of receipt of the response notify the applicant of the Administrative Director's final decision.

(b) If the applicant fails to submit a specific, written response to the notice of denial within thirty (30) days, the decision to deny shall become final without any further notice.

(c) If the applicant submits a specific, written response, and the Administrative Director's final decision is that the application should be denied, notice of the final decision shall be provided to the applicant by means of a statement of issues and notice of right to hearing under Chapter 5 (commencing with section 11500) of Title 2 of the Government Code.

(d) All notices and response under this section shall be made by certified mail.

Note: Authority cited: Sections 133, 139.2(f) and 5307.3, Labor Code; Section 11500 *et seq.*, Government Code. Reference: Section 139.2, Labor Code.

History: 1. New section filed 1-13-2009; operative 2-17-2009 (Register 2009, No. 3).

§65. Sanction Guidelines for Qualified Medical Evaluators.

The guidelines for determining appropriate sanctions for physicians licensed as Qualified Medical Evaluators shall be set forth in the

Sanction Guidelines for Qualified Medical Evaluators as adopted by the Industrial Medical Council on October 21, 1999, and re-adopted and enforced by the Administrative Director.

[Sanction Guidelines for Qualified Medical Evaluators Not Reproduced]

Note: Authority cited: Sections 133, 139.2 and 5307.3, Labor Code. Reference: Section 139.2, Labor Code.

History: 1. New section filed 4-14-2000; operative 5-14-2000 (Register 2000, No. 15).

2. Change without regulatory effect amending section filed 10-29-2001 pursuant to section 100, title 1, California Code of Regulations (Register 2001, No. 44). Pursuant to this filing, material adopted pursuant to the Administrative Procedure Act that had previously been incorporated by reference in the California Code of Regulations was instead printed in full in the California Code of Regulations.

3. Amendment of section heading, section and Note filed 1-13-2009; operative 2-17-2009 (Register 2009, No. 3).

ARTICLE 7

Practice Parameters for the Treatment of Common Industrial Injuries [Repealed]

§70. Treatment Guideline for Low Back Problems. [Repealed]

Note: Authority cited: Section 139(e)(8), Labor Code. Reference: Section 139(e)(8) Labor Code.

History: 1. Editorial correction changing placement of article 7 heading (Register 97, No. 23).

2. New section filed 6-3-97; operative 7-3-97 (Register 97, No. 23).

3. Amendment filed 4-14-2000; operative 5-14-2000 (Register 2000, No. 15).

4. Change without regulatory effect amending section filed 7-12-2001 pursuant to section 100, title 1, California Code of Regulations (Register 2001, No. 28). Pursuant to this filing, material adopted pursuant to the Administrative Procedure Act that had previously been incorporated by reference in the California Code of Regulations was instead printed in full in the California Code of Regulations.

5. Repealer of article 7 (sections 70-77) and section filed 1-13-2009; operative 2-17-2009 (Register 2009, No. 3).

§71. Treatment Guideline for Industrial Neck Injuries. [Repealed]

Note: Authority cited: Section 139(e)(8), Labor Code. Reference: Section 139(e)(8), Labor Code.

- History:** 1. New section filed 7-18-97; operative 8-17-97 (Register 97, No. 29).
 2. Amendment filed 4-14-2000; operative 5-14-2000 (Register 2000, No. 15).
 3. Change without regulatory effect amending section filed 7-12-2001 pursuant to section 100, title 1, California Code of Regulations (Register 2001, No. 28). Pursuant to this filing, material adopted pursuant to the Administrative Procedure Act that had previously been incorporated by reference in the California Code of Regulations was instead printed in full in the California Code of Regulations.
 4. Repealer filed 1-13-2009; operative 2-17-2009 (Register 2009, No. 3).

§72. Treatment Guideline for Occupational Asthma. [Repealed]

Note: Authority cited: Section 139(e)(8), Labor Code. Reference: Section 139(e)(8), Labor Code.

- History:** 1. New section filed 9-18-95; operative 10-18-95 (Register 95, No. 38).
 2. Change without regulatory effect amending section heading and section filed 9-25-95 pursuant to section 100, title 1, California Code of Regulations (Register 95, No. 39).
 3. Amendment filed 4-14-2000; operative 5-14-2000 (Register 2000, No. 15).
 4. Change without regulatory effect amending section filed 7-12-2001 pursuant to section 100, title 1, California Code of Regulations (Register 2001, No. 28). Pursuant to this filing, material adopted pursuant to the Administrative Procedure Act that had previously been incorporated by reference in the California Code of Regulations was instead printed in full in the California Code of Regulations.
 5. Repealer filed 1-13-2009; operative 2-17-2009 (Register 2009, No. 3).

§73. Treatment Guideline for Contact Dermatitis. [Repealed]

Note: Authority cited: Section 139(e)(8), Labor Code. Reference: Section 139(e)(8), Labor Code.

- History:** 1. New section filed 9-18-95; operative 10-18-95 (Register 95, No. 38).
 2. Change without regulatory effect amending section heading and section filed 9-25-95 pursuant to section 100, title 1, California Code of Regulations (Register 95, No. 39).
 3. Amendment filed 4-14-2000; operative 5-14-2000 (Register 2000, No. 15).
 4. Change without regulatory effect amending section filed 7-12-2001 pursuant to section 100, title 1, Cali-

fornia Code of Regulations (Register 2001, No. 28). Pursuant to this filing, material adopted pursuant to the Administrative Procedure Act that had previously been incorporated by reference in the California Code of Regulations was instead printed in full in the California Code of Regulations.

5. Repealer filed 1-13-2009; operative 2-17-2009 (Register 2009, No. 3).

§74. Treatment Guideline for Post-Traumatic Stress Disorder. [Repealed]

Note: Authority cited: Section 139(e)(8), Labor Code. Reference: Section 139 and 139.2, Labor Code.

- History:** 1. New section filed 1-24-97; operative 2-23-97 (Register 97, No. 4).
 2. Change without regulatory effect amending section filed 7-12-2001 pursuant to section 100, title 1, California Code of Regulations (Register 2001, No. 28). Pursuant to this filing, material adopted pursuant to the Administrative Procedure Act that had previously been incorporated by reference in the California Code of Regulations was instead printed in full in the California Code of Regulations.
 3. Repealer filed 1-13-2009; operative 2-17-2009 (Register 2009, No. 3).

§75. Treatment Guidelines for Shoulder Problems. [Repealed]

Note: Authority cited: Section 139(e)(8), Labor Code. Reference: Section 139(e)(8), Labor Code.

- History:** 1. New section filed 7-16-97; operative 8-15-97 (Register 97, No. 29).
 2. Amendment filed 4-14-2000; operative 5-14-2000 (Register 2000, No. 15).
 3. Change without regulatory effect amending section filed 7-12-2001 pursuant to section 100, title 1, California Code of Regulations (Register 2001, No. 28). Pursuant to this filing, material adopted pursuant to the Administrative Procedure Act that had previously been incorporated by reference in the California Code of Regulations was instead printed in full in the California Code of Regulations.
 4. Repealer filed 1-13-2009; operative 2-17-2009 (Register 2009, No. 3).

§76. Treatment Guideline for Knee Problems. [Repealed]

Note: Authority cited: Section 139(e)(8), Labor Code. Reference: Section 139(e)(8), Labor Code.

- History:** 1. New article 7 (section 76) and section filed 5-13-97; operative 6-12-97 (Register 97, No. 20).
 2. Amendment filed 4-14-2000; operative 5-14-2000 (Register 2000, No. 15).
 3. Change without regulatory effect amending section filed 7-12-2001 pursuant to section 100, title 1, California Code of Regulations (Register 2001, No. 28).

Pursuant to this filing, material adopted pursuant to the Administrative Procedure Act that had previously been incorporated by reference in the California Code of Regulations was instead printed in full in the California Code of Regulations.

4. Repealer filed 1-13-2009; operative 2-17-2009 (Register 2009, No. 3).

§76.5. Treatment Guideline for Elbow Problems. [Repealed]

Note: Authority cited: Section 139(e)(8), Labor Code. Reference: Section 139(e)(8), Labor Code.

History: 1. New section filed 7-17-97; operative 8-16-97 (Register 97, No. 29).

2. Amendment filed 4-14-2000; operative 5-14-2000 (Register 2000, No. 15).

3. Change without regulatory effect amending section filed 7-12-2001 pursuant to section 100, title 1, California Code of Regulations (Register 2001, No. 28). Pursuant to this filing, material adopted pursuant to the Administrative Procedure Act that had previously been incorporated by reference in the California Code of Regulations was instead printed in full in the California Code of Regulations.

4. Repealer filed 1-13-2009; operative 2-17-2009 (Register 2009, No. 3).

§77. Treatment Guideline for Problems of the Hand and Wrist. [Repealed]

Note: Authority cited: Section 139(e)(8), Labor Code. Reference: Section 139(e)(8), Labor Code.

History: 1. New section filed 7-18-97; operative 8-17-97 (Register 97, No. 29).

2. Change without regulatory effect amending section filed 7-12-2001 pursuant to section 100, title 1, California Code of Regulations (Register 2001, No. 28). Pursuant to this filing, material adopted pursuant to the Administrative Procedure Act that had previously been incorporated by reference in the California Code of Regulations was instead printed in full in the California Code of Regulations.

3. Repealer filed 1-13-2009; operative 2-17-2009 (Register 2009, No. 3).

ARTICLE 10 QME Application Forms

§100. The Application for Appointment as Qualified Medical Evaluator Form.

[QME Form 100 (Rev. 2/2009) Not Reproduced]

NOTE: Form is available at no charge by downloading from the web at www.dir.ca.gov/

dwc/forms.html or by requesting at 1-800-794-6900.

Note: Authority cited: Sections 53, 133, 139.2 and 5307.3, Labor Code. Reference: Sections 139.2, 4060, 4061, 4062, 4062.1 and 4062.2, Labor Code; Sections 1798 *et seq.*, Civil Code, and Sections 6250 *et seq.*, Government Code.

History: 1. Renumbering of former article 10 to new article 15, new article 10 (sections 100-104) and new section filed 4-14-2000; operative 5-14-2000 (Register 2000, No. 15). For prior history see Register 94, No. 31.

2. Amendment filed 8-23-2001; operative 8-23-2001 pursuant to Government Code section 11343.4 (Register 2001, No. 34).

3. Change without regulatory effect amending section filed 5-2-2002 pursuant to section 100, title 1, California Code of Regulations (Register 2002, No. 18).

4. Change without regulatory effect amending section filed 1-27-2006 pursuant to section 100, title 1, California Code of Regulations (Register 2006, No. 4).

5. Repealer and new section and new Note filed 1-13-2009; operative 2-17-2009 (Register 2009, No. 3).

§101. The Alien Application Form. [Repealed]

History: 1. New section filed 4-14-2000; operative 5-14-2000 (Register 2000, No. 15). For prior history see Register 94, No. 31.

