Workers’ Compensation Utilization Review Guidelines

What are they?

Per the California Labor Code, workers’ compensation insurance carriers may establish a utilization review process in order to ensure that appropriate medical treatment is provided to relieve or cure an injured worker from the effects of his/her injury. The Division of Workers’ Compensation has approved the use of the American College of Occupational and Environmental Medicine (ACOEM) as the evidence based guidelines utilized as the standard to determine appropriate care to an injured worker. In the event that ACOEM does not address a specific condition, the Official Disability Guidelines (ODG) and the Medical Disability Advisory (MDA) may also be utilized as treatment guidelines by a utilization review entity.

When do I need to contact Utilization Review?

As a treating physician of an injured worker, please ensure that you are providing treatment consistent with the standards established by ACOEM, ODG and MDA. Procedures/treatments for which you should contact the appropriate carrier’s utilization review entity include:

- Physical Therapy, Occupational Therapy and Chiropractic treatment. (Please note that CA labor code limits these treatment types to 24 visits however, the carrier may require approval before any treatment by these specialists is provided).
- Repeat Diagnostic procedures (CT, MRI, discograms, EMG/NCS etc.)
- Any Surgery
- Procedures involving the spine, including surgery, disc procedures, nuclear cobation etc.
- Continuing dosages of specific medications prescribed for more than 30 days (e.g. Oxycontin, Vicodin or other opiates)
- Pain management procedures involving injections, blocks, infusions or other invasive procedures for pain control
- Psychiatric care
- Diagnostic or therapeutic procedures outside of the boundaries of evidence based medicine
- Durable Medical Equipment
• Naturopathic and homeopathic treatment
• Acupuncture
• Procedure not clearly indicated as surgical but involving surgery
• Rehabilitation programs such as work hardening and work conditioning
• Elective, non-emergency hospitalizations
• Bone/muscle stimulators

What process does the utilization review entity follow?

In accordance with the CA Labor Code, the utilization review entity shall provide information to approve, modify, delay or deny a utilization review request within the following requirements:

• Utilization Review shall make prospective or concurrent decisions on requests from the treating physician not more than 5 working days from receipt of the information reasonably necessary to make the decision. In no circumstance shall a decision take more than 14 days from the date of the medical treatment recommendation, though the utilization review decision may be to approve, modify, delay or deny treatment.

• In the case of a retrospective review, the decision shall be made and communicated to the requesting physician’s office within 30 days of receipt of information that is reasonably necessary to make the decision.

• Should an injured worker require emergency treatment such that a delay could jeopardize his/her ability to regain maximum function, utilization and review decisions to approve, modify, delay or deny the request will be made within 72 hours after receipt of information reasonably necessary to make the determination.

• Decisions to approve, modify, delay or deny requests by physicians that are made prior to or concurrent with provisions of medical treatment, shall be relayed to the requesting physician within 24 hours of the utilization review decision by telephone or facsimile. If by phone, a follow-up written notice will be sent to the requesting physician, the injured worker, and the injured worker’s attorney if represented by counsel, within 24 hours for concurrent review and 2 business days for prospective review.

• If a request is not approved in full, disputes shall be handled in accordance with Labor Code section 4062.

Your request must be in writing, with the request for authorization clearly marked at the top of the page.
Where can I get more information?

- [http://www.dir.ca.gov/dwc/dwc.propregs/OMFS](http://www.dir.ca.gov/dwc/dwc.propregs/OMFS)
- First Health-Provider Relations (800) 937-6824