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Policy Number: UR 01	Policy Name: Utilization Review Program Description	Approval Authority: Medical Director
Category: Utilization Review	Effective (Original) Date: 3/29/2017	Next Review Date: 3/23/2027
Version Number: 15	Previous Review Dates: 1/23/18; 1/23/19; 10/30/19; 11/27/19; 8/15/20, 4/15/2021, 2/4/22, 8/1/22; 8/1/23; 10/18/23; 6/20/24, 7/9/24, 8/27/24, 7/9/25, 1/1/2026	
Most Recent Revision Date: 4/21/2026	Signature: <i>Martha Walkup, DO</i>	

Workers' Compensation Utilization Review¹ Program Description

POLICY STATEMENT AND PURPOSE²

This document outlines the processes and documented procedures that guide the conduct of the Utilization Review (UR) Program at RehabWest, Inc. (RehabWest). RehabWest is a workers' compensation UR provider that primarily services claims administrators in California.

The purpose of RehabWest's UR Program is to prospectively, retrospectively or concurrently review and make decisions to approve, modify or deny, based in whole or in part on medical necessity to cure and relieve, treatment recommendations by physicians with the provision of medical treatment services pursuant to the California Labor Codes.

To ensure that care provided conforms to acceptable practice standards and UR criteria, RehabWest's UR clinical staff incorporate the California Medical Treatment Utilization Schedule (MTUS) in determining if treatment requests are scientifically proven to cure or relieve work-related injuries and illnesses. In situations where the requested treatment is not addressed by the MTUS, RehabWest's UR clinical staff utilizes other scientific and evidence-based peer

¹ URAC Term: Utilization Management

² UM 1-1 (a) (i-ii)



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reviewed medical treatment guidelines that are nationally recognized by the medical community.

POLICY SCOPE³

The scope of this document is to outline, in detail, the processes by which RehabWest evaluates the medical necessity, appropriateness, and efficiency of use of requested health care services and procedures. The outlined procedures incorporate legislative, regulatory, and accreditation standards and support client compliance with such standards. In certain instances, some of the procedures outlined in this document may be conducted by RehabWest's clients if agreed upon by both parties.

This UR Program Plan (UR Plan) may be revised periodically for reasons including, but not limited to, changes in the URAC Accreditation Standards, California Labor Code, and the promulgation of California Regulations. RehabWest's hours of operation are 8:30 AM to 5:30 PM Pacific Standard Time (PST). The afterhours fax line for all parties is 760.796.7564. RehabWest's UR Plan is provided to all clients and is available to the public upon request at no fee. If a material modification to the plan is made, RehabWest will submit the revised plan to the State of California, Division of Workers' Compensation within thirty (30) days.

ORGANIZATION⁴

The UR Program is directed by Martha Walkup, D.O., unrestricted California License number 11591, who is competent to evaluate the specific clinical issues, which are within the scope of her practice. Dr. Walkup provides oversight of our reviewing physicians, nurses and UR staff and is responsible for all decisions made in the UR process per 9792.6.1(o).

³ UM 1-1 (a) (ii)

⁴ UM 1-1 (b) (i)



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The qualifications and functions of the personnel involved in the decision making and implementation making process of the UR Plan include:

- Martha Walkup, D.O., Medical Director, RehabWest, 100 E. San Marcos Blvd., Suite 325, San Marcos CA 92069; telephone 760.759.7500; and
- Sharon Douglas, CPDM, WCCP, California Licensed Self-Insured Administrator, Chairwoman and President, RehabWest, 100 E. San Marcos Blvd., Suite 325, San Marcos CA 92069; telephone 760.759.7500.

RehabWest also contracts with Ethos Risk for additional peer review support. Ethos Risk is a URAC accredited Independent Review Organization (IRO). The Medical Director for Ethos Risk is Mahdy Flores, M.D. Ethos Risk oversees their peer review physicians and is fully responsible for their peer reviewers' decisions.

All reviewers are currently licensed by a state in the United States or the District of Columbia.

APPLICABLE LAWS, REGULATIONS, ACCREDITATION STANDARDS, REFERENCES

- URAC Workers' Compensation Utilization Management Accreditation Standards.
- California Code of Regulations Title 8, Chapter 4.5. Division of Workers' Compensation. Subchapter 1. Administrative Director--Administrative Rules.
- California UR Labor Code sections 4610, 4610.5 and 4610.6.

DEFINITIONS: See RehabWest's Master Glossary in Section 19.



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PROCEDURE

1 Review Criteria

1.1 Review Criteria Requirements⁵

- RehabWest utilizes specific clinical review criteria that is based on current clinical principles and processes⁶, which includes:
 - Criteria provided by the State of California, Division of Workers' Compensation (DWC):
 - Medical Treatment Utilization Schedule (MTUS) guidelines:
 - The MTUS is promulgated by the California DWC Administrative Director under Labor Code sections 5307.27 and 4604.5, and can be found in sections 9792.20 et seq. of Title 8, California Code of Regulations (CCR);
 - The MTUS provides medical treatment guidelines for UR and an analytical framework for the evaluation and treatment of injured employees. It helps medical providers understand which evidenced-based treatments have been effective in providing improved medical outcomes to those employees; and

⁵ UM 2

⁶ UM 2-1(b)



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- The MTUS is a set of guidelines taken from the American College of Occupational and Environmental Medicine's (ACOEM) to lay out treatments scientifically proven to cure or relieve work-related injuries and illnesses. It also addresses how often the treatment is given (frequency), extent of treatment (intensity), and for how long (duration), among other things (https://www.dir.ca.gov/dwc/mtus/mtus_regulationsguidelines.html). The guidelines include the MTUS Drug Formulary with its own set of Regulations (<https://www.dir.ca.gov/dwc/DWCPopRegs/MTUS-Formulary/MTUS-Formulary.htm>).
- The clinical topics covered in the MTUS guidelines are comprised of guidelines published by:
 - o American College of Occupational and Environmental Medicine's (ACOEM). Clinical topics include, but are not limited to:
 - Prevention;
 - General Approach to Initial Assessment and Documentation;
 - Initial Approaches to Treatment;
 - Cornerstones of Disability Prevention and Management;
 - Ankle and Foot Disorders;
 - Cervical and Thoracic Spine;
 - Chronic Pain;
 - Elbow Disorders;



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- Hand, Wrist, and Forearm Disorders;
 - Hip and Groin Disorders;
 - Interstitial Lung Disease;
 - Knee Disorders;
 - Low Back Disorders;
 - Occupational/Work-Related Asthma;
 - Opioids;
 - Shoulder Disorders;
 - Traumatic Brain Disorders;
 - Workplace Mental Health; and,
 - MTUS Drug List.

- Commercial criteria licensed by RehabWest:
 - Reed Group's 'MDGuidelines' includes the ACOEM 'Occupational Medicine Practice Guidelines' and other nationally recognized evidence-based medical treatment guidelines. ACOEM's guidelines are intended for the treatment of occupational injuries and illnesses. They are intended to help improve and restore the health of those employees who incur occupationally related illnesses or injuries. The guidelines are a tool for occupational and other physicians, health care professionals, claims administrators, employers, attorneys, and all others with responsibility for or involvement in employee health and workers' compensation systems.

- Commercial Criteria:



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RehabWest purchases commercial criteria, however, the following must be received from the vendor:

- How the criteria were developed⁷.
 - The frequency of the review process, including both annual review and updates⁸.
 - The names and qualifications of those involved in the review process⁹.
- Evaluation of State Mandated and Commercial Criteria Licensed by RehabWest:
- ACOEM: The methodology used by the ACOEM to develop and maintain ACOEM's guidelines through the MDGuidelines application can be found at: <https://acoem.org/Practice-Resources/Practice-Guidelines-Center/Guidelines-Methodology>.¹⁰ This link provides additional information on how the commercial criteria are developed, including the names and qualifications of those involved and the frequency of review and updates. See also: <https://www.acoem.org/practiceguidelines.aspx>
 - MTUS: As instructed by the California DWC, the MTUS is presumed to be correct on the issue of extent and scope of medical treatment and diagnostic services it addresses. However, that presumption can be set aside by a preponderance of scientific medical

⁷ UM 2-1(a)

⁸ UM 2-1(a)

⁹ UM 2-1(c)

¹⁰ UM 2-1(a)



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evidence using strength of evidence criteria to show that a variance from the schedule is reasonably required to cure or relieve the injured employee from the effects of his or her injury.

