

State of California
DIVISION OF WORKERS' COMPENSATION - MEDICAL UNIT
REQUEST FOR QME PANEL UNDER LABOR CODE § 4062.2
REPRESENTED
(Please print or type)

Request date (Required): _____ Date of Injury (Required): _____ **Specialty Requested** (3 letter code required): _____ **Claim Number** (Required): _____

Specialty of treating physician: _____ Oposing party's specialty preference: _____ **Requesting party** (Check one box only)
 Applicant's Attorney (or injured employee)
 Defense Attorney / Claims Administrator

Reason QME panel is being requested (Read attachment, 'How to Request a QME') (Check one box only):

- § 4060 (compensability exam)
- § 4061 (permanent impairment or disability dispute)
- § 4062 Injured employee only (medical treatment determination, UR dispute or other 4062 reason)
- § 4062 Claims administrator only (non treatment medical determination or non-UR reason under 4062)
- §§ 4061 and 4062 dispute (medical treatment and permanent impairment or disability dispute)

If the claims administrator is requesting a 4062 panel explain the reason for the request below:

You must attach a copy of your written proposal identifying a disputed issue and naming one or more physicians to be an AME.

Answer each question below:

Has this claim been denied? Yes No Has any body part in this claim been accepted? Yes No

If yes, indicate the date of the denial _____

Does dispute involve an MPN : Continuity or Transfer of Care Permanent Disability, Future Medical, UR decision Diagnosis/Treatment ?

Employee Information

First Name: _____ Middle Initial: _____ Last Name: _____

Street Address : _____

City: _____ State: _____ Zip Code: _____ Daytime Phone No: _____

If currently living outside of state, enter the California city and zip code on date of injury: _____

If never resided in state, enter the California city and zip code for evaluation: _____

Employee's Attorney

First Name Last Name Firm Number

Law Firm Name

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

City State Zip Code Phone No

Claim Number: _____

Employer and Claims Administrator Information

Employer: _____

Claims Administrator Name: _____

Adjustor name: _____

Street Address or P.O. Box: _____

City: _____ State: _____ Zip Code: _____ Phone Number: _____

Defendant's Attorney

First Name _____ Last Name _____ Firm Number _____

Law Firm Name _____

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

City _____ State _____ Zip Code _____ Phone Number _____

Prior QME Panel Information *(Answer all that apply)*

Has the employee ever received a QME panel before? Yes No Unknown

If yes, did the employee ever see any QME from that panel? Yes No Unknown

If yes, has that claim been settled or resolved? Yes No Unknown

If yes, name of QME seen: _____ Specialty: _____

Date of Injury: _____ Body parts: _____ Date of Exam: _____

Panel Number (If known): _____ Is that QME available now: Yes No Unknown

The completed form must be mailed to:
Division of Workers' Compensation-Medical Unit
P.O. Box 71010, Oakland, Ca 94612
(510) 286-3700 or (800) 794-6900

Date: _____

Print Name of Requestor: _____

Signature _____

Note: The party submitting this form must attach a copy of the written proposal identifying a disputed issue and naming one or more physicians to be a AME.

For Use with the QME Panel Request Form 106

MD/DO SPECIALTY CODES

MAI	Allergy and Immunology
MDE	Dermatology
MEM	Emergency Medicine
MFP	Family Practice
MPM	General Preventive Medicine
MHH	Hand
MMM	Internal Medicine
MMV	Internal Medicine- Cardiovascular Disease
MME	Internal Medicine– Endocrinology Diabetes and Metabolism
MMG	Internal Medicine- Gastroenterology
MMH	Internal Medicine- Hematology
MMI	Internal Medicine- Infectious Disease
MMN	Internal Medicine- Nephrology
MMP	Internal Medicine- Pulmonary Disease
MMR	Internal Medicine- Rheumatology
MNB	Spine
MPN	Neurology
MNS	Neurological Surgery (<i>other than Spine</i>)
MOG	Obstetrics and Gynecology
MPO	Occupational Medicine
MMO	Oncology – Orthopaedic Surgery Internal Medicine or Radiology
MOP	Ophthalmology
MOS	Orthopaedic Surgery (<i>other than Spine or Hand</i>)
MTO	Otolaryngology
MPA	Pain Medicine
MHA	Pathology
MPR	Physical Medicine & Rehabilitation
MPS	Plastic Surgery (<i>other than Hand</i>)
MPD	Psychiatry (<i>other than Pain Medicine</i>)
MSY	Surgery (<i>other than Spine or Hand</i>)
MSG	Surgery - General Vascular
MTS	Thoracic Surgery
MTT	Toxicology
MUU	Urology

NON-MD/DO SPECIALTY CODES

ACA	Acupuncture
DCH	Chiropractic
DEN	Dentistry
OPT	Optometry
POD	Podiatry
PSY	Psychology
PSN	Psychology - Clinical Neuropsychology