2. Repealer filed 1-13-2009; operative 2-17-2009 (Register 2009, No. 3).

§102. The Application for QME Competency Examination Form.

[QME Form 102 (Rev. 2/2009) Not Reproduced]

NOTE: Form is available at no charge by downloading from the web at www.dir.ca.gov/dwc/forms.html or by requesting at 1-800-794-6900.

Note: Authority cited: Sections 53, 133, 139.2 and 5307.3, Labor Code. Reference: Section 139.2, Labor Code.

History: 1. New section filed 4-14-2000; operative 5-14-2000 (Register 2000, No. 15). For prior history see Register 94, No. 31.

2. Change without regulatory effect amending section filed 1-27-2006 pursuant to section 100, title 1, California Code of Regulations (Register 2006, No. 4).

3. Repealer and new section and new Note filed 1-13-2009; operative 2-17-2009 (Register 2009, No. 3).

§103. The QME Fee Assessment Form.

[QME Form 103 (Rev. 2/2009) Not Reproduced]

NOTE: Form is available at no charge by downloading from the web at www.dir.ca.gov/dwc/forms.html or by requesting at 1-800-794-6900.

Note: Authority cited: Sections 53, 133, 139.2 and 5307.3, Labor Code. Reference: Section 139.2, Labor Code.

History: 1. New section filed 4-14-2000; operative 5-14-2000 (Register 2000, No. 15). For prior history see Register 94, No. 31.

2. Change without regulatory effect amending section filed 6-27-2000 pursuant to section 100, title 1, California Code of Regulations (Register 2000, No. 26).

3. Repealer and new section and new Note filed 1-13-2009; operative 2-17-2009 (Register 2009, No. 3).

§104. The Reappointment Application as Qualified Medical Evaluator Form.

[QME Form 104 (Rev. 2/2009) Not Reproduced]

NOTE: Form is available at no charge by downloading from the web at www.dir.ca.gov/dwc/forms.html or by requesting at 1-800-794-6900.

Note: Authority cited: Sections 53, 133, 139.2 and 5307.3, Labor Code. Reference: Sections 139.2, 4060, 4061, 4061.5, 4062, 4062.1 and 4062.2, Labor Code; Sections 1798 *et seq.*, Civil Code; and Sections 6250 *et seq.*, Government Code.

History: 1. New section filed 4-14-2000; operative 5-14-2000 (Register 2000, No. 15). For prior history see Register 94, No. 31.

2. Amendment filed 9-6-2001; operative 10-6-2001 (Register 2001, No. 36).

3. Repealer and new section and new Note filed 1-13-2009; operative 2-17-2009 (Register 2009, No. 3).

**ARTICLE 10.5
QME Process Forms**

§105. The Request for Qualified Medical Evaluator Panel — Unrepresented Form and Attachment to Form 105 (How to Request a QME If You Do Not Have an Attorney).

[QME Form 105 (Rev. 2/2009) Not Reproduced]

[Attachment to QME Form 105 (Rev. 2/2009) Not Reproduced]

NOTE: Form is available at no charge by downloading from the web at www.dir.ca.gov/

or by requesting at 1-800-794-6900.

Note: Authority cited: Sections 53, 133, 139.2 and 5307.3, Labor Code. Reference: Sections 139.2, 4060, 4061, 4061.5, 4062, 4062.1, 4062.2, 4064 and 4067, Labor Code.

History: 1. New article 10.5 (sections 105-117) and new section filed 4-14-2000; operative 5-14-2000 (Register 2000, No. 15). For prior history see Register 94, No. 31.

2. Amendment of section heading, repealer and new section and new Note filed 1-13-2009; operative 2-17-2009 (Register 2009, No. 3).

§106. The Request for Qualified Medical Evaluator Panel — Represented Form and Attachment to Form 106 (How to Request a QME in a Represented Case).

[QME Form 106 (Rev. 2/2009) Not Reproduced]

[Attachment to QME Form 106 (Rev. 2/2009) Not Reproduced]

NOTE: Form is available at no charge by downloading from the web at www.dir.ca.gov/dwc/forms.html or by requesting at 1-800-794-6900.

Note: Authority cited: Sections 53, 133, 139.2 and 5307.3, Labor Code. Reference: Sections 139.2, 4060, 4061, 4062, 4062.1, 4062.2, 4064 and 4067, Labor Code.

History: 1. New section filed 4-14-2000; operative 5-14-2000 (Register 2000, No. 15). For prior history see Register 94, No. 31.

2. Change without regulatory effect amending section filed 5-2-2002 pursuant to section 100, title 1, California Code of Regulations (Register 2002, No. 18).

3. Amendment of section heading, repealer and new section and new Note filed 1-13-2009; operative 2-17-2009 (Register 2009, No. 3).

§107. The Qualified Medical Evaluator Panel Selection Form.

[QME Form 107 (Rev. 2/2009) Not Reproduced]

NOTE: Form is available at no charge by downloading from the web at www.dir.ca.gov/dwc/forms.html or by requesting at 1-800-794-6900.

Note: Authority cited: Sections 53, 133, 139.2 and 5307.3, Labor Code. Reference: Sections 139.2, 4060, 4061, 4062, 4062.1, 4062.2, 4064 and 4067, Labor Code.

History: 1. New section filed 4-14-2000; operative 5-14-2000 (Register 2000, No. 15). For prior history see Register 94, No. 31.

2. Repealer and new section and new Note filed 1-13-2009; operative 2-17-2009 (Register 2009, No. 3).

§108. The Qualified Medical Evaluator Panel Selection Instruction Form.

[QME Form 108 (Rev. 2/2009) Not Reproduced]

NOTE: Form is available at no charge by downloading from the web at www.dir.ca.gov/dwc/forms.html or by requesting at 1-800-794-6900.

Note: Authority cited: Sections 53, 133, 139.2 and 5307.3, Labor Code. Reference: Sections 139.2, 4060, 4061, 4062, 4062.1, 4062.2, 4064 and 4067, Labor Code.

History: 1. New section filed 4-14-2000; operative 5-14-2000 (Register 2000, No. 15). For prior history see Register 94, No. 31.

2. Amendment of section heading, repealer and new section and new Note filed 1-13-2009; operative 2-17-2009 (Register 2009, No. 3).

§109. The Qualified Medical Evaluator Notice of Unavailability Form.

[QME Form 109 (Rev. 2/2009) Not Reproduced]

NOTE: Form is available at no charge by downloading from the web at www.dir.ca.gov/dwc/forms.html or by requesting at 1-800-794-6900.

Note: Authority cited: Sections 53, 133, 139.2 and 5307.3, Labor Code. Reference: Sections 139.2, 4060, 4061, 4062, 4062.1, 4062.2, 4064 and 4067, Labor Code.

History: 1. New section filed 4-14-2000; operative 5-14-2000 (Register 2000, No. 15). For prior history see Register 94, No. 31.

2. Amendment of section heading, repealer and new section and new Note filed 1-13-2009; operative 2-17-2009 (Register 2009, No. 3).

§110. The Appointment Notification Form.

[QME Form 110 (Rev. 2/2009) Not Reproduced]

NOTE: Form is available at no charge by downloading from the web at www.dir.ca.gov/

[dwc/forms.html](http://www.dir.ca.gov/dwc/forms.html) or by requesting at 1-800-794-6900.

Note: Authority cited: Sections 53, 133, 139.2 and 5307.3, Labor Code. Reference: Sections 139.2, 4060, 4061, 4062, 4062.1, 4062.2, 4064 and 4067, Labor Code.

History: 1. New section filed 4-14-2000; operative 5-14-2000 (Register 2000, No. 15). For prior history see Register 94, No. 31.

2. Repealer and new section and new Note filed 1-13-2009; operative 2-17-2009 (Register 2009, No. 3).

§111. The Qualified Medical Evaluator's Findings Summary Form.

[QME Form 111 (Rev. 2/2009) Not Reproduced]

NOTE: Form is available at no charge by downloading from the web at www.dir.ca.gov/dwc/forms.html or by requesting at 1-800-794-6900.

Note: Authority cited: Sections 53, 133, 139.2 and 5307.3, Labor Code. Reference: Sections 139.2, 4060, 4061, 4062, 4062.1, 4062.2, 4064, 4067 and 4660-4664, Labor Code.

History: 1. New section filed 4-14-2000; operative 5-14-2000 (Register 2000, No. 15).

2. Amendment of section heading, repealer and new section and new Note filed 1-13-2009; operative 2-17-2009 (Register 2009, No. 3).

§112. The QME/AME Time Frame Extension Request Form.

[QME Form 112 (Rev. 2/2009) Not Reproduced]

NOTE: Form is available at no charge by downloading from the web at www.dir.ca.gov/dwc/forms.html or by requesting at 1-800-794-6900.

Note: Authority cited: Sections 53, 133, 139.2 and 5307.3, Labor Code. Reference: Sections 139.2, 4060, 4061, 4062, 4062.1, 4062.2, 4064 and 4067, Labor Code.

History: 1. New section filed 4-14-2000; operative 5-14-2000 (Register 2000, No. 15).

2. Amendment of section heading, repealer and new section and new Note filed 1-13-2009; operative 2-17-2009 (Register 2009, No. 3).

§113. Notice of Denial of Request for Time Extension Form.

[QME Form 113 (Rev. 2/2009) Not Reproduced]

NOTE: Form is available at no charge by downloading from the web at www.dir.ca.gov/

dwc/forms.html or by requesting at 1-800-794-6900.

Note: Authority cited: Sections 53, 133, 139.2 and 5307.3, Labor Code. Reference: Sections 139.2, 4060, 4061, 4062, 4062.1, 4062.2, 4064 and 4067, Labor Code.

History: 1. New section filed 4-14-2000; operative 5-14-2000 (Register 2000, No. 15).
2. Amendment of section heading, repealer and new section and new Note filed 1-13-2009; operative 2-17-2009 (Register 2009, No. 3).

§114. The Denial of Time Extension Form. [Repealed]

Note: Authority cited: Sections 139 and 139.2, Labor Code. Reference: Sections 139.2, 4060, 4061, 4062 and 4062.5, Labor Code.

History: 1. New section filed 4-14-2000; operative 5-14-2000 (Register 2000, No. 15).
2. Repealer filed 1-13-2009; operative 2-17-2009 (Register 2009, No. 3).

§115. The Notice of Late Qualified Medical Evaluator Report Form. [Repealed]

Note: Authority cited: Sections 139 and 139.2, Labor Code. Reference: Sections 139.2, 4060, 4061, 4062 and 4062.5, Labor Code.

History: 1. New section filed 4-14-2000; operative 5-14-2000 (Register 2000, No. 15).
2. Repealer filed 1-13-2009; operative 2-17-2009 (Register 2009, No. 3).