- To ensure California's injured employees have access to effective and appropriate treatment, the MTUS regulations created a medical evidence evaluation advisory committee (MEEAC), which meets regularly to review the latest medical evidence and advise the DWC about incorporating new evidence-based guidelines into its MTUS.
- MEEAC provides recommendations to the Administrative Director on matters concerning the MTUS and advises the DWC Medical Director on potential revisions, updates and supplements that will keep California's treatment guidelines current. MEEAC's recommendations are advisory in nature and do not constitute scientifically based evidence. The MEEAC members represent various medical fields. The regulations concerning the MEEAC are set forth in 9792.26 of Title 8, California Code of Regulations.
 - For additional information on how the commercial criteria are developed, including the names and qualifications of those involved and the frequency of review and updates, please visit¹¹: <https://www.dir.ca.gov/dwc/MTUS/MTUS.html> and https://www.dir.ca.gov/t8/9792_27_18.html regarding the Pharmacy and Therapeutics Committee.

¹¹ UM 2-1(a)



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- All conditions or injuries not addressed by the MTUS, authorized treatment and/or diagnostic services must be in accordance with other scientific, evidence-based medical treatment guidelines that are nationally recognized by the medical community.

1.2 Evaluation and Approval of Clinical Review Criteria

- Once RehabWest confirms use of State mandated and commercial criteria, as applicable, RehabWest's Regulatory Compliance Committee submits the documentation for evaluation and approval for use by the company as follows:
 - Approval by the Medical Director during a regularly scheduled Regulatory Compliance Committee meeting¹².
 - Evaluated at least annually and updated, if necessary, by¹³:
 - RehabWest's Regulatory Compliance Committee; and
 - Appropriate, actively practicing physicians, pharmacists, and other providers with current knowledge relevant to the criteria or scripts under review. This is managed by each publisher of the commercial and state-mandated guidelines under review.

¹² UM 2-1(c)

¹³ UM 2-1(a)



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- The most current version of the clinical criteria available is utilized.
- RehabWest maintains contacts at the State of California DWC. In the event a concern arises over the clinical criteria, any such concern will be brought to their attention by our Medical Director.
- Likewise, RehabWest maintains contacts with the Reed Group. In the event a concern arises over the ACOEM guidelines, any such concern will be brought to their attention by our Medical Director.

1.3 Reporting and Documentation of Criteria Approval

Approval of all criteria evaluation(s) are reported to the Regulatory Compliance Committee and documented within the minutes.

1.4 Sample of Commercial Clinical Criteria

The following is a sample of the commercial criteria utilized by RehabWest in performing utilization review. This sample is from the California MTUS and includes an excerpt of the ACOEM guidelines for Shoulder Complaints.

<p>Sample Clinical Criteria: ACOEM Guidelines¹⁴:</p> <p>STATE TREATMENT GUIDELINES > CALIFORNIA MTUS-ACOEM > SHOULDER DISORDERS > DIAGNOSTIC RECOMMENDATIONS</p> <p>Diagnostic injections</p>
--

¹⁴ UM 2-1(b)



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Diagnostic Injections, particularly of the subacromial space, glenohumeral joint and acromioclavicular joint are sometimes performed. However, they are nearly always performed in combination with a therapeutic intervention, such as a glucocorticosteroid injection. Injection with a therapeutic agent is nearly always preferable due to less overall invasiveness with 1 injection rather than 2, as well as the potential to assess the patient both immediately post-injection for diagnostic purposes as well as longer term for therapeutic purposes (see Injections).

https://www.dir.ca.gov/dwc/MTUS/ACOEM_Guidelines/Shoulder-Disorders-Guideline.pdf

Sample MTUS Guideline: ODG Chapter for Pain: Cognitive Behavioral Therapy for Pain:

15

Related Topics: Chronic Pain Rehabilitation Program
Psychological Treatment Visits for Chronic Pain

See Reference: Last review/update date: Jun 27, 2025

<https://www.odgbymcg.com/treatment>

ODG, Pain; Ankle and Foot; Burns and Wounds; Elbow; Forearm, Wrist and Hand; Head; Hernia; Hip and Pelvis; Knee and Leg; Low Back; Neck and Upper Back; Shoulder:

Chronic Pain Rehabilitation Program: Conditionally recommended as described in the ODG Criteria.



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ODG Criteria

Chronic pain rehabilitation program may be recommended for 1 or more of the following (1) (2) (3) (4) (5): Initial therapy when ALL of the following are present: All underlying causes have been assessed and treated (eg, fracture, infection). (6) Appropriate pain condition for rehabilitation, as indicated by 1 or more of the following: Pain with evidence of loss of function that persists beyond 12 weeks (7) Pain with evidence of loss of function that persists for 6-12 weeks and ALL of the following (7) (8) (9): Presence of risk factors that increase likelihood of transition to chronic pain, as indicated by 2 or more of the following (8) (9): Belief that pain is due to progressive pathology or that pain is harmful or severely disabling Development of psychosocial sequelae that limit function or recovery after initial incident, including anxiety, depression, fear-avoidance behavior, nonorganic illness behavior, or sleep disorders (with reasonable probability to respond to treatment intervention)

[TRUNCATED]

~~8 C.C.R. 9792.20 – 9792.26 MTUS (Effective July 18, 2009)~~
~~Part 2 – Pain Interventions and Treatments:~~

2 Accessibility of Review Services

2.1 Access to Review Staff

RehabWest provides access to its review staff by a telephone line Monday through Friday, 8:30 AM to 5:30 PM PST; where RehabWest conducts the majority of its review activities. As our phone number is not a toll-free number, we will accept collect calls if received. The UR fax number is (760) 796-7564 and is



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available to receive faxes, including medical authorization requests, 24 hours a day, 7 days per week. RehabWest's website provides the following information:

- Our phone number to contact;
- Our normal business hours when our UR staff are available, except for certain holidays that may affect these normal business hours. Holidays observed: New Year's Day, Presidents' Day, Memorial Day, Independence Day, Labor Day, Thanksgiving Day (and the day after), and Christmas Day; and
- Instructions for faxing or leaving a voicemail after hours with notation that UR staff will respond on the next business day. The UR fax number for requests for authorizations and medication authorization requests is (760) 796-7564 and is available to receive faxes 24 hours a day, 7 days per week.

2.2 Review Service Communication and Time Frames

- Hours to receive communications:
RehabWest receives communications from providers, injured employees¹⁶ and clients during the business day and after business hours. Mechanisms for receipt of communications include telephone, facsimile, email, and web-based referral submissions.
- Response to communications:
RehabWest responds to communications within one (1) business day.



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- After-hours communication:

If phone calls are received during non-business hours, our general voicemail will be available for the caller to leave a message. The voicemail indicates our normal hours of operation, as detailed above, and informs the caller that a RehabWest employee will return their call the next business day. As we are a service provider to workers' compensation claims administrators, injured employees are advised to contact their claims administrator for all claim related concerns.
- Outgoing communications:

RehabWest conducts its outgoing communications related to UR during providers' reasonable and normal business hours, unless otherwise mutually agreed. Mechanisms for responding to communications include telephone, facsimile, and email.

2.3 Review Service Disclosures

- Information regarding UR requirements and procedures:

Upon request, members of the UR staff will verbally inform injured employees, facility personnel, requesting physicians and other ordering providers, and other health professionals of RehabWest's UR requirements and procedures. Members of the UR staff are trained on RehabWest's UR requirements and procedures at the time of hire and are continuously updated as changes occur. This ensures correct information is provided to parties that contact RehabWest for information about our UR requirements and procedures.



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3 Initiation of Review Process and Pre-Review Screening¹⁷

RehabWest allows appropriate persons to initiate the UR process, as determined by state law or regulation, or by workers' compensation claims administrators. Appropriate persons may include, but are not limited to, the injured employee or a representative of the employee, the claims administrator, the facility rendering service, the provider, or a state regulator.

- Per Section 9792.6.1(u) and 9792.9.1 of the CCR, the request for authorization for a course of treatment must be in written form set forth on the "Request for Authorization (DWC Form RFA)" completed by a treating physician. The claims administrator may accept alternative request for authorization forms to initiate the review process, but they must be in writing and signed by a treating physician.
- If an incomplete request for authorization is received by RehabWest from a provider, our staff follows up with the providers' office to obtain a revised request for authorization no later than five (5) business days from receipt. Simultaneously, our staff also contacts the claims administrator for further direction on how they would like to proceed if a revised request for authorization is not received.
- In accordance with CCR 4610(b) and (c), RehabWest's UR policies and procedures adhere to the MTUS Drug Formulary (9792.9.8 and 9792.27.1 – 9792.27.23 of the CCR). Accordingly, the following definitions outlined in the MTUS Drug Formulary – Definitions apply to the classification and UR process for medications:

¹⁷ WCUM 1



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- Exempt drug means a drug on the MTUS Drug List which is designated as being a drug that can be dispensed to an injured employee without obtaining authorization through prospective review , provided that the drug is prescribed in accordance with the MTUS Treatment Guidelines. Exempt medications include those identified on the MTUS Drug List as Exempt, as well as those dispensed in accordance with the rules for Special Fill and Perioperative Fill.
- Non-Exempt drug means a drug on the MTUS Drug List which is designated as requiring authorization through prospective review prior to dispensing the drug.
- Medication treatments defined as Exempt and Non-Exempt are listed on the MTUS Drug List, which can be found at <https://www.dir.ca.gov/dwc/MTUS/MTUS-Formulary-Orders.html>.

When a UR request is received by RehabWest, Intake Coordinators conduct a pre-review screen of the request. This screening includes the collection and transfer of data into the software platform used by RehabWest to process such requests.

3.1 Limitations of Non-Clinical Staff

- Under no circumstances shall non-clinical staff or non-US licensed clinical staff perform any activities related to the UR process, other than to:



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- Review service requests for completeness of information¹⁸.
- Collect and transfer clinical and non-clinical data. Such data includes demographic information, employer name, claims administrator information, physician name, facility name, medical treatment requests and date of surgery¹⁹.
- Acquire structured clinical data using explicit scripts or forms²⁰.
- Perform activities that do not require evaluation or interpretation of clinical information.

3.2 Intake Process

- Requests for authorization of health care services from clients, providers or injured employees are received through IHI compliant electronic formats including web-based referral forms, encrypted emails, or facsimile.
- For California workers' compensation claims, requests for authorization of health care services are submitted to the claim's administrator from practicing physicians and subsequently referred to RehabWest.
- When a request for authorization is received, RehabWest's Intake Coordinators build the file in our proprietary system, iUR. After the request for authorization is set up as a new case in iUR, it is routed to the

¹⁸ UM 4-2(a)(i)

¹⁹ UM 4-2(a)(ii)

²⁰ UM 4-2(a)(iii)



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appropriate Utilization Review Nurse (UR Nurse)²¹ or peer reviewer based on client directive.

3.3 Administrative Involvement

RehabWest’s non-clinical staff is employed for clerical work only and does not:

- Perform initial screenings²².
- Authorize medical treatment.
- Evaluate or interpret clinical information²³.
- Issue non-certifications based on initial screenings²⁴.

Non-clinical administrative staff, as applicable to the scope of their work, utilize applicable utilization management requirements and procedures as well as have access to licensed health professionals designated to provide guidance as necessary²⁵.

3.4 Case File Minimum Requirements

In iUR, all cases are identified by a unique reference number²⁶ and review type within each injured employee’s case file. Case files include:

- The name of the injured employee, the employee’s representative (if applicable), claims administrator, provider, and/or facility rendering service;

²¹ URAC Term: Initial Clinical Reviewer

²² UM 4-1 (a) (i-ii)

²³ UM 3-1 (a)

²⁴ UM 3-1 (b)

²⁵ UM 4-1 (a) (i-ii)

²⁶ UM 3-1 (c), UM 11-5(b)(v) and UM 14-3(b)(iv)



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- Copies of all correspondence from the claim's administrator, injured employee, the employee's representative (if applicable), provider, or facility rendering service and RehabWest regarding each review;
- Dates of each review, documentation of actions taken, and the UR decision(s), as applicable;
- Internal case notes of review proceedings (if any); and
- Name and credentials of the clinical reviewer.

4 Initial Clinical Review

4.1 UR Nurse Qualifications²⁷

- UR Nurses possess a license or certification in a health profession that is current, recognized in relevant jurisdictions, and unrestricted.
 - To practice as a health professional within the United States or the District of Columbia; and
 - With a scope of practice that is relevant to the clinical area(s) addressed in the initial clinical review.
- RehabWest is not contracted to perform drug utilization reviews conducted by Pharmacy Technician Reviewers. Initial clinical reviews for medication requests are conducted in the same manner as all other types of UR treatment requests²⁸.

²⁷ UM 5-3(a)(i-iii)

²⁸ UM 15, 15-1(a-b), and 15-2(a-b)(i-ii)



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4.2 UR Nurse Resources

UR Nurses have access to clinical resources from among these options:

- Applicable evidence-based clinical review criteria, requirements, and procedures²⁹.
- US licensed Doctor of Osteopathic Medicine (RehabWest Medical Director), and US licensed Doctors of Medicine (RehabWest peer clinical reviewers), US licensed health professional in the same licensure category as the ordering provider, or Health professional with the same clinical education as the ordering provider in clinical specialties where US licensure is not issued³⁰.

4.3 Initial Clinical Review Process

UR Nurses are assigned cases by RehabWest's Intake Coordinators and/or UR Manager. Upon receipt of a new case, the UR Nurse will:

- Review the referral and triage the case to ensure deadlines have been accurately entered into iUR;
- Evaluate the injured employee's date of injury and the medical treatment requests to determine if the requests are subject to California Senate Bill 1160's 30-day exemption, which identifies specific medical treatment requested within the first 30-days of the date of an

²⁹ UM 7-1 (a) (i)

³⁰ UM 7-1 (a) (ii)



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occupational injury in California which is intended to be approved without prospective UR.

- Evaluate requests for medications to determine whether they are Exempt, Special Fill, or Perioperative Fill drugs as defined by 9792.9.8 of the CCR and the MTUS Drug Formulary. These medications can be dispensed without prospective UR and shall be prescribed by the treating physician in accordance with the MTUS guidelines.
 - As permitted by California LC and the CCR, the UR Nurse will evaluate the medication request and clinical documentation to determine if the medication may not be eligible for automatic approval, in which case the UR Nurse will bring the request to the attention of the medical director. Examples of this scenario include an Exempt medication that poses a clinical risk to the injured employee or a medication that has been prescribed as a post-operative medication for a surgery that is denied in the UR proces.
- Review the injured employee's specific clinical information provided by the requesting provider, physician, or clinical professional at the requesting facility as indicated per client agreement contract;
- Request additional clinical information, when necessary, from the requesting provider, physician or clinical professional at the requesting facility to determine medical necessity and appropriateness of the requested service(s) [see section 8.4-Lack of Information];
- Screen the clinical information to determine the medical necessity of requested health care services. Appropriate clinical criteria/guidelines



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may be applied by the UR Nurse as indicated per client agreement;

- Document the following within iUR:
 - The appropriate clinical information including the diagnosis associated to the workers' compensation injury, CPT and ICD codes (if available), and the date of injury;
 - Each treatment request listed on the request for authorization and their associated body part and treatment category;
 - Treatment requests not found on the request for authorization form and identified in accompanying medical reports may be included per the claims administrators' authorization;
 - All medical records reviewed;
 - The review outcome
 - Approved or unable to authorize and being referred to a peer reviewer; and
 - Additional pertinent information related to the requested services.

- If the UR Nurse approves the requested service(s), a determination letter setting forth the medical services authorized is communicated to the claims administrator, requesting provider, facility, injured employee, and the injured employee's representative, if applicable [see section 7.1-Notice of Approval Decisions];



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- If a non-medical provider of services is identified in connection with the applicable treatment request(s), a separate vendor letter detailing the service(s) and/or treatment(s) authorized will be distributed. This letter will be provided to the non-medical provider of services, the claims administrator, requesting provider, injured employee, and the injured employee's representative, if applicable.
- If, after reviewing all the clinical information, the UR Nurse concludes that any of the situations listed below are true, the case is referred for peer clinical review:
 - The medical necessity of the treatment requests cannot be determined based on his/her clinical expertise;
 - The treatment request(s) may not meet the applicable appropriate medical necessity criteria;
 - When regulatory directives indicate a physician review is mandatory; or
 - When client-specific directives indicate a mandatory medical review is appropriate.

4.4 UR Nurse Non-Certifications

RehabWest does not issue adverse decisions to modify or deny medical treatment requests based on initial clinical review³¹. Nor do we issue adverse determinations based on artificial intelligence (AI) or machine learning (ML)

³¹ UM 5-1(a)



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automation³². UR Nurses apply current, approved, evidence-based clinical review criteria to the information available to conduct initial clinical reviews. When appropriate UR Nurses are only authorized to approve treatment.

5 Peer Clinical Review and Initial UR Decision

The following process pertains to prospective, retrospective, concurrent and expedited reviews.

5.1 Peer Clinical Review Cases

RehabWest conducts peer clinical reviews for all cases where an approval is not issued by a UR Nurse during the initial clinical review³³. RehabWest ensures that only physicians make modification or denial determinations³⁴.

5.2 Peer Clinical Reviewer Assignment Process

- During the initial clinical review, the UR Nurse documents the relevant case information.
- If the initial clinical review does not result in an approval of the treatment requests, the UR Nurse electronically flags the case in iUR to initiate the assignment of an appropriate peer reviewer.
- The Medical Director assigns each case to an appropriate peer reviewer.

³² UM 5-1 (b)

³³ UM 8-1 (a)

³⁴ UM 15-2(a)



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- The case may be referred to a peer review specialist if the case requires expertise and input from a specialist in the same or similar profession.
- In the event the Medical Director does not have an available peer reviewer, the case will be forwarded to another contracted URAC Accredited IRO.

5.3 Peer Clinical Reviewer Qualifications

Peer clinical reviewers are clinical peers and appropriate health professionals who meet the following requirements:

- Hold a current³⁵, unrestricted license or certification³⁶ to practice medicine or a health profession within the United States or the District of Columbia;
- For reviews performed on California workers' compensation claims, all physician reviewers are currently licensed in the State of California³⁷;
- Unless expressly allowed by state or federal law or regulation, are located in a state or territory of the United States or the District of Columbia when conducting a peer clinical review³⁸;
- Possess a license or certification in a health profession that is of the type and scope that would permit them to apply their clinical judgement in consideration of an individual's clinical needs to render a

³⁵ UM 9-1 (a) (i)

³⁶ UM 9-1 (a) (iii)

³⁷ UM 9-1 (a) (ii)

³⁸ UM 8-1 (b)



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determination³⁹.

- Are qualified, as determined by the Medical Director, to render a clinical opinion about the medical condition, procedures, and treatment under review⁴⁰.
- Hold a current and valid United States or the District of Columbia license⁴¹:
 - In the same licensure category as the ordering provider; or
 - As a Doctor of Medicine or Doctor of Osteopathic Medicine
- Are knowledgeable of the issue under review, or of the current, evidence-based clinical guidelines and novel treatments for the medical or behavioral health condition, disease, treatment, or procedure under review⁴².
- California Labor Code 3209.3, Section A, defines a 'physician' as the following: includes physicians and surgeons holding an M.D. or D.O. degree, psychologists, acupuncturists, optometrists, dentists, podiatrists, and chiropractic practitioners licensed by California state law and within the scope of their practice as defined by California state law.

³⁹ UM 9-1(a)(iv)

⁴⁰ UM 9-2(a)(ii)

⁴¹ UM 9-1(a)(v)

⁴² UM 9-2(a)(i)



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- Doctors of Medicine (MD) and Doctors of Osteopathic Medicine (DO) may review requests for authorization by any type of medical practitioner. However, requests for authorization from MDs and DOs must be reviewed by an MD or DO.
- Physician reviewers are required to acknowledge the “Peer Reviewer Conflict of Interest Attestation” below when completing a UR determination. Additionally, RehabWest does not offer or provide any financial incentive or consideration to a physician based on the number of modifications or denials made by the physician [per §4610(g)(3)(B)(i)].
 - Peer Reviewer Conflict of Interest Attestation
I certify that I have no relationship or affiliation with the injured employee whose claim is the subject of this request for service/appeal review, nor a significant relationship with the treating provider(s) and/or the treatment facility. I verify that I have no prior involvement with this case prior to its referral for review. I certify that I have no professional, familial or financial relationship with the referring entity nor with the health benefits plan. I further certify that I have no material professional, familial or financial conflict of interest with the developer or manufacturer of the principal drug, device, procedure or other therapy being recommended for the consumer (the employee), nor incentive to promote the use of any services which may be associated with the claim that is the subject of this review. As a peer reviewer, I have not and will not accept compensation for this or any other review activities that is dependent in any way on the specific outcome of this case or other cases.



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5.4 Drug Utilization Management – Prospective, Concurrent, and Retrospective

5.5 RehabWest is not contracted to perform Drug Utilization Management conducted by Pharmacy Technician Reviewers. We are, however, permitted to review medication requests based on medical necessity only. All drug utilization management reviews are conducted pursuant to UM standards.⁴³ Peer Review Process

Upon assignment of a new case, the peer reviewer will:

- Identify the review due-date and evaluate the case details entered in iUR;
- Contact the requesting provider via telephone to discuss the case, solicit additional clinical information, and/or clarify the submitted information, if necessary; and
- Evaluate the specific clinical issues involved in the medical treatment service(s) requested and apply specific review criteria to approve, modify or deny the requested treatment(s).

Peer reviewers are available by telephone during the peer review process, prior to, and after a UR determination⁴⁴.

- If a telephone discussion takes place with the requesting provider during review timeframes and does not result in an approval of the requested services, the peer reviewer will notify the provider of

⁴³ UM 15-1(a-b) & UM 15-2(a-b)(i-ii)

⁴⁴ UM 10-1(a)(ii)



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his/her appeal rights. The peer reviewer will also indicate that the option for the appeal process is detailed at the end of the UR determination letter. Documentation of the call includes the determination and notification of the appeals process.

- Upon completion of the peer review, the peer reviewer documents the review outcome in iUR. The peer reviewer makes their determination(s) to approve, modify or deny⁴⁵ the requested services and indicates the clinical rationale for their decision(s).
- The peer reviewer submits their determination through iUR.
- The UR Nurse or appropriate UR staff perform a final evaluation of the review for spelling and grammar accuracy. They review the letter and the clinical rationale supporting the decision(s) to approve, modify or deny the requested treatment(s).
- The UR Nurse or appropriate UR staff then electronically flags the case in iUR and it gets routed to the UR administrative 'Flagged Letters and Documents' homepage for distribution.
- The administrative UR staff provides notice of authorized services per section 7.1-Notice of Approval Decisions.
- If the peer reviewer modifies or denies the requested services, the administrative UR staff provide notice of the non-certification per section 7.2-Notice of Decisions to Modify or Deny Treatment.

⁴⁵ URAC Term: Non-certify



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- The option for a peer-to-peer conversation following a decision to modify or deny the treatment request(s) is detailed within the UR determination letter. The determination letter indicates that the requesting provider must request a peer-to-peer conversation within five (5) business days from the date of the initial UR determination letter (see section 18.1-Initial Review Letter Template).
- Under no circumstances does RehabWest overturn a previously-approved course of treatment.

5.6 Peer-to-Peer Reviews

When RehabWest issues a modification or denial and no peer-to-peer conversation has occurred in connection with that case, RehabWest offers the requesting physician or other ordering provider the opportunity to discuss the decision.

- The peer-to-peer review process occurs in the following manner:
 - The requesting provider may contact RehabWest within five (5) days of the date of the initial UR determination letter and request a peer-to-peer conversation to discuss the modified or denied service(s). The request may be submitted in writing or by telephone;
 - RehabWest's UR staff facilitates the peer-to-peer conversation based on the availability, and within the normal working hours⁴⁶, of the requesting provider. If the initial clinical peer reviewer who

⁴⁶ UM 10-1(a)(i)



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made the initial determination is unavailable, an alternate clinical peer reviewer will be assigned to conduct the review.

- If the peer-to-peer conversation does not result in an approval, the peer reviewer informs the provider at the end of the phone call of their right to initiate an appeal and the procedure to do so. The employee and their representative are also notified of the right to initiate an appeal in the resulting peer-to-peer decision letter (see section 5.5-Peer Review Process and section 9.1-Internal Appeals Process for Decisions Modifying or Denying Treatment).
- If the peer-to-peer conversation results in a UR decision different than the initial review determination, a new UR decision letter and any State-mandated forms and notifications are distributed to all parties within one (1) business day (see section 5.6-Peer-to-Peer Reviews).
- During the peer-to-peer conversation, the peer reviewer and requesting provider may evaluate the treatment plan and agree upon treatment(s) or service(s) that differ from the original request(s). In this circumstance, the peer reviewer will document the mutually agreed upon treatment or services in iUR. This documentation will clearly outline the original treatment request(s) that have been rescinded and state the alternate agreed upon treatment or services.
- Peer-to-Peer Review decision letters will be provided to all applicable parties within one (1) business day of the peer-to-peer conversation and no later than 10 days from the date the provider requested the peer-to-peer.