§116. Notice of Late QME/AME Report — No Extension Requested Form.

[QME Form 116 (Rev. 2/2009) Not Reproduced]

NOTE: Form is available at no charge by downloading from the web at www.dir.ca.gov/dwc/forms.html or by requesting at 1-800-794-6900.

Note: Authority cited: Sections 53, 133, 139.2 and 5307.3, Labor Code. Reference: Sections 139.2, 4060, 4061, 4062, 4062.1, 4062.2, 4064 and 4067, Labor Code.

History: 1. New section filed 4-14-2000; operative 5-14-2000 (Register 2000, No. 15).
2. Amendment of section heading, repealer and new section and new Note filed 1-13-2009; operative 2-17-2009 (Register 2009, No. 3).

§117. Qualified Medical Evaluator Course Evaluation Form.

[QME Form 117 (Rev. 2/2009) Not Reproduced]

NOTE: Form is available at no charge by downloading from the web at www.dir.ca.gov/dwc/forms.html or by requesting at 1-800-794-6900.

Note: Authority cited: Sections 53, 133, 139.2 and 5307.3, Labor Code. Reference: Sections 139.2, 4060, 4061, 4062, 4062.1, 4062.2, 4064 and 4067, Labor Code.

History: 1. New section filed 4-14-2000; operative 5-14-2000 (Register 2000, No. 15).
2. Change without regulatory effect amending section filed 5-2-2002 pursuant to section 100, title 1, California Code of Regulations (Register 2002, No. 18).
3. Amendment of section heading, repealer and new section and new Note filed 1-13-2009; operative 2-17-2009 (Register 2009, No. 3).

§118. Application for Accreditation or Re-Accreditation As Education Provider.

[QME Form 118 (Rev. 2/2009) Not Reproduced]

NOTE: Form is available at no charge by downloading from the web at www.dir.ca.gov/dwc/forms.html or by requesting at 1-800-794-6900.

Note: Authority cited: Sections 53, 133, 139.2 and 5307.3, Labor Code. Reference: Sections 139.2, 4060, 4061, 4062, 4062.1, 4062.2, 4064 and 4067, Labor Code.

History: 1. New section filed 10-16-2000 as an emergency; operative 1-1-2001 (Register 2000, No. 42). A Certificate of Compliance must be transmitted to OAL by 5-1-2001 or emergency language will be repealed by operation of law on the following day.
2. New section refiled 5-2-2001 as an emergency; operative 5-2-2001 (Register 2001, No. 18). A Certificate of Compliance must be transmitted to OAL by 8-30-2001 or emergency language will be repealed by operation of law on the following day.
3. Certificate of Compliance as to 5-2-2001 order, including further amendment of section, transmitted to OAL 7-12-2001 and filed 8-23-2001 (Register 2001, No. 34).
4. Repealer and new section and new Note filed 1-13-2009; operative 2-17-2009 (Register 2009, No. 3).

§119. Faculty Disclosure of Commercial Interest.

[QME Form 119 (Rev. 2/2009) Not Reproduced]

NOTE: Form is available at no charge by downloading from the web at www.dir.ca.gov/dwc/forms.html or by requesting at 1-800-794-6900.

Note: Authority cited: Sections 53, 133, 139.2 and 5307.3, Labor Code. Reference: Sections 139.2, 4060, 4061, 4062, 4062.1, 4062.2, 4064 and 4067, Labor Code.

History: 1. New section filed 10-16-2000 as an emergency; operative 1-1-2001 (Register 2000, No. 42). A Certificate of Compliance must be transmitted to OAL by 5-1-2001 or emergency language will be repealed by operation of law on the following day.

2. New section refiled 5-2-2001 as an emergency; operative 5-2-2001 (Register 2001, No. 18). A Certificate of Compliance must be transmitted to OAL by 8-30-2001 or emergency language will be repealed by operation of law on the following day.

3. Certificate of Compliance as to 5-2-2001 order, including further amendment of section, transmitted to OAL 7-12-2001 and filed 8-23-2001 (Register 2001, No. 34).

4. Repealer and new section and new Note filed 1-13-2009; operative 2-17-2009 (Register 2009, No. 3).

§120. Voluntary Directive for Alternate Service of Medical–Legal Evaluation Report on Disputed Injury to Psyche.

[QME Form 120 (Rev. 2/2009) Not Reproduced]

NOTE: Form is available at no charge by downloading from the web at www.dir.ca.gov/dwc/forms.html or by requesting at 1-800-794-6900.

Note: Authority cited: Sections 53, 133, 139.2 and 5307.3, Labor Code. Reference: Sections 139.2, 4060, 4061, 4062, 4062.1, 4062.2, 4064 and 4067, Labor Code.

History: 1. New section filed 1-13-2009; operative 2-17-2009 (Register 2009, No. 3).

§121. Declaration Regarding Protection of Mental Health Record.

[QME Form 121 (Rev. 2/2009) Not Reproduced]

NOTE: Form is available at no charge by downloading from the web at www.dir.ca.gov/dwc/forms.html or by requesting at 1-800-794-6900.

dwc/forms.html or by requesting at 1-800-794-6900.

Note: Authority cited: Sections 53, 133, 139.2 and 5307.3, Labor Code. Reference: Sections 139.2, 4060, 4061, 4062, 4062.1, 4062.2, 4064 and 4067, Labor Code.

History: 1. New section filed 1-13-2009; operative 2-17-2009 (Register 2009, No. 3).

§122. AME or QME Declaration of Service of Medical–Legal Report.

[QME Form 122 (Rev. 2/2009) Not Reproduced]

NOTE: Form is available at no charge by downloading from the web at www.dir.ca.gov/dwc/forms.html or by requesting at 1-800-794-6900.

Note: Authority cited: Sections 53, 133, 139.2 and 5307.3, Labor Code. Reference: Sections 139.2, 4060, 4061, 4062, 4062.1, 4062.2, 4064 and 4067, Labor Code.

History: 1. New section filed 1-13-2009; operative 2-17-2009 (Register 2009, No. 3).

§123. QME/AME Conflict of Interest Disclosure and Objection or Waiver by Represented–Parties Form.

[QME Form 123 (Rev. 2/2009) Not Reproduced]

NOTE: Form is available at no charge by downloading from the web at www.dir.ca.gov/dwc/forms.html or by requesting at 1-800-794-6900.

Note: Authority cited: Sections 53, 133, 139.2 and 5307.3, Labor Code. Reference: Sections 139.2, 4060, 4061, 4062, 4062.1, 4062.2, 4064 and 4067, Labor Code.

History: 1. New section filed 1-13-2009; operative 2-17-2009 (Register 2009, No. 3).

§124. Specified Financial Interest Attachment to QME Forms 100, 103 or 104 (“SFI Form 124”).

Any physician who files a QME Form 100 (Application for Appointment), 103 (QME Fee Assessment Form) or 104 (Reappointment Application) with the Administrative Director also shall complete the QME SFI Form 124, in order to disclose specified financial interests that may affect the fairness of QME panels, and append it to the form 100, 103 or 104 being submitted when the form is filed.

[QME SFI Form 124 (Rev. 2/2009) Not
Reproduced]

NOTE: Form is available at no charge by downloading from the web at www.dir.ca.gov/dwc/forms.html or by requesting at 1-800-794-6900.

Note: Authority cited: Sections 53, 133, 139.2 and 5307.3, Labor Code. Reference: Section 139.2, Labor Code.

History: 1. New section filed 1-13-2009; operative 2-17-2009 (Register 2009, No. 3).

§125. [Reserved]

ARTICLE 15 Fraudulent or Misleading Advertising

§150. Definitions.

As used in this Article:

(a) Administrative Director — means the Administrative Director of the Division of Workers' Compensation of the State of California, Department of Industrial Relations, and includes his or her designee.

(b) Advertising copy — includes any "public communication" as defined in Business and Professions Code Section 651, or any other communication of any message in any form or medium regarding the availability for professional employment of any physician, which is made by or on behalf of any physician to the general public or any substantial portion thereof.

Advertising concerning medical services regarding industrial injuries or illnesses which benefits any physician, and which is placed by any medical clinic, medical service organization or other non-physician third party shall be deemed advertising copy subject to these regulations.

(c) Medical Board — means the Medical Board of California as established in Business and Professions Code Section 2001.

(d) Medical Director — means the physician appointed pursuant to Labor Code Section 122 or such person as he or she may designate.

(e) Physician — has the meaning defined in Labor Code Section 3209.3.

(f) QME — means a Qualified Medical Evaluator as defined in Labor Code Section 139.2.

Note: Authority cited: Sections 133, 139.4, 139.45 and 5307.3, Labor Code. Reference: Sections 139.2, 139.4 and 139.45, Labor Code.

History: 1. New article 10 and section filed 3-31-93; operative 4-30-93 (Register 93, No. 14).

2. Renumbering of article 10 to article 15 filed 4-14-2000; operative 5-14-2000 (Register 2000, No. 15).

3. New subsection (a), repealer of subsection (b), subsection relettering and amendment of Note filed 1-13-2009; operative 2-17-2009 (Register 2009, No. 3).

§151. Filing of Documents.

Any document filed under these regulations shall be deemed filed on the date when it is received by the Administrative Director.

Note: Authority cited: Sections 133, 139.4, 139.45 and 5307.3, Labor Code. Reference: Sections 133, 139.4 and 139.45, Labor Code.

History: 1. New section filed 3-31-93; operative 4-30-93 (Register 93, No. 14).

2. Amendment of section and Note filed 1-13-2009; operative 2-17-2009 (Register 2009, No. 3).

§152. Statement of Intent.

Nothing in these regulations is intended to alter the interpretation or application of Business and Professions Code section 651. These regulations are promulgated under the authority of Labor Code sections 139.4 and 139.45 and are intended to reflect the Administrative Director's understanding of the Legislature's intent that the Administrative Director apply a higher and independent standard, pursuant to those Sections, to physician advertising which relates to industrial injuries or illnesses.

Note: Authority cited: Sections 133, 139.4, 139.45 and 5307.3, Labor Code. Reference: Sections 28, 139.4 and 139.45, Labor Code.

History: 1. New section filed 3-31-93; operative 4-30-93 (Register 93, No. 14).

2. Amendment of section and Note filed 1-13-2009; operative 2-17-2009 (Register 2009, No. 3).

§153. False or Misleading Advertising Copy Prohibited.

No physician subject to these regulations, or any person acting on his or her behalf or for his or her benefit, shall use, cause to be used, or allow to be used:

(a) Any advertising copy which, through endorsements, testimonials or other representations, makes or implies any guarantee, warranty, or prediction that is intended, or is likely, to

create a false or unjustified expectation of favorable results concerning the outcome of the employment of the physician.

(b) Any advertising copy which by use of a firm name, trade name, fictitious business name, or other professional designation states or implies a relationship between any physician in private practice and any governmental agency or entity, with the exception that, as provided in section 154 below, a physician currently or previously certified by the Administrative Director as a Qualified Medical Evaluator may state this fact in advertising copy, a curriculum vitae or in descriptive text, only for the period of time that is true and correct.

(c) Any advertising copy which states or implies that a medical-legal report written by any physician, or group or association of physicians enjoys any special degree of credibility by any workers' compensation judge or judges.

(d) Any advertising copy which advises or recommends the securing of any medical-legal examination, or which suggests that a tactical advantage may be secured by obtaining any medical-legal evaluation.

(e) Any advertising copy which contains the phrase "Qualified Medical Evaluator" or the designation "QME" unless such phrase is used to identify individual physicians who are currently certified as QMEs by the Administrative Director in accordance with Labor Code section 139.2.

(f) Any advertising copy which contains a firm name, trade name, or fictitious business name which contains the phrases "Qualified Medical Evaluator," "Qualified Medical Examiner", "Agreed Medical Evaluator", "Agreed Medical Examiner", "Independent Medical Examiner", "Independent Medical Evaluator" or the designations "QME", "AME" or "IME."

(g) Any advertising copy which states or implies that any physician has an ongoing appointment, title or professional status as an "Agreed Medical Examiner," "Agreed Medical Evaluator", "Independent Medical Examiner," "AME," or "IME."

(h) Any advertising copy which states or implies that the physician is currently an "Agreed Medical Examiner" or "Independent Medical Examiner" in the California Workers' Compensation system.

Note: Authority cited: Sections 133, 139.4, 139.45 and 5307.3, Labor Code. Reference: Sections 28, 139.2, 139.4 and 139.45, Labor Code.

History: 1. New section filed 3-31-93; operative 4-30-93 (Register 93, No. 14).

2. Amendment of subsections (b), (e) and (f), new subsection (h) and amendment of Note filed 1-13-2009; operative 2-17-2009 (Register 2009, No. 3).

§154. Permissible Advertising Content.

(a) A physician subject to these regulations, or any person acting on his or her behalf, may use, disseminate, or cause to be disseminated to the public, or any portion of the public, advertising copy which relates to any industrial injury or illness which accurately states:

(1) The name of each physician affiliated with or participating in the physician's practice.

(2) The address, telephone number and business hours of the office or offices.

(3) The areas of practice each physician engages in.

(4) An individual physician's appointment as a QME. A physician who is not currently certified by the Administrative Director as a Qualified Medical Evaluator may, in a curriculum vitae or descriptive text, state any periods in the past during which the physician was certified as a Qualified Medical Evaluator.

(5) A statement that the physician is Board Certified or limits his or her practice to specific fields as authorized by Business and Professions Code Section 651. Any statement of Board Certification shall include the name of the certifying board.

(6) Any languages spoken fluently by the physician or his or her staff.

(7) A description of any diagnostic or therapeutic facilities available.

(8) The availability of surgery or hospitalization on a lien basis.

(9) The usual time frame for scheduling appointments or producing medical reports.

(10) That all billings are made in compliance with the Official Medical Fee Schedule promulgated by the Administrative Director.

(11) Biographic information concerning the physician's educational background, internships and residencies, hospital affiliations, professional affiliations and professional publications.

(b) Any physician who wishes to use, disseminate, or cause to be disseminated to the public, or any portion of the public, any advertising copy which relates to any industrial injury or illness which contains any material not specified in subsection (a) above, shall apply in writing to the Administrative Director for approval before using such material. The Administrative Director shall approve all requests which do not contain material which is false or likely to mislead the public with respect to workers' compensation. No advertising copy submitted to the Council pursuant to this subsection shall be used until the Administrative Director has given his/her written approval.

Note: Authority cited: Sections 133, 139.4, 139.45 and 5307.3, Labor Code. Reference: Sections 139.2, 139.4 and 139.45, Labor Code.

History: 1. New section filed 3-31-93; operative 4-30-93 (Register 93, No. 14).

2. Amendment of subsections (a)(4), (a)(10) and (b) and amendment of Note filed 1-13-2009; operative 2-17-2009 (Register 2009, No. 3).

§155. Filing of Complaints.

(a) Any person may file a complaint with the Medical Director, alleging that any physician is using advertising copy which violates the provisions of Business and Professions Code Section 651, or the provisions of these regulations.

(b) Complaints filed with the Medical Director shall be in writing and contain the following:

(1) The full name and address of the party filing the complaint.

(2) The full name and address of the physician against whom the complaint is made, or if the complainant is unable to identify the physician using the advertising, as much information as the complainant can provide to assist the Administrative Director in identifying the physician who used the advertisement.

(3) A copy, if available to the complaining party, of the advertising copy against which the complaint is made, or a description of the medium in which the advertising copy appeared. Such description should contain sufficient details regarding the manner and form in which the advertising copy was published to allow a copy of the advertising copy to be obtained by the Administrative Director.

(4) A detailed statement of the grounds on which the advertising copy is alleged to violate

Business and Professions Code Section 651 or these regulations.

(5) All complaints filed under this section shall be filed with the Medical Director, at Division of Workers' Compensation, P.O. Box 71010, Attention: Medical Unit, Oakland, CA 94612.

(6) Nothing in these regulations shall prevent the Administrative Director or Medical Director from acting independently, and without receipt of a complaint, to initiate an investigation and issue a complaint on the Administrative Director's own motion whenever the Administrative Director or Medical Director has reason to believe that there has been a violation of Business and Professions Code section 651 or these regulations.

Note: Authority cited: Sections 133, 139.4, 139.45 and 5307.3, Labor Code. Reference: Sections 139.4 and 139.45, Labor Code.

History: 1. New section filed 3-31-93; operative 4-30-93 (Register 93, No. 14).

2. Amendment of subsections (b)(2)-(3) and (b)(5)-(6) and amendment of Note filed 1-13-2009; operative 2-17-2009 (Register 2009, No. 3).

§156. Requests to Review Advertising Copy.

(a) Upon receipt of a complaint under Section 155 of these regulations, the Administrative Director shall serve a written notice of complaint on the physician against whom the complaint was filed. Such notice shall direct the physician to file a copy of his or her advertising with the Medical Director within 15 working days of the date on which the notice was served.

(b) The Medical Director may take such steps as he or she deems necessary to determine whether the complaint has merit.

(1) The Medical Director shall respond to the complaint within fifteen (15) working days of the Administrative Director's receipt of the physician's response and notify the complainant that the Administrative Director:

(A) will investigate the complaint; or

(B) will require additional time to ascertain whether the complaint has merit; or

(C) will refer a copy of the complaint to another agency which also has jurisdiction over the subject matter of the complaint; or

(D) will take no further action on the complaint because the Administrative Director lacks

jurisdiction over the person or conduct complained of; or

(E) will take no further action on the complaint because the allegations of the complaint do not warrant further action by the Administrative Director for the reasons stated in the response.

(c) At the time of filing the advertising copy with the Medical Director, the physician shall also file an answer to the complaint, briefly setting forth the grounds on which the physician believes the copy to be in compliance with Business and Professions Code Section 651, and the provisions of these regulations. Nothing contained in the answer shall preclude the right of the physician to present further or different grounds of defense before the Administrative Director or appropriate licensing board. Upon reviewing the physician's answer, the Medical Director may dismiss or informally resolve the complaint where he or she deems such action appropriate.

(d) The Administrative Director may, without receipt of a complaint, request a physician to provide a copy of any advertising used by that physician for review. Such a request shall be made in writing, and shall be personally served on the physician.

(e) If a physician who has been appointed as a QME fails to deliver a copy of the advertising used to the Administrative Director within fifteen (15) working days of receipt of the notice, the Administrative Director may infer from the failure to comply that the advertising material used by the QME is in violation of Business and Professions Code Section 651, or these regulations. The maximum penalty that the Administrative Director may impose for a finding of violation based solely on the negative inference created by this provision shall be suspension of the physician's appointment as a Qualified Medical Evaluator for a period of six months followed by a period of probation not to exceed one year.

(f) If a non-QME physician fails to deliver a copy of the advertising used to the Administrative Director within fifteen (15) working days of receipt of the request, the Administrative Director shall refer the matter to that physician's licensing board for such proceedings as that board may deem proper.

Note: Authority cited: Sections 133, 139.4, 139.45 and 5307.3, Labor Code. Reference: Sections 139.4 and 139.45, Labor Code.

History: 1. New section filed 3-31-93; operative 4-30-93 (Register 93, No. 14).
2. Amendment of section heading, section and Note filed 1-13-2009; operative 2-17-2009 (Register 2009, No. 3).

§157. Determinations.

(a) If, after reviewing the physician's advertising copy and the physician's answer to the complaint, the Medical Director determines that the advertising copy violates Business and Professions Code section 651, or these regulations and that the physician is currently a Qualified Medical Evaluator, the disciplinary and hearing procedures set forth in sections 60 through 65 of Title 8 of the California Code of Regulations shall apply. The Medical Director shall forward a copy of any final decision of such violations to the physician's licensing board for such proceedings as that board may deem proper.

(b) If the Medical Director determines that the physician subject to the investigation currently is not a QME, the Medical Director shall forward a copy of the preliminary determination, the complaint, and all supporting documentation to the appropriate physician's licensing board for such proceedings as that board may deem proper.

Note: Authority cited: Sections 133, 139.4, 139.45 and 5307.3, Labor Code. Reference: Sections 139.4 and 139.45, Labor Code.

History: 1. New section filed 3-31-93; operative 4-30-93 (Register 93, No. 14).
2. Amendment of subsections (a) and (b), repealer of subsections (c)-(d)(6) and amendment of Note filed 1-13-2009; operative 2-17-2009 (Register 2009, No. 3).

§158. Penalties.

(a) A QME who is found to have violated any provision of Business and Professions Code section 651, or these regulations may have his or her QME status terminated, suspended, or placed on probation by the Administrative Director. Any probation imposed may have such conditions as the Administrative Director deems reasonable, including, but not limited to the publication of corrective advertising and the submission of future advertising copy for the Administrative Director's approval before its use.

(b) The Administrative Director shall consider the following factors in determining the appropriate penalty for a violation of Business and Professions Code section 651, or these regulations:

1. the seriousness or materiality of the misrepresentation,
2. whether the physician cooperated with the investigation,
3. whether the violation was a single event, or appeared to be part of a pattern sufficient to demonstrate a business practice,
4. whether the violator has a record of prior discipline by the Administrative Director, Medical Board, or other appropriate licensing board or authority,
5. whether the violator has a record of contempt reprimands or adjudications issued by the Workers' Compensation Appeals Board.

Note: Authority cited: Sections 133, 139.4, 139.45 and 5307.3, Labor Code. Reference: Sections 139.4 and 139.45, Labor Code.

History: 1. New section filed 3-31-93; operative 4-30-93 (Register 93, No. 14).

2. Amendment of subsections (a), (b) and (b)4. and amendment of Note filed 1-13-2009; operative 2-17-2009 (Register 2009, No. 3).

§159. Severability.

If any portion of this chapter or the application of any part thereof to any person, individual, party, entity, or circumstance is held invalid, the remainder of the chapter and its application to any other person, individual, party, entity, or circumstance, shall not be affected thereby.

Note: Authority cited: Sections 133, 139.4, 139.45 and 5307.3, Labor Code. Reference: Sections 139.4 and 139.45, Labor Code.

History: 1. New section filed 3-31-93; operative 4-30-93 (Register 93, No. 14).

2. Amendment of Note filed 1-13-2009; operative 2-17-2009 (Register 2009, No. 3).

CHAPTER 4.5 DIVISION OF WORKERS' COMPENSATION

SUBCHAPTER 1 ADMINISTRATIVE DIRECTOR— ADMINISTRATIVE RULES

ARTICLE 12 Return to Work

§10001. Definitions. [Renumbered]

Note: Authority cited: Sections 133, 139.48 and

5307.3, Labor Code. Reference: Sections 139.48 and 4658.1, Labor Code; *Henry v. WCAB* (1998) 68 Cal.App.4th 981.

History: 1. New section filed 6-30-2006; operative 7-1-2006. Submitted to OAL for filing with the Secretary of State and printing only pursuant to Government Code section 11340.9(g) (Register 2006, No. 38). For prior history, see Register 96, No. 52.

2. Renumbering of former section 10001 to section 10116.9 filed 11-17-2008; operative 11-17-2008 pursuant to Government Code section 11343.4 (Register 2008, No. 47).

§10002. Offer of Work; Adjustment of Permanent Disability Payments.

[Renumbered]

Note: Authority cited: Sections 133, 139.48 and 5307.3, Labor Code. Reference: Sections 139.48 and 4658, Labor Code; *Del Taco v. WCAB* (2000) 79 Cal.App.4th 1437; *Anzalde v. WCAB* (1996) 61 Cal. Comp. Cases 1458 (Writ denied); and *Henry v. WCAB* (1998) 68 Cal.App.4th 981.

History: 1. New section filed 6-30-2006; operative 7-1-2006. Submitted to OAL for filing with the Secretary of State and printing only pursuant to Government Code section 11340.9(g) (Register 2006, No. 38). For prior history, see Register 96, No. 52.

2. Renumbering of former section 10002 to section 10117 filed 11-17-2008; operative 11-17-2008 pursuant to Government Code section 11343.4 (Register 2008, No. 47).

§10003. Form [DWC AD 10003 Notice of Offer of Work]. [Renumbered]

Note: Authority cited: Sections 133, 139.48 and 5307.3, Labor Code. Reference: Sections 139.48 and 4658, Labor Code.

History: 1. New section filed 6-30-2006; operative 7-1-2006. Submitted to OAL for filing with the Secretary of State and printing only pursuant to Government Code section 11340.9(g) (Register 2006, No. 38). For prior history, see Register 96, No. 52.

2. Renumbering of former section 10003 to section 10118 filed 11-17-2008; operative 11-17-2008 pursuant to Government Code section 11343.4 (Register 2008, No. 47).

§10004. Return to Work Program.

[Renumbered]

Note: Authority cited: Sections 133, 139.48 and 5307.3, Labor Code. Reference: Sections 62.5, 139.48 and 5814.6, Labor Code.

History: 1. New article 12 (sections 10004-10005) and section filed 7-19-2006; operative 8-18-2006 (Register 2006, No. 29). For prior history of article 12

(sections 10001-10021), see Register 88, No. 21; Register 95, No. 7 and Register 96, No. 52.

2. Renumbering of former section 10004 to section 10119 filed 11-17-2008; operative 11-17-2008 pursuant to Government Code section 11343.4 (Register 2008, No. 47).

§10005. Form [DWC AD 10005 Request for Reimbursement of Accommodation Expenses]. [Renumbered]

Note: Authority cited: Sections 133, 139.48 and 5307.3, Labor Code. Reference: Sections 62.5, 139.48 and 5814.6, Labor Code.

History: 1. New section filed 7-19-2006; operative 8-18-2006 (Register 2006, No. 29). For prior history, see Register 96, No. 52.

2. Renumbering of former section 10005 to section 10120 filed 11-17-2008; operative 11-17-2008 pursuant to Government Code section 11343.4 (Register 2008, No. 47).

**SUBCHAPTER 1.5
INJURIES ON OR AFTER JANUARY
1, 1990**

**ARTICLE 6
Retraining and Return to Work—
Definitions and General Provisions
[Second Enacted Version]**

Another Article 6, Civil Penalty, precedes Section 10113.

§10116. Applicability of Article.

The provisions of this article are applicable to Articles 6.5, 7, and 7.5 of these regulations, except for the definitions in section 10116.9. The definitions in section 10116.9 only apply to the provisions of Articles 6.5 and 7.5.

Note: Authority cited: Sections 111, 133, 5307.3 and 5307.4, Labor Code. Reference: Sections 139.5, 4658, 4658.1, 4658.5 and 4658.6, Labor Code.

History: 1. New article 6 (sections 10116-10116.9) and section filed 11-17-2008; operative 11-17-2008 pursuant to Government Code section 11343.4 (Register 2008, No. 47). For prior history of article 6, see Register 2008, No. 15, renumbering article 6, sections 10116-10121 to article 9, sections 10136-10142.

§10116.1. Filing and Reporting Requirements.

(a) "Electronic Adjudication Management System" or "EAMS" means the computer case

management system used by the Division of Workers' Compensation to electronically store and maintain the Division of Workers' Compensation or appeals board's case files and to perform other case management functions.

(b) All forms, documents or correspondence submitted to the Retraining and Return to Work Unit shall be signed by the filing party and stored in the EAMS:

(1) Except for documents or forms which open a Retraining and Return to Work Unit file, all documents and forms shall contain a case number assigned by the Division of Workers' Compensation.

(2) Case opening documents shall be assigned a case number by the Division of Workers' Compensation after filing where no case number has been previously assigned for the date of injury alleged by the injured worker. The case number shall be preceded by the prefix "VOC" for cases governed by Article 7 of these rules and "RSU" for cases governed by Article 6.5 and 7.5 of these rules. If a case number has been previously assigned by the Division of Workers' Compensation, the prefix "VOC" or "RSU" shall precede the assigned case number on a form or document filed with the Retraining and Return to Work Unit. Documents or forms filed in existing cases without a case number will be returned to the sender with instructions for proper filing.

(3) All documents presented for filing shall conform to the requirements of sections 10217, 10228 and 10232 of title 8 of the California Code of Regulations.

(4) The Division of Workers' Compensation shall scan all documents and forms filed into the EAMS case file and then the paper document or form will be destroyed not less than 30 business days after filing. A properly filed form or document shall be deemed a legal filing for all purposes.

(5) The service of all documents and forms shall conform to the methods of service described in section of 10218 of title 8 of the California Code of Regulation.

(c) All required notices, any documents or forms shall be sent to the employee and his or her attorney, if any, on a timely basis by the claims administrator in the form and manner prescribed in section 10218 of title 8 of the California Code of Regulation. Failure to provide notices timely shall subject the insurer,

third party administrator or self-insured employer to administrative or civil penalties. The notices are timely when sent according to the requirements of sections 9813, 9813.1 and 9813.2 of title 8 of the California Code of Regulation.

Note: Authority cited: Sections 133, 139.48, 139.5, 4658, 4658.5 and 5307.3, Labor Code. Reference: Section 139.5, Labor Code; *Godinez v. Buffets, Inc.* (2004, Significant Panel Decision) 69 Cal. Comp. Cases 1311; and *Vulean Materials Co. v. WCAB* (2006, Writ Denied) 71 Cal. Comp. Cases 1346.

History: 1. New section filed 11-17-2008; operative 11-17-2008 pursuant to Government Code section 11343.4 (Register 2008, No. 47).

§10116.2. Electronic Filing Exemption.

If a document is filed with EAMS as part of the electronic filing trial, that document does not need to be filed in compliance with sections 10228 and 10232 of title 8 of the California Code of Regulation.

Note: Authority cited: Sections 111, 133, 5307.3 and 5307.4, Labor Code. Reference: Sections 124 and 126, Labor Code.

History: 1. New section filed 11-17-2008; operative 11-17-2008 pursuant to Government Code section 11343.4 (Register 2008, No. 47).

§10116.3. Incomplete Filings.

(a) A form filed without the attachments or enclosures required by these rules is deemed incomplete and shall not be deemed filed for any purpose. All incomplete requests will be date stamped by the Division of Workers' Compensation.

(b) The Retraining and Return to Work Unit shall notify the filer and the other parties when a form or document is deemed not filed.

(c) Forms including filing instructions and venue lists shall be provided upon request by the Retraining and Return to Work Unit. Requests shall be submitted to:

Retraining and Return to Work Unit Headquarters
P.O. Box 420603
San Francisco, CA 94142

Or may be found at <http://www.dir.ca.gov/dwc/forms.html>

Note: Authority cited: Sections 133, 139.48, 139.5, 4658, 4658.5 and 5307.3, Labor Code. Reference: Section 139.5, Labor Code; *Godinez v. Buffets, Inc.* (2004, Significant Panel Decision) 69 Cal. Comp. Cases 1311; and *Vulean Materials Co. v. WCAB* (2006, Writ Denied) 71 Cal. Comp. Cases 1346.

History: 1. New section filed 11-17-2008; operative 11-17-2008 pursuant to Government Code section 11343.4 (Register 2008, No. 47).

§10116.4. Reproduction of Forms, Notices. [Repealed]

Note: Authority cited: Sections 133, 139.5 and 5307.3, Labor Code. Reference: Section 139.5, Labor Code; *Godinez v. Buffets, Inc.* (2004, Significant Panel Decision) 69 Cal. Comp. Cases 1311; and *Vulean Materials Co. v. WCAB* (2006, Writ Denied) 71 Cal. Comp. Cases 1346.

History: 1. Renumbering of former section 10123.1 to new section 10116.4, including amendment of section and new Note, filed 11-17-2008; operative 11-17-2008 pursuant to Government Code section 11343.4 (Register 2008, No. 47).

2. Change without regulatory effect repealing section filed 2-25-2009 pursuant to section 100, title 1, California Code of Regulations (Register 2009, No. 9).

§10116.5. Technical Problems and Unavailability of EAMS.

Technical problems with filing documents shall be governed by sections 10223 and 10225 of title 8 of the California Code of Regulation.

Note: Authority cited: Sections 133, 139.48, 139.5, 4658, 4658.5 and 5307.3, Labor Code. Reference: Section 139.5, Labor Code; *Godinez v. Buffets, Inc.* (2004, Significant Panel Decision) 69 Cal. Comp. Cases 1311; and *Vulean Materials Co. v. WCAB* (2006, Writ Denied) 71 Cal. Comp. Cases 1346.

History: 1. New section filed 11-17-2008; operative 11-17-2008 pursuant to Government Code section 11343.4 (Register 2008, No. 47).

§10116.6. Retraining and Return to Work File Retention.

(a) Following a period of fifty (50) years after the filing of a document used to open a case or file, the Division of Workers' Compensation may destroy the electronic and/or paper file in each case maintained by the Retraining and Return to Work Unit.

(b) The Division of Workers' Compensation, at any time, may convert a paper file to an electronic file. The Division of Workers' Compensation shall inform the parties when a paper file is converted. If a paper case file has been converted to electronic form, the paper case file may be destroyed no less than 30 business days after the parties have been informed of the conversion.

Note: Authority cited: Sections 133, 138.4, 139.5 and 5307.3, Labor Code. Reference: Section 139.5, Labor Code.

History: 1. New section filed 11-17-2008; operative 11-17-2008 pursuant to Government Code section 11343.4 (Register 2008, No. 47).

§10116.7. Misfiled or Misdirected Documents.

(a) A request to move, substitute, or correct a document shall be made in conformity with section 10223 of title 8 of the California Code of Regulation, except that a request to substitute shall be made in lieu of a petition to substitute as allowed under section 10223(b). The authority to approve moving a document from one file to another file shall reside with the Manager of the Retraining and Return to Work Unit or his or her designee.

(b) If a document is not filed in compliance with sections 10217, 10228 and 10232 of title 8 of the California Code of Regulations and these regulations, the administrative director may in his or her discretion take the actions set forth in section 10222 of title 8 of the California Code of Regulations.

Note: Authority cited: Sections 133, 138.4, 139.5 and 5307.3, Labor Code. Reference: Section 139.5, Labor Code.

History: 1. New section filed 11-17-2008; operative 11-17-2008 pursuant to Government Code section 11343.4 (Register 2008, No. 47).

§10116.8. Jurisdiction Where the Issue of Injury Has Not Been Resolved.

(a) No forms, notices or reports shall be filed with the Retraining and Return to Work Unit until the claims administrator has accepted liability for the injury or there has been a finding of compensable injury by the appeals board.

(b) Any requests for provision of retraining or return to work services and for intervention/dispute resolution require confirmation on the appropriate form by the employee or his/her representative that liability for the injury has been accepted.

(c) Forms sent to the Retraining and Return to Work Unit when a good faith issue of injury exists or where there has been no confirmation of acceptance of liability for the injury shall be returned to the sender.

Note: Authority cited: Sections 133, 139.48, 139.5, 4658, 4658.5 and 5307.3, Labor Code. Reference: Section 139.5, Labor Code; *Godinez v. Buffets, Inc.*

(2004, Significant Panel Decision) 69 Cal. Comp. Cases 1311; and *Vulean Materials Co. v. WCAB* (2006, Writ Denied) 71 Cal. Comp. Cases 1346.

History: 1. New section filed 11-17-2008; operative 11-17-2008 pursuant to Government Code section 11343.4 (Register 2008, No. 47).

§10116.9. Definitions for Article 6.5 and 7.5.

The following definitions apply to the provisions of Article 6.5 and 7.5 governing injuries occurring on or after January 1, 2004:

(a) "Alternative work" means work (1) offered either by the employer who employed the injured worker at the time of injury, or by another employer where the previous employment was seasonal work, (2) that the employee has the ability to perform, (3) that offers wages and compensation that are at least 85 percent of those paid to the employee at the time of injury, and (4) that is located within a reasonable commuting distance of the employee's residence at the time of injury.

(b) "Approved training facility" means a training or skills enhancement facility or institution that meets the requirements of section 10133.58.

(c) "Claims administrator" means a self-administered insurer providing security for the payment of compensation required by Divisions 4 and 4.5 of the Labor Code, a self-administered self-insured employer, a self-administered joint powers authority, a self-administered legally uninsured, or a third-party claims administrator for a self-insured employer, insurer, legally uninsured employer, or joint powers authority.

(d) "Employer" means the person or entity that employed the injured employee at the time of injury.

(e) "Essential functions" means job duties considered crucial to the employment position held or desired by the employee. Functions may be considered essential because the position exists to perform the function, the function requires specialized expertise, serious results may occur if the function is not performed, other employees are not available to perform the function or the function occurs at peak periods and the employer cannot reorganize the work flow.

(f) "Insurer" has the same meaning as in Labor Code section 3211.

(g) “Modified work” means regular work modified so that the employee has the ability to perform all the functions of the job and that offers wages and compensation that are at least 85 percent of those paid to the employee at the time of injury, and located within a reasonable commuting distance of the employee’s residence at the time of injury.

(h) “Nontransferable training voucher” means a document provided to an employee that allows the employee to enroll in education-related training or skills enhancement. The document shall include identifying information for the employee and claims administrator, and specific information regarding the value of the voucher pursuant to Labor Code section 4658.5.

(i) “Notice” means a required letter or form generated by the claims administrator and directed to the injured employee.

(j) “Offer of modified or alternative work” means an offer to the injured employee of medically appropriate employment with the date-of-injury employer through the use of Form DWC-AD 10133.53, Notice of Offer of Modified or Alternative Work.

(k) “Parties” means the employee, the claims administrator and their designated representatives, if any.

(l) “Permanent and stationary” means the point in time when the employee has reached maximal medical improvement, meaning his or her condition is well stabilized, and unlikely to change substantially in the next year with or without medical treatment, based on (1) an opinion from a treating physician, AME, or QME; (2) a judicial finding by a Workers’ Compensation Administrative Law Judge, the Workers’ Compensation Appeals Board, or a court; or (3) a stipulation that is approved by a Workers’ Compensation Administrative Law Judge or the Workers’ Compensation Appeals Board.

(m) “Permanent partial disability award” means a final award of permanent partial disability determined by a workers’ compensation administrative law judge or the appeals board.

(n) “Regular work” means the employee’s usual occupation or the position in which the employee was engaged at the time of injury and that offers wages and compensation equivalent to those paid to the employee at the time of injury, and located within a reasonable commuting distance of the employee’s residence at the time of injury.

(o) “Seasonal work” means employment as a daily hire, a project hire, or an annual season hire.

(p) “Supplemental job displacement benefit” means an educational retraining or skills enhancement allowance for injured employees whose employers are unable to provide work consistent with the requirements of Labor Code section 4658.6.

(q) “Vocational & return to work counselor (VRTWC)” means a person or entity capable of assisting a person with a disability with development of a return to work strategy and whose regular duties involve the evaluation, counseling and placement of disabled persons. A VRTWC must have at least an undergraduate degree in any field and three or more years full time experience in conducting vocational evaluations, counseling and placement of disabled adults.

(r) “Work restrictions” means permanent medical limitations on employment activity established by the treating physician, qualified medical examiner or agreed medical examiner.

Note: Authority cited: Sections 133, 139.48, 4658.5 and 5307.3, Labor Code. Reference: Sections 124, 139.48, 4658.1, 4658.5 and 4658.6, Labor Code; and *Henry v. WCAB* (1998) 68 Cal.App.4th 981.

History: 1. Renumbering of former section 10001 to new section 10116.9, including amendment of section heading, section and Note, filed 11-17-2008; operative 11-17-2008 pursuant to Government Code section 11343.4 (Register 2008, No. 47).

ARTICLE 6.5 Return to Work

§10117. Offer of Work; Adjustment of Permanent Disability Payments.

(a) This section shall apply to all injuries occurring on or after January 1, 2005, and to the following employers:

(1) Insured employers who employed 50 or more employees at the time of the most recent policy inception or renewal date for the insurance policy that was in effect at the time of the employee’s injury;

(2) Self-insured employers who employed 50 or more employees at the time of the most recent filing by the employer of the Self-Insurer’s Annual Report that was in effect at the time of the employee’s injury; and

(3) Legally uninsured employers who employed 50 or more employees at the time of injury.

(b) Within 60 calendar days from the date that the condition of an injured employee with permanent partial disability becomes permanent and stationary:

(1) If an employer does not serve the employee with a notice of offer of regular work, modified work or alternative work for a period of at least 12 months, each payment of permanent partial disability remaining to be paid to the employee from the date of the end of the 60 day period shall be paid in accordance with Labor Code section 4658(d)(1) and increased by 15 percent.

(2) If an employer serves the employee with a notice of offer of regular work, modified work or alternative work for a period of at least 12 months, and in accordance with the requirements set forth in paragraphs (3) and (4), each payment of permanent partial disability remaining to be paid from the date the offer was served on the employee shall be paid in accordance with Labor Code section 4658(d)(1) and decreased by 15 percent, regardless of whether the employee accepts or rejects the offer.

(3) The employer shall use form DWC-AD 10133.53 (Section 10133.53) to offer modified or alternative work, or form DWC-AD 10118 (Section 10118) to offer regular work. The claims administrator may serve the offer of work on behalf of the employer.

(4) The regular, alternative, or modified work that is offered by the employer pursuant to paragraph (2) shall be located within a reasonable commuting distance of the employee's residence at the time of the injury, unless the employee waives this condition. This condition shall be deemed to be waived if the employee accepts the regular, modified, or alternative work, and does not object to the location within 20 calendar days of being informed of the right to object. The condition shall be conclusively deemed to be satisfied if the offered work is at the same location and the same shift as the employment at the time of injury.

(c) If the claims administrator relies upon a permanent and stationary date contained in a medical report prepared by the employee's treating physician, QME, or AME, but there is subsequently a dispute as to an employee's permanent and stationary status, and there has

been a notice of offer of work served on the employee in accordance with subdivision (b), the claims administrator may withhold 15% from each payment of permanent partial disability remaining to be paid from the date the notice of offer was served on the employee until there has been a final judicial determination of the date that the employee is permanent and stationary pursuant to Labor Code section 4062.

(1) Where there is a final judicial determination that the employee is permanent and stationary on a date later than the date relied on by the employer in making its offer of work, the employee shall be reimbursed any amount withheld up to the date a new notice of offer of work is served on the employee pursuant to subdivision (b).

(2) Where there is a final judicial determination that the employee is not permanent and stationary, the employee shall be reimbursed any amount withheld up to the date of the determination.

(3) The claims administrator is not required to reimburse permanent partial disability benefit payments that have been withheld pursuant to this subdivision during any period for which the employee is entitled to temporary disability benefit payments.

(d) If the employee's regular work, modified work, or alternative work that has been offered by the employer pursuant to paragraph (1) of subdivision (b) and has been accepted by the employee, is terminated prior to the end of the period for which permanent partial disability benefits are due, the amount of each remaining permanent partial disability payment from the date of the termination shall be paid in accordance with Labor Code section 4658(d)(1), as though no decrease in payments had been imposed, and increased by 15 percent. An employee who voluntarily terminates his or her regular work, modified work, or alternative work shall not be eligible for the 15 percent increase in permanent partial disability payments pursuant to this subdivision.

(e) Nothing in this section shall prevent the parties from settling or agreeing to commute the permanent disability benefits to which an employee may be entitled. However, if the permanent disability benefits are commuted by a workers' compensation administrative law judge or the appeals board pursuant to Labor Code section 5100, the commuted sum shall

account for any adjustment that would have been required by this section if payment had been made pursuant to Labor Code section 4658.

(f) When the employer offers regular, modified or alternative work to the employee that meets the conditions of this section and subsequently learns that the employee cannot lawfully perform regular, modified or alternative work, the employer is not required to provide the regular, modified or alternative work.

(g) If the employer offers regular, modified, or alternative seasonal work to the employee, the offer shall meet the following requirements:

(1) the employee was hired for seasonal work prior to injury;

(2) the offer of regular, modified or alternative seasonal work is of reasonably similar hours and working conditions to the employee's pre-

vious employment, and the one year requirement may be satisfied by cumulative periods of seasonal work;

(3) the work must commence within 12 months of the date of the offer; and

(4) The offer meets the conditions set forth in this section.

Note: Authority cited: Sections 133, 139.48 and 5307.3, Labor Code. Reference: Sections 139.48 and 4658, Labor Code; *Del Taco v. WCAB* (2000) 79 Cal.App.4th 1437; *Anzalde v. WCAB* (1996) 61 Cal. Comp. Cases 1458 (writ denied); and *Henry v. WCAB* (1998) 68 Cal.App.4th 981.

History: 1. New article 6.5 (sections 10117-10120) and renumbering of former section 10002 to new section 10117, including amendment of section, filed 11-17-2008; operative 11-17-2008 pursuant to Government Code section 11343.4 (Register 2008, No. 47).

This position is at the same location and shift as your pre-injury position.



This position is at a different location than your pre-injury position. The location is:

This position is for a different shift than your pre-injury position. The shift time is _____ — _____
(Start Time) (End Time)

You may contact _____ at _____ concerning this position.
(Name of contact person) Phone Number

You must return the completed form to the employer or claims administrator listed here:

Claims Administrator (To Be Completed By The Employer or Claims Administrator) (All information in this section must be completed)

Name

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

City State Zip Code

Claims Representative Phone

This position provides wages and compensation of \$ _____, that are equivalent to or more than
Weekly Wages

the wages and compensation paid to you at the time of your injury.

This position is expected to last for a total of at least 12 months of work. If this position does not last for a total of at least 12 months of work, you may be entitled to an increase in your permanent disability benefit payments.

I, _____
(Name of Claims Administrator)
have obtained the above job offer information from your employer.



THIS SECTION TO BE COMPLETED BY EMPLOYEE:

Case Number _____

The employee must accept, reject, or object to this offer for regular work and return this form to the employer or claims administrator listed on the form within 20 calendar days of receipt of the offer or it will be deemed that the employee accepted the offer and has waived the right to object to the location or shift.

If the job offered is at a different location than the job you held at the time of your injury, and you believe the commuting distance to this job from the residence where you lived at the time of your injury is not reasonable, you may object to the job offer as not being within a reasonable commuting distance.

You may also waive this commuting distance requirement. You will be considered to have waived this requirement if you accept the above offer of work or do not reject the offer within twenty calendar days of receipt of this notice. The employee should keep a copy of this form for his or her records.

First Name _____

MI _____

Last Name _____

Date Offer Received _____

Claim Number _____

MM/DD/YYYY

I understand that if my disability is permanent and stationary and the employer has fulfilled its legal obligations related to this offer, my remaining permanent disability payments will be decreased by 15% whether I accept or reject this offer.

Offer of Regular Work at Same Location and/or Shift

I accept this offer of regular work.

I reject this offer of work. Reason

THIS SECTION TO BE COMPLETED BY EMPLOYEE:

Offer of Regular Work at a Different Location and/or Shift

I understand that I have the right to object to a work offer when the location or shift is different than what I had at the time of my injury.

I accept the offer and waive my right to object to the job location or shift as not being within a reasonable commuting distance from the residence where I lived at the time of my injury.

I reject this offer of work. Reason

I object to this offer because the job location that has been offered is different than the job location I held at the time of my injury, and I do not believe this job allows a reasonable commute from my residence. I understand if the claims administrator does not agree with this objection, my remaining permanent disability weekly benefit payment may be decreased by 15%.

I object to this offer because the job shift that has been offered is different than the job shift I held at the time of my injury. I understand if the claims administrator does not agree with this objection, my remaining permanent disability weekly benefit payment may be decreased by 15%.

If a dispute occurs regarding the above offer or agreement, either party may request the Administrative Director to resolve the dispute by filing a Request for Dispute Resolution (Form DWC-AD 10133.55) with the Administrative Director.

(Signature)

Date _____
MM/DD/YYYY

Note: Authority cited: Sections 133, 139.48 and 5307.3, Labor Code. Reference: Sections 139.48 and 4658, Labor Code.

History: 1. Renumbering of former section 10003 to new section 10118, including amendment of section heading and repealer and new form, filed 11-17-2008;

operative 11-17-2008 pursuant to Government Code section 11343.4 (Register 2008, No. 47).

§10119. Return to Work Program.

(a) This section shall apply to injuries occurring on or after July 1, 2004;

(b) An "Eligible Employer" means any employer, except the state or an employer eligible to secure the payment of compensation pursuant to subdivision (c) of Section 3700, who, based on the employer's payroll records or other equivalent documentation or evidence, employed 50 or fewer full-time employees on the date of injury.

(c) "Full-time employee" means an employee who, during the period of his or her employment within the year preceding the injury, worked an average of 32 or more hours per week.

(d) The Return to Work Program is administered by the administrative director for the purpose of promoting the employee's early and sustained return to work following a work-related injury or illness.

(e) This program shall be funded by the Return to Work Fund, which shall consist of all penalties collected pursuant to Labor Code section 5814.6 and transfers made to this fund by the administrative director from the Workers' Compensation Administrative Revolving Fund established pursuant to Labor Code section 62.5. The reimbursements offered to eligible employees as set forth in this section shall be available only to the extent funds are available.

(f) An eligible employer shall be entitled to reimbursement through this program for expenses incurred to make workplace modifications to accommodate an employee's return to modified or alternative work, up to the following maximum amounts:

(1) \$1,250 to accommodate each temporarily disabled employee, for expenses incurred in allowing such employee to perform modified or alternative work within physician-imposed temporary work restrictions; and

(2) \$2,500 to accommodate each permanently disabled employee, for expenses incurred in returning such employee to sustained modified or alternative work within physician-imposed permanent work restrictions; however, if an employer who has received reimbursement for a temporarily disabled employee under paragraph (1) is also requesting reimbursement for the same employee for accommodation of permanent disability, the maximum available reimbursement is \$2,500. For the purpose of this subdivision, "sustained modified or alternative work" is work anticipated to last at least 12 months.

(g) Reimbursement shall be provided for any of the following expenses, provided they are specifically prescribed by a physician or are reasonably required by restrictions set forth in a medical report:

- (1) modification to worksite;
- (2) equipment;
- (3) furniture;
- (4) tools; or

(5) any other necessary costs reasonably required to accommodate the employee's restrictions.

(h) An eligible employer seeking reimbursement pursuant to subdivision (d) shall submit a "Request for Reimbursement of Accommodation Expenses" (Form DWC AD 10120, section 10120) to the Division of Workers' Compensation Return to Work Program within ninety (90) calendar days from the date of the expenditure for which the employer is seeking reimbursement. As a condition to reimbursement, the expenditure shall not have been paid or covered by the employer's insurer or any source of funding other than the employer. The filing date may be extended upon a showing of good cause for such extension. The employer shall attach to its request copies of all pertinent medical reports that contain the work restrictions being accommodated, any other documentation supporting the request, and all receipts for accommodation expenses. Requests should be sent to the mailing address for the Division of Workers' Compensation Return to Work Program that is listed in the web site of the Division of Workers' Compensation, at: http://www.dir.ca.gov/dwc/dwc_home_page.htm

(i) The administrative director or his or her designee shall review each "Request for Reimbursement of Accommodation Expenses," and within sixty (60) business days of receipt shall provide the employer with notice of one of the following:

(1) that the request has been approved, together with a check for the reimbursement allowed, and an explanation of the allowance, if less than the maximum amounts set forth in subdivision (d); or

(2) that the request has been denied, with an explanation of the basis for denial; or

(3) that the request is deficient or incomplete and indicating what clarification or additional information is necessary.

(j) In the event there are insufficient funds in the Return to Work Fund to fully reimburse an

employer or employers for workplace modification expenses as required by this section, the administrative director shall utilize the following priority list in establishing the amount of reimbursement or whether reimbursement is allowed, in order of decreasing priority as follows:

- (1) Employers who have not previously received any reimbursement under this program;
- (2) Employers who have not previously received any reimbursement under this program for the employee who is the subject of the request;
- (3) Employers who are seeking reimbursement for accommodation required in returning a permanently disabled employee to sustained modified or alternative work; and,
- (4) Employers who are requesting reimbursement for accommodation required by a temporarily disabled employee.

(k) An eligible employer may appeal the administrative director's notice under subdivision (i) by filing a declaration of readiness to proceed within twenty calendar days of the issuance of the notice, together with a petition entitled "Petition Appealing Administrative Director's Reimbursement Allowance," setting forth the basis of the appeal pursuant to section 10294 of title 8 of the California Code of Regulations.

Note: Authority cited: Sections 133, 139.48 and 5307.3, Labor Code. Reference: Sections 62.5, 139.48 and 5814.6, Labor Code.

History: 1. Renumbering of former section 10004 to new section 10119, including amendment of section, filed 11-17-2008; operative 11-17-2008 pursuant to Government Code section 11343.4 (Register 2008, No. 47).

**§10120. Form [DWC AD 10120
Request for Reimbursement of
Accommodation Expenses].**



State of California
Division of Workers' Compensation
Retraining and Return to Work Unit



**Request for Reimbursement of Accommodation Expenses
For injuries on or after July 1, 2004
DWC - AD 10120**

Employer (All information in this section must be completed)

Name _____

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

City _____

State _____

Zip Code _____

Phone _____

Employee Information

Employee First Name _____

Employee Last Name _____

Claim Number _____

Job Title (at the time of injury) _____

Job Duties (attach job description if available): _____

Date of Birth: MM/DD/YYYY _____

(Choose only one)

a specific injury on _____ MM/DD/YYYY

a cumulative trauma injury which began on _____ and ended on _____
(START DATE: MM/DD/YYYY) (END DATE: MM/DD/YYYY)



Reimbursement is requested for expenses to accommodate a: (Please Select One)



temporarily disabled employee (\$1250 maximum)

permanently disabled employee (\$2500 maximum)

Employee's work restrictions and accommodation required (attach treating physician's, QME or AME report, if not previously filed):

[Empty rectangular box for work restrictions and accommodation report]

Itemized list of costs for which reimbursement is requested (attach all receipts):

1. Modification to work site (list all work done and total cost)

Cost

[Five horizontal lines for itemizing work site modification costs]

2. Equipment, furniture and/or tools (list each item and cost)

Cost

[Five horizontal lines for itemizing equipment, furniture, and/or tools costs]

3. Any other accommodation expenses:

Cost

[Five horizontal lines for itemizing any other accommodation expenses]

(Attach additional sheets if necessary)



Total Costs: _____



The above costs have not been paid for and are not covered by the insurance carrier or any other source.

I declare that the information I have provided on this form is true and correct under penalty of perjury.

(Signature of employer or employer's representative)

Date _____
MM/DD/YYYY



Note: Authority cited: Sections 133, 139.48 and 5307.3, Labor Code. Reference: Sections 62.5, 139.48 and 5814.6, Labor Code.

History: 1. Renumbering of former section 10005

to new section 10120, including amendment of section heading and repealer and new form, filed 11-17-2008; operative 11-17-2008 pursuant to Government Code section 11343.4 (Register 2008, No. 47).

ARTICLE 7
Vocational Rehabilitation
[Second Enacted Version]
[Repealed]

§10122. Definitions. [Repealed]

Note: Authority cited: Sections 133, 139.5 and 5307.3, Labor Code. Reference: Sections 124, 139.5, 4635 and 4644, Labor Code.

History: 1. New section filed 1-18-90; operative 1-18-90 (Register 90, No. 4). New section is exempt from review by OAL pursuant to Government Code section 11351.

2. Change without regulatory effect amending section filed 1-22-91 pursuant to section 100, title 1, California Code of Regulations (Register 91, No. 10).

3. Amendment filed 12-31-93; operative 1-1-94. Submitted to OAL for printing only pursuant to Government Code section 11351 (Register 93, No. 53).

4. Amendment of subsections (d), (e), (g) and (l), new subsections (m) and (n), and amendment of Note filed 8-26-98; operative 9-25-98 (Register 98, No. 35).

5. Amendment alphabetizing definitions and relettering subsections filed 1-29-2003; operative 1-29-2003 pursuant to Government Code section 11343.4 (Register 2003, No. 5).

6. Change without regulatory effect repealing subsection (b) and relettering subsections filed 5-1-2003 pursuant to section 100, title 1, California Code of Regulations (Register 2003, No. 18).

7. Change without regulatory effect repealing article 7 (sections 10122-10133.22) and section filed 2-25-2009 pursuant to section 100, title 1, California Code of Regulations (Register 2009, No. 9).

§10122.1. Weekend or Holiday Deadlines. [Repealed]

Note: Authority cited: Sections 133, 138.4, 139.5 and 5307.3, Labor Code. Reference: Sections 133, 139.5 and 4637, Labor Code.

History: 1. New section filed 1-29-2003; operative 1-29-2003 pursuant to Government Code section 11343.4 (Register 2003, No. 5).

2. Change without regulatory effect repealing section filed 2-25-2009 pursuant to section 100, title 1, California Code of Regulations (Register 2009, No. 9).

§10123. Vocational Rehabilitation Reporting Requirements. [Repealed]

Note: Authority cited: Sections 133, 139.5, 4658, 4658.5 and 5307.3, Labor Code. Reference: Section 139.5, Labor Code; *Godinez v. Buffets, Inc.* (2004, Significant Panel Decision) 69 Cal. Comp. Cases 1311; and *Vulean Materials Co. v. WCAB* (2006, Writ Denied) 71 Cal. Comp. Cases 1346.

History: 1. New section filed 1-18-90; operative 1-18-90 (Register 90, No. 4). New section is exempt from review by OAL pursuant to Government Code Section 11351.

2. Change without regulatory effect amending section filed 1-22-91 pursuant to section 100, title 1, California Code of Regulations (Register 91, No. 10).

3. Amendment of subsections (a)(2), (c)(2), (d), (e), (e)(1) and (f), repealer of subsections (f)(1)-(g)(2) and subsection relettering, and amendment of newly designated subsections (g)-(i) filed 12-31-93; operative 1-1-94. Submitted to OAL for printing only pursuant to Government Code section 11351 (Register 93, No. 53).

4. Change without regulatory effect amending subsection (f) and Note filed 3-14-94 pursuant to title 1, section 100, California Code of Regulations (Register 94, No. 11).

5. Amendment of subsection (g) filed 2-21-95; operative 2-21-95. Submitted to OAL for printing only pursuant to Government Code section 11351 (Register 95, No. 8).

6. Amendment of section heading, section and Note, filed 11-17-2008; operative 11-17-2008 pursuant to Government Code section 11343.4 (Register 2008, No. 47).

7. Change without regulatory effect repealing section filed 2-25-2009 pursuant to section 100, title 1, California Code of Regulations (Register 2009, No. 9).

§10123.1. Reproduction of Forms, Notices. [Renumbered]

Note: Authority cited: Sections 133, 139.5 and 5307.3, Labor Code. Reference: Sections 139.5, 4636, 4637, 4638 and 4645, Labor Code.

History: 1. Change without regulatory effect adding new section filed 1-22-91 pursuant to section 100, title 1, California Code of Regulations (Register 91, No. 10).

2. Editorial correction of printing error restoring section 10123.2 (Register 91, No. 31).

3. Renumbering and amendment of former section 10123.2 to section 10123.1 filed 12-31-93; operative 1-1-94. Submitted to OAL for printing only pursuant to Government Code section 11351 (Register 93, No. 53).

4. Amendment filed 2-21-95; operative 2-21-95. Submitted to OAL for printing only pursuant to Government Code section 11351 (Register 95, No. 8).

5. Amendment of first paragraph filed 8-7-95; operative 8-7-95. Submitted to OAL for printing only pursuant to Government Code section 11351 (Register 95, No. 32).

6. Amendment of first paragraph filed 9-11-95; operative 9-11-95. Submitted to OAL for printing only pursuant to Government Code section 11351 (Register 95, No. 37).

7. Renumbering of former section 10123.1 to section 10116.4 filed 11-17-2008; operative 11-17-2008 pursuant to Government Code section 11343.4 (Register 2008, No. 47).

§10123.2. Unrepresented Employees. [Repealed]

Note: Authority cited: Sections 133, 139.5, 139.6 and 5307.3, Labor Code. Reference: Sections 139.5, 4636, 4637, 4638 and 4645, Labor Code.

History: 1. Change without regulatory effect adding new section filed 1-22-91 pursuant to section 100, title 1, California Code of Regulations (Register 91, No. 10).

2. Editorial correction of printing error restoring section 10123.1 (Register 91, No. 31).

3. Renumbering of former section 10123.1 to section 10123.2 filed 12-31-93; operative 1-1-94. Submitted to OAL for printing only pursuant to Government Code section 11351 (Register 93, No. 53).

4. Change without regulatory effect repealing section filed 2-25-2009 pursuant to section 100, title 1, California Code of Regulations (Register 2009, No. 9).

§10123.3. Referral to Rehabilitation Providers; Facilities. [Repealed]

Note: Authority cited: Sections 133, 139.5, 139.6 and 5307.3, Labor Code. Reference: Section 139.5(h), Labor Code.

History: 1. New section filed 12-31-93; operative 1-1-94. Submitted to OAL for printing only pursuant to Government Code section 11351 (Register 93, No. 53).

2. Change without regulatory effect repealing section filed 2-25-2009 pursuant to section 100, title 1, California Code of Regulations (Register 2009, No. 9).

§10124. Identification of Medical Eligibility. [Repealed]

Note: Authority cited: Sections 133, 139.5 and 5307.3, Labor Code. Reference: Sections 139.5 and 4636, Labor Code.

History: 1. Change without regulatory effect renumbering and amending former section 10124 to section 10127.1 and former section 10124.1 to section 10124 filed 1-22-91 pursuant to section 100, title 1, California Code of Regulations (Register 91, No. 10). For prior history, see Register 90, No. 4.

2. Editorial correction of printing error restoring section 10124 (Register 91, No. 31).

3. Amendment of section heading and section filed 12-31-93; operative 1-1-94. Submitted to OAL for printing only pursuant to Government Code section 11351 (Register 93, No. 53).

4. Change without regulatory effect amending subsection (b) filed 3-14-94 pursuant to title 1, section 100, California Code of Regulations (Register 94, No. 11).

5. Amendment of subsections (b)-(b)(1) filed 2-21-95; operative 2-21-95. Submitted to OAL for printing only pursuant to Government Code section 11351 (Register 95, No. 8).

6. Change without regulatory effect repealing section filed 2-25-2009 pursuant to section 100, title 1, California Code of Regulations (Register 2009, No. 9).

§10124.1. Identification of Vocational Feasibility. [Repealed]

Note: Authority cited: Sections 133, 138.4, 139.5 and 5307.3, Labor Code. Reference: Sections 4635 and 4637, Labor Code.

History: 1. New section filed 5-30-2001; operative 6-29-2001 (Register 2001, No. 22). For prior history, see Register 91, No. 46.

2. Change without regulatory effect repealing section filed 2-25-2009 pursuant to section 100, title 1, California Code of Regulations (Register 2009, No. 9).

§10125. Maximum Vocational Rehabilitation Expenditures for Injuries Occurring On or After 1/1/94. [Repealed]

Note: Authority cited: Sections 133, 139.5 and 5307.3, Labor Code. Reference: Sections 139.5, 4636, 4638 and 4642, Labor Code.

History: 1. Renumbering of former section 10125 to section 10127.2 and new section filed 12-31-93; operative 1-1-94. Submitted to OAL for printing only pursuant to Government Code section 11351 (Register 93, No. 53).

2. Change without regulatory effect repealing section filed 2-25-2009 pursuant to section 100, title 1, California Code of Regulations (Register 2009, No. 9).

§10125.1. Vocational Rehabilitation Maintenance Allowance. [Repealed]

Note: Authority cited: Sections 133, 139.5 and 5307.3, Labor Code. Reference: Sections 139.5, 4636, 4638 and 4642, Labor Code.

History: 1. New section filed 12-31-93; operative 1-1-94. Submitted to OAL for printing only pursuant to Government Code section 11351 (Register 93, No. 53).

2. Change without regulatory effect amending subsection (a) filed 3-14-94 pursuant to title 1, section 100, California Code of Regulations (Register 94, No. 11).

3. Amendment of subsection (c) filed 2-21-95; operative 2-21-95. Submitted to OAL for printing only pursuant to Government Code section 11351 (Register 95, No. 8).