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6 Timeframes for Initial Determinations

RehabWest issues UR determinations within timeframes for three general categories of URs: prospective, retrospective, and concurrent reviews. Timeframes are determined by the date of receipt of a request for authorization by the claims administrator or RehabWest. The first day in counting any timeframe requirement is the day after the receipt of the request for authorization either by claims administrator or RehabWest, except when the timeframe is measured in hours. Whenever the timeframe requirement is stated in hours, the time for issuing a determination is counted in hours from the time of receipt of the request for authorization. If the request for authorization is received by the claims administrator and not RehabWest, the review timeframes begin at that time per 9792.9.1 of the CCR. This Regulation applies to the timeframe requirements for all UR review categories including requests for additional information.

Per 9792.9.5(b) of the CCR, failure to obtain authorization prior to providing emergency health care services shall not be an acceptable basis for refusal to cover medical services provided to treat and stabilize an injured worker presenting for emergency health care services. Emergency health care services may be subjected to retrospective review. Per 9792.6.1(i) of the CCR, emergency health care services are defined as health care services for a medical condition manifesting itself by acute symptoms of sufficient severity such that the absence of immediate medical attention could reasonably be expected to place the patient's health in serious jeopardy.

6.1 Prospective Review Timeframes

- As defined by 9792.6.1(t) of the CCR, "prospective review" means any UR conducted, except for UR conducted during an inpatient stay, prior to delivery of the requested medical services.



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- o Prospective Reviews - Expedited⁴⁷:
Expedited reviews are those conducted when the injured employee's condition is such that the injured employee faces an imminent and serious threat to his or her health, including, but not limited to, the potential loss of life, limb, or other major bodily function, or the normal timeframe for the decision-making process would be detrimental to the injured employee's life or health or could jeopardize the injured employee's permanent ability to regain maximum function. Per 9792.9.3(c), the requesting physician must certify in writing and document the need for an expedited review upon submission of the request. A request for expedited review that is not reasonably supported by evidence establishing that the injured worker faces an imminent and serious threat to his or her health, or that the timeframe for utilization review under subdivision (b) would be detrimental to the injured worker's condition, shall be reviewed by the claims administrator under the timeframe set forth in subdivision (b).

The physician reviewer reviews the expedited submission to determine whether or not there is certification in writing documenting the need for an expedited review. For those submissions which do not document the need for an expedited review, decisions to approve, modify, or deny a request for authorization are made in a timely fashion that is appropriate for the nature of the injured worker's condition, not to exceed five (5) business days from the date of receipt of the completed request for authorization.

⁴⁷ URAC Term: Urgent Care Case



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For expedited reviews, the case is reviewed as soon as possible based on the clinical situation, but in no case is a determination issued later than seventy-two (72) hours after the receipt of a request for authorization⁴⁸.

- Prospective Reviews - Non-expedited⁴⁹:
Cases involving non-urgent care are termed prospective reviews. Decisions on prospective reviews are made in a timely fashion that is appropriate for the nature of the injured employee's condition, not to exceed five (5) business days from the date of the receipt of the written and complete request for authorization. UR decisions for prospective reviews must be communicated to the requesting physician by telephone, fax or email within twenty-four (24) hours of the decision. The communication by telephone will be followed by written notice to the requesting physician within two (2) business days for prospective review.
- Request for Additional Information Timeframe:
 - RehabWest does not request extensions beyond 'lack of information' protocols as outlined below and in Section 8.4-Lack of Information Policy and Procedures.
 - Timeframes for Lack of Information Requests⁵⁰:

For non-urgent care cases the determination timeframe may be

⁴⁸ UM 11-1(a)(i)

⁴⁹ UM 11-1(a)(ii)

⁵⁰ UM 11-2(a)(ii)



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extended one time by RehabWest, if:

- The UR Nurse or peer reviewer determines additional medical information is needed to render an appropriate determination. Missing information can also include the results of an additional examination or test, or a specialized consultation requested by the peer reviewer.
- In the event additional medical information is requested, review timelines are as follows:
 - RehabWest will issue a Request for Additional Information letter no later than five (5) business days from the date of receipt of the request for authorization. For requests for medications only, RehabWest will issue a Request for Additional Information letter no later than four (4) business days from the date of receipt of the completed request for authorization.
 - The Request for Additional Information letter notifies the requesting physician and claims administrator that additional information is needed for the UR Nurse or peer reviewer to render a determination. The letter clearly identifies the missing information being requested and provides a date that additional records must be received by RehabWest⁵¹.

⁵¹ UM 11-2(a)(i)(ii)



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- A final decision for requests for authorization for medications-only shall be made no later than five (5) business days from the original date of receipt of the request for authorization. For all other requests for authorization, a final decision shall be made no later than fourteen (14) calendar days from the original date of receipt of the request for authorization⁵² and no later than five (5) business days from the date of receipt of the information requested for prospective reviews, seventy-two (72) hours for concurrent reviews, and thirty (30) calendar days for retrospective reviews.
- If the Request for Additional Information letter requests results of an additional examination or test, the letter is sent to the requesting physician, injured employee, and their representative (if applicable), claims administrator, and all applicable parties. This letter clearly identifies the additional examination(s) or test(s) required, or the specialty of the expert reviewer to be consulted. A final decision shall be made no later than thirty (30) days from the date of receipt of the request for authorization and no later than five (5) business days from the date of receipt of the results of an additional examination or test for prospective reviews, seventy-two (72) hours for concurrent reviews, and thirty (30) calendar days for retrospective reviews.
- UR decisions for prospective reviews must be communicated to the requesting physician by

⁵² UM 11-2(a)(iii)



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telephone, fax, or email within twenty-four (24) hours of the decision.

6.2 Retrospective Review Timeframes

- As defined by 9792.6.1(v) of the CCR, Retrospective reviews are cases in which UR is conducted after medical services have been provided and for which approval has not already been given. In view of the differences in statutory timeframes, it is essential that a prospective review is not construed as retrospective without clear evidence and/or documentation that the requested treatment has already been provided. Therefore, retrospective status will be determined based upon:
 - A medical report clearly stating that requested treatment has been provided; and/or
 - A medical invoice for the requested treatment service(s) already provided without pre-authorization.
- For requests containing retrospective request(s) bundled in the same review with prospective and/or concurrent request(s), the applicable URAC standard shall be applied to each review type, but the entire review will be completed within prospective or concurrent timeframes, whichever are shorter.
- Retrospective decisions to approve, modify or deny a request for authorization shall be made within thirty (30) days⁵³ of receipt of the request for authorization and medical information that is reasonably necessary to make a determination. Every effort is made to complete the

⁵³ UM 11-1(a)(iv)



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review as soon as practical. UR decisions for retrospective reviews must be communicated to the requesting physician by telephone, fax, or email within twenty-four (24) hours of the decision and no later than thirty (30) days from the date of receipt of the request for authorization.

- One-time Extension: RehabWest completes retrospective reviews within the original thirty (30) calendar days from the initial date of receipt of the request for authorization. A Request for Additional Information may be issued by the UR Nurse or peer reviewer; however, timeframe extensions are not utilized.

6.3 Concurrent Review Timeframes

- As defined by 9792.6.1(c) of the CCR, 'concurrent review' is UR conducted during an inpatient stay, to differentiate from review of treatment which may be conducted in an office setting which would require pre-authorization (prospective review), and from review of medical services that have already been provided (retrospective review).
 - UR decisions for concurrent reviews must be communicated to the requesting physician by telephone, fax or email within twenty-four (24) hours of the decision. The communication by telephone will be followed by written notice to the requesting physician within twenty-four (24) hours of the decision for concurrent review.
- Under no circumstances does RehabWest overturn a course of treatment previously approved as part of a concurrent review.
- Per 9792.9.5(f)(1) of the CCR, medical care shall not be discontinued until the requesting physician has been notified of the decision and a care plan has been agreed upon by the requesting physician that is



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appropriate for the medical needs of the employee.

- For concurrent reviews that request an extension of a current course of inpatient treatment, urgent and non-urgent, the following timeframes apply:
 - In accordance with the URAC guidelines, requests for an extension of care, urgent and non-urgent, are completed and the notification of determination is provided to all applicable parties within twenty-four (24) hours of RehabWest's date of receipt⁵⁴. Written notification of the determination is provided to all applicable parties within twenty-four (24) hours or no later than the following business day.
 - Under 9792.9.3 of the CCR, expedited requests for an extension of care must be addressed within seventy-two (72) hours of receipt by either the claims administrator or RehabWest. For expedited concurrent requests, RehabWest will complete and provide notification of determination to all applicable parties within twenty-four (24) hours of receipt and will not exceed seventy-two (72) hours.
- Requests to extend a current course of outpatient treatment:
 - Non-urgent outpatient review requests, such as home health, physical therapy, occupational therapy, and speech therapy are processed under prospective review timeframes. Decision to approve, modify or deny non-urgent outpatient reviews are issued no later than five (5) business days from the date of receipt of the

⁵⁴ UM 11-1(a)(iii)



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request for authorization.

- Requests for outpatient services that are determined to be urgent are processed as expedited requests and require that a determination occurs within seventy-two (72) hours from the date of receipt of the request for authorization. If a Request for Missing Information is issued on a request for outpatient services that is deemed to be urgent, the timeframe to issue a UR determination remains no later than seventy-two (72) hours.
 - Established criteria for identifying urgent outpatient service reviews, include:
 - Outpatient services are deemed urgent if the injured employee faces an imminent and serious threat to his or her health.
 - Surgical procedures are also considered 'urgent' in cases where the threat of unsuccessful healing is apparent.
 - These criteria include a request from the provider or injured employee to make it urgent and documenting the rationale for the request. Urgent requests can be communicated to RehabWest by the provider and injured employee in the following ways:
 - In California, the required Form RFA includes a checkbox where providers can indicate if a



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request needs to be treated as urgent.

- o Injured employees can also communicate urgency via telephone to RehabWest or to their claims administrator.

7 Notices of Initial Determinations

RehabWest sends notices of its initial determinations according to the following procedures. UR determination letters for peer approvals, modifications and denials follow the same template format. Within the determination letter template, there are specified sections designated to identify which treatment requests are approved, modified and/or denied.

If the peer reviewer or Medical Director determine that the disclosure of the clinical rationale to the injured employee could be potentially harmful, the full copy of the determination letter is only sent to the requesting physician, claims administrator, and injured employee’s representative, if applicable. A redacted copy of the letter is provided to the injured employee, which excludes potentially harmful clinical information.

7.1 Notice of Approval⁵⁵ Decisions

As defined by 9792.6.1(a) of the CCR, “Authorization” means assurance that appropriate reimbursement will be made for an approved specific course of proposed medical treatment to cure or relieve the effects of the industrial injury pursuant to section 4600 of the California Labor Code, subject to the provisions of section 5402 of the California Labor Code, based on a completed DWC Form RFA or a request for authorization of medical treatment accepted as complete by the claims administrator. Authorization shall be given pursuant to the

⁵⁵ URAC Term: Certification



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timeframe, procedure, and notice requirements of 9792.9.4 of the CCR, and may be provided by utilizing the indicated response section of the DWC Form RFA if that form was initially submitted by the treating physician.

Decisions to approve treatment can be made by a UR Nurse or peer clinical reviewer.

- Approval Decision Notice and Tracking
 - Within twenty-four (24) hours of a decision to approve treatment the reviewer and/or UR staff will contact the requesting physician, ordering provider, injured employee, injured employee's representative (if applicable), and/or facility rendering service to advise of the certification decision, initially via telephone, facsimile, electronic or web-based tools. The communication by telephone will be followed by written notice to the requesting physician within 24 hours of the decision for concurrent review and within two (2) business days for prospective review⁵⁶.
 - The notification of approved treatment includes a reference number⁵⁷ correlating to the injured employee's workers' compensation claim number and the request for authorization.
 - A written copy of the notification approving treatment is provided to the claim's administrator, requesting physician or other ordering provider, injured employee, the injured employee's representative (if applicable), and/or facility rendering service on all cases. Written

⁵⁶ UM 11-4(a) (i) (ii)

⁵⁷ UM 11-4(a) (iii)



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Category: Utilization Review	Effective (Original) Date: 3/29/2017	Next Review Date: 3/23/2027
Version Number: 15	Previous Review Dates: 1/23/18; 1/23/19; 10/30/19; 11/27/19; 8/15/20, 4/15/2021, 2/4/22, 8/1/22; 8/1/23; 10/18/23; 6/20/24, 7/9/24, 8/27/24, 7/9/25, 1/1/2026	
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notice of the decisions to approve treatment is provided to all parties within 24 hours of the decision for concurrent review and within two (2) business days for prospective review⁵⁸.

- In accordance with 9792.9.4 of the CCR, the following is applied to UR approval notifications:
 - When a medication is approved and the request for authorization does not state, “Dispense as Written” or “Do Not Substitute”, the UR determination letter will state, “Generic substitute authorized”.
 - When a medication classified as Exempt per the MTUS Drug Formulary is approved, the UR notification will say, “Exempt per MTUS Drug Formulary”.
 - When a treatment request is exempt from UR per the 30-day exemption rule of California Senate Bill 1160 and is therefore approved, the UR determination letter will state, “30-day exemption approval”.
- If a non-medical provider of services is identified in connection with the applicable treatment request(s), a separate vendor letter detailing the service(s) and/or treatment(s) authorized will be

⁵⁸ UM 11-4(a)(i)(ii)



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distributed to that provider. .

- Written approval notices completed by peer reviewers will include:
 - The clinical rationale used in making the decision to approve treatment.

- Requirements for Approval Decisions on Concurrent Inpatient Reviews

If the notification described above is for continued hospitalization or services, the notification shall include the number of extended days or units of service⁵⁹, the next anticipated review point⁶⁰, the new total number of days or services approved⁶¹, and the date of admission or onset of services⁶² (see section 18.5-Concurrent Review Letter Template).

7.2 Notice of Decisions to Modify or Deny Treatment

If a UR Nurse is unable to approve the requested treatment, they will flag the case in iUR for assignment of a qualified and available peer reviewer. Only a peer reviewer may issue a decision to modify or deny treatment.

- Written Notice and Rationale of Decisions to Modify and Deny Treatment:

⁵⁹ UM 11-4(b) (ii)

⁶⁰ UM 11-4(b) (iv)

⁶¹ UM 11-4(b) (iii)

⁶² UM 11-4(b) (i)



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- When a peer reviewer issues a decision to modify or deny treatment, they will document their clinical rationale upon which their decision was based in the case file in iUR⁶³.
- Written notices indicating decisions to modify or deny treatment must be sent to the claims administrator, injured employee, the injured employee's representative (if applicable), and either the requesting physician, the ordering provider, or facility rendering service⁶⁴. Written notice of the decisions to deny or modify treatment is provided to all parties within 24 hours of the decision for concurrent review and within two (2) business days for prospective review.
- The written notice will include, at a minimum:
 - The clinical rationale used in making the decision to modify or deny treatment⁶⁵;
 - Instructions for initiating an appeal of the modification or denial⁶⁶;
 - Instructions for initiating a peer-to-peer conversation to discuss the modified or denied treatment; and

⁶³ UM 11-5(b) (ii)

⁶⁴ UM 11-5(a)

⁶⁵ UM 11-5(b) (ii)

⁶⁶ UM 11-5(b) (iii)



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- Instructions for requesting additional clinical rationale (see section 18.1-Initial Review Letter Template)
- For decisions resulting in a modification or denial of treatment due to a lack of information, the following written notice is included in bold font at the top of the UR determination letter: “Note: For this review, some or all the treatment requests have been denied due to a lack of necessary information. Authorization of those requests will be reconsidered upon receipt of the missing information.” [(9792.9.6), 9792.9.5(e) of the CCR]. Additionally, pursuant to 9792.9.5(e)(2) of the CCR, the UR determination letter shall document the date and time of the attempts made by RehabWest to obtain the necessary medical information from the physician either by facsimile, mail, or email.
- Pursuant to 9792.9.5(e) of the CCR, the written decision will be signed by the reviewer and contain the following information specific to the request:
 - The date on which the DWC Form RFA was first received.
 - The date on which the decision is made.
 - A description of the specific course of proposed medical treatment for which authorization was requested.
 - A list of all medical records reviewed.
 - (2) If the timeframe for decision was extended under section 9792.9.6, a specific description of the information needed to make a medical necessity determination of the treatment request; the date(s) and time(s) the request(s) for information, exam, or consultation under subdivision (a)(1)(A), (B), or (C) of section 9792.9.6 were requested; the manner in which the



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requests were made; and the date the information was first received.

- A specific description of the medical treatment service approved, if any.
- A clear, concise, and appropriate explanation of the reasons for the reviewing physician's decision, including the clinical reasons regarding medical necessity and a description of the relevant medical criteria or guidelines used to reach the decision.
- If a UR decision to modify or deny a medical service is due to incomplete or insufficient information, the decision will specify the reason for the decision, the specific information that is needed, and state that the request will be reconsidered when a new request for authorization and/or the missing information are received.
- The Application for Independent Medical Review, DWC Form IMR, with all fields of the form completed except for the signature of the employee and date. The written decision provided to the injured worker, shall include an addressed envelope for mailing to the Administrative Director.
- A clear statement advising the injured employee that any dispute shall be resolved in accordance with the independent medical review provisions of California Labor Code section 4610.5 and 4610.6, and that an objection to the UR decision must be communicated by the injured worker, the injured worker's representative, or the injured worker's attorney on behalf of the injured worker on the enclosed Application for Independent Medical Review, DWC Form IMR, within the timeframe indicated on the last page of the application.



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- Mandatory language advising the injured employee:
 - “You have a right to disagree with decisions affecting your claim, which includes seeking Independent Medical Review of the decision (see attached application). If you have questions about the information in this notice, please call your claims adjuster at [insert telephone number]. However, if you are represented by an attorney, please contact your attorney.

And;

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

- Details about the claims administrator's internal UR appeals process for the requesting physician and a clear statement that the internal appeals process is a voluntary process that neither triggers nor bars use of the dispute resolution procedures of California Labor Code section 4610.5 and 4610.6, but may be pursued on an optional basis.
- The written decision modifying or denying treatment authorization provided to the requesting physician shall also contain the name and specialty of the reviewer or expert reviewer, and the telephone number in the United States of



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the reviewer or expert reviewer. The written decision shall also disclose the hours of availability of either the reviewer, the expert reviewer or the medical director for the treating physician to discuss the decision which shall be, at a minimum, four (4) hours per week during normal business hours, 9:00 AM to 5:30 PM., Pacific Time or an agreed upon scheduled time to discuss the decision with the requesting physician. In the event the reviewer is unavailable, the requesting physician may discuss the written decision with another reviewer who is competent to evaluate the specific clinical issues involved in the medical treatment services.

- If a non-medical provider of services is identified in connection with the applicable treatment request(s), a separate vendor letter detailing the service(s) and/or treatment(s) authorized will be distributed. This letter will be provided to the non-medical provider of services, the claims administrator, requesting provider, injured employee, and the injured employee's representative, if applicable.
- Before the written notice of a modification or denial is distributed, the UR Nurse or appropriate UR staff will review the letter and the clinical rationale.

7.3 Requirements for Responding to Requests for Additional Clinical Rationale⁶⁷

In the event the injured employee, the injured employee's representative, requesting physician, ordering provider, or facility rendering service requests additional clinical rationale upon which a modification or denial was based, the

⁶⁷ UM 11-5(b)(ii)



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requesting parties' inquiry shall be forwarded to the UR Nurse or peer reviewer involved with the case. These requests may be received via telephone, fax, or email and will be forwarded to the UR Nurse or peer reviewer within one (1) business day. Upon receipt of such request, the UR Nurse or peer reviewer shall send to the requesting party additional clinical rationale as documented above no later than three (3) business days from the initial date of request receipt. Instructions for requesting additional clinical rationale are provided at the end of every UR Determination letter (see section 18.1-Initial Review Letter Template).

7.4 Reversal of Certification Determinations

Under no circumstances does RehabWest overturn a previously approved course of treatment.

7.5 Frequency of Continued Reviews

RehabWest is not contracted to direct the frequency of reviews for the extension of initial determinations. RehabWest conducts reviews for continued care when a request for authorization is referred by the claims administrator. Discharge planning activity is the responsibility of the claims administrator. RehabWest conducts formal UR on discharge planning treatment requests, if requested by our client. The extent of our UR services applies strictly to the medical necessity of inpatient and outpatient care.

8 Information Upon Which UR is Conducted

8.1 Scope of Review Information

When conducting routine prospective, concurrent, or retrospective reviews, RehabWest:

- o Accepts valid medical records from reasonably reliable sources including physicians, facilities, injured employees, family members,



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and spouses that will assist in the review process. Injured employee and provider confidentiality must be protected when obtaining or sharing medical information;

- Collects only the information necessary to review the admission, procedure or treatment, length of stay, or frequency or duration of services;
- Does not routinely require hospitals, physicians, and other providers to numerically code diagnoses or procedures to be considered for review, but may request such codes, if available;
- Does not routinely request copies of all medical records on injured employees whose treatment request(s) are being reviewed;
- Requires only the section(s) of the medical records necessary in that specific case to review medical necessity or appropriateness of the admission or extension of stay, frequency or duration of service, or length of anticipated inability to return to work. While an injured employee's entire medical record is not required, we do require that each medical record provided be complete and not missing pages; and
- Administers a process to share all clinical and demographic information on individual injured employees among its various clinical and administrative departments that have a need to know, to avoid duplicate requests for information from injured employees or providers.



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8.2 Prospective and Concurrent Review Determinations⁶⁸

For prospective and concurrent reviews, RehabWest bases review determinations on the medical information obtained by RehabWest at the time of the review determination. Consideration is also taken for treatment requests subject to 9792.9.8 of the CCR and California Senate Bill 1160, which provide rules for approving Exempt medications per the MTUS Drug Formulary and treatment requests (medication and non-medication) within the first thirty (30) days after the initial date of injury is authorized.

8.3 Retrospective Review Determinations⁶⁹

For retrospective reviews, RehabWest bases review determinations solely on the medical information available to the requesting physician or ordering provider at the time the medical care was provided.

8.4 Lack of Information Policy and Procedures

The lack of information process encompasses all UR review types and activities when a medical necessity determination is required. If the initial review of a case demonstrates that the information submitted with the request for authorization is insufficient information upon which to base a medical necessity determination, the following process is followed:

- Contact the claims administrators, requesting physician, ordering provider, and/or facility rendering service and request the missing information;

⁶⁸ UM 11-3(a)(i)

⁶⁹ UM 11-3(a)(ii)



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- The UR Nurse or appropriate UR staff person will call at least one (1) time, allowing at least one (1) business day for the requesting physicians to supply the necessary missing information;
- If contact cannot be made or the necessary information has not been submitted to RehabWest, a Request for Additional Information letter is generated by the UR Nurse. The Request for Additional Information letter is sent by the UR administrative staff to the claims administrator, injured employee, injured employee's representative (if applicable), requesting physician, ordering provider, and/or facility rendering service no later than five (5) business days from the date of receipt of the completed request for authorization (see section 18.6- Request for Additional Information Letter Template). For requests for medications only, RehabWest will issue a Request for Additional Information letter no later than four (4) business days from the date of receipt of the completed request for authorization. The timeframe for UR decisions for requests for medications-only is not to be extended beyond the prospective timeframe of five (5) business days;
- The Request for Additional Information letter clearly identifies the specific additional supporting documentation needed from the provider⁷⁰ and the timeframes within which the information must be received. Determination(s) on requested treatment in which a Request for Additional Information has been issued will be rendered in accordance with the applicable provisions of sections 9792.9.4 and 9792.9.5 of the CCR and the following timeframes⁷¹:

⁷⁰ UM 11-2(a) (i)

⁷¹ UM 11-2(a) (ii)



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- Urgent/Expedited Reviews: No later than seventy-two (72) hours from the date of receipt of the original request for authorization by the health care provider;
- Prospective Reviews: A final decision for requests for authorization for medications-only shall be made no later than five (5) business days from the original date of receipt of the request for authorization. For all other requests for authorization, a final decision shall be made no later than fourteen (14) calendar days from the date of receipt of the original request for authorization by the health care provider and five (5) business days from the date of receipt of the information requested. For requests for an additional examination or test, a final decision shall be made no later than thirty (30) days from the date of receipt of the request for authorization;
- Urgent Concurrent Reviews: No later than twenty-four (24) hours from the date of receipt of the original request for authorization by the health care provider (see section 6.3, Concurrent Review Timeframes);
- Non-urgent Concurrent Reviews: No later than seventy-two (72) hours from the date of receipt of the original request for authorization by the health care provider (see section 6.3, Concurrent Review Timeframes); and
- Retrospective: No later than thirty (30) calendar days from the date of receipt of the original request for authorization by the



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health care provider.

- Document all attempts to acquire necessary clinical information and include date, time, and provider contact information.
- Process the case as previously outlined in this document, regardless of whether sufficient information was received or communicated.
- If the missing requested information necessary to complete the review is not received within the designated timeframe, the peer reviewer will complete the review with the information available. The UR determination letter will indicate that attempts to receive the required medical information were made but not received prior to the decision due date.
- Regardless of any missing information, the peer reviewer will complete his/her review of the treatment request(s) based on the information available. Under no circumstances does RehabWest issue administrative denials solely based on lack of information⁷².

8.5 Prospective Review Injured Employee⁷³ Safety

- During the prospective review process, clinical staff will review the information provided for potential safety issues or medical errors.
- Clinical reviewers screen information for the following potential safety issues (but not limited to):

⁷² UM 11-2(a)(iii)

⁷³ URAC Term: Consumer



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- Adverse drug interactions;
 - Off-label drug use;
 - Medically contraindicated medications (i.e. injured employee with allergy to the requested medication(s), steroid(s) in an injured employee with infected joint prosthesis);
 - Contraindicated or inappropriate treatment;
 - Incorrect surgery (i.e. wrong side, wrong body part, wrong procedure, wrong spinal level);
 - Medically contraindicated surgery (i.e. manipulation of a shoulder under anesthesia in an injured employee with humeral malignancy); and/or
 - Disregard of a clinical or radiographic finding suggestive of malignancy.
 - Conservative treatment not addressed or ruled out.
- If a safety issue is identified, the clinical reviewer will immediately discuss the case with the Medical Director and UR Manager, providing specific details of their concerns⁷⁴. After researching the potential safety issue, the Medical Director will determine if further action(s) need to be taken, specifically alerting the claims administrator. If the claims administrator requires additional assistance from RehabWest or directs us in the

⁷⁴ CPE 2-2(a)



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appropriate response, our Medical Director will proceed as requested.

- RehabWest maintains a safety log for tracking injured employee safety issues or medical errors. The safety log includes the following:
 - Date of identification;
 - RehabWest employee that identified the issue or error;
 - Description of the issue or error;
 - Actions taken; and
 - Resolution and date resolved.
- All records of identified safety issue(s) or error(s) are logged in RehabWest's Safety Log by the UR Department Manager.

RehabWest's Safety Log				
<u>Date of Identification:</u>	<u>Employee Identifying the Issue/Error:</u>	<u>Description of Issue/Error:</u>	<u>Action(s) Taken:</u>	<u>Resolution & Date:</u>
Key:				
1. Adverse drug interactions				
2. Off-label drug use				



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|--|
| 3. Medically contraindicated medications (i.e. injured employee with allergy to the requested medication(s), steroid(s) in an injured employee with infected joint prosthesis) |
| 4. Contraindicated or inappropriate treatment |
| 5. Incorrect surgery (i.e. wrong side, wrong body part, wrong procedure, wrong spinal level) |
| 6. Medically contraindicated surgery (i.e. manipulation of a shoulder under anesthesia in an injured employee with humeral malignancy) |
| 7. Disregard of a clinical or radiographic finding suggestive of malignancy |

9 Internal Appeals Considerations

9.1 Internal Appeals Process for Decisions Modifying or Denying Treatment

- RehabWest's procedures for filing an internal appeal following a UR decision that modifies or denies treatment are provided in writing at the end of every UR determination letter (see section 18.2-Peer-to-Peer Review Letter Template). The appeals process is available, upon request, to the injured employee, the injured employee's representative (if applicable) or the provider⁷⁵.
- As stated in RehabWest's UR determination letters for modified and denied treatments, a request for internal appeal is a voluntary process that neither triggers nor bars use of the dispute resolution procedures of California Labor Code 4610.5 and 4610.6 [9792.9.5(e)(13) of the CCR].
- An injured employee, requesting physician or ordering provider, having received a notification of modification or denial, may appeal that

⁷⁵ UM 12-1(a)



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decision by notifying RehabWest through the means indicated in the written determination letter. This includes submission of written comments, documents, records, and other information relating to their claim⁷⁶.

- Such notice and supporting materials must be received by RehabWest within ten (10) calendar days from the date of the UR decision modifying or denying the requested treatment. If the injured employee or injured employee’s representative (if applicable) submits an internal appeal request, the timeframe to do so is extended to fifteen (15) calendar days. This timeframe only applies if the UR determination letter was received via paper mail. All submitted information will be considered during the appeal review without regard to whether the information was submitted or considered in the initial review⁷⁷.
- Upon receipt of an appeal request, it is determined the same business day if the appeal involves urgent care. If the appeal request is marked ‘Expedited’ and the notice clearly indicates the need for an expedited review, the request is electronically routed to RehabWest’s Medical Director to determine if it is a case involving urgent care. Expedited appeal reviews are completed and communicated to all parties as soon as possible but no later than seventy-two (72) hours from the date of receipt⁷⁸.
- Timely, non-expedited appeals are completed, and all parties are notified, no later than thirty (30) days from the date of receipt of appeal⁷⁹.

⁷⁶ UM 14-1(a)

⁷⁷ UM 14-1(b)

⁷⁸ UM 12-1(b)

⁷⁹ UM 12-1(b)



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If the UR decision only denies or modifies a medical treatment request for a drug listed on the California MTUS Drug List, the internal UR appeal will be completed, and a determination issued, within ten (10) days after receipt of the internal appeal request.

9.2 Internal Appeal Process

- Upon receipt of a notice of appeal, RehabWest's Intake Coordinators triage the request to determine if the person(s) submitting the appeal are within the allowed timeframe as defined in section 9.1-Internal Appeals Process for Decisions Modifying or Denying Treatment. If the appeal is not received timely, it is not reviewed unless directed by the claims administrator. After the Intake Coordinators determine timeliness, they will follow the Intake Process described in section 3.2-Intake Process and set up the case as an appeal in iUR.
- After the appeal is set up as a new case in iUR, it is electronically routed to the appropriate UR Nurse's homepage. The UR Nurse completes his/her initial clinical review as outlined in section 4.3-Initial Clinical Review Process.
- Following the initial clinical review, the Medical Director assigns an appropriate peer reviewer per section 10-Internal Appeal Peer Reviewers.
- The peer reviewer conducts the appeal review following the processes outlined in section 5.5-Peer Review Process.
- The appeal determination is forwarded to the UR administrative staff for distribution to the injured employee and their representative (if



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applicable), the provider or treatment facility requesting service, and the claims administrator⁸⁰.

- If a non-medical provider of services is identified in connection with the applicable treatment request(s), a separate vendor letter detailing the service(s) and/or treatment(s) authorized will be distributed. This letter will be provided to the non-medical provider of services, the claims administrator, requesting provider, injured employee, and the injured employee's representative, if applicable.
- If an appeal request is received that contains a request for a peer-to-peer, the review will be handled as follows:
 - The request will be reviewed to determine if it should be treated as a standard or expedited appeal as detailed in section 9.3- Determination of Whether the Internal Appeal is Standard or Expedited;
 - The review is assigned to a qualified appeal peer reviewer as detailed in section 10.1-Qualifications;
 - The appeal review will include an attempt at a peer-to-peer conversation as requested. The peer-to-peer portion of the appeal review will follow the same guidelines as described in section 5.6 (Peer-to-Peer Reviews) with the exception of the review being completed by an appropriate appeal peer reviewer; and

⁸⁰ UM 14-1(c)



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- The peer-to-peer conversation will be scheduled within normal working hours of the attending physician or other ordering provider. .
- Peer-to-peer outreach conducted during appeal reviews is done so in the interest of the injured employee as it may provide faster access to care.

9.3 Determination of Whether the Internal Appeal is Standard or Expedited

- Upon receiving the notice of internal appeal, the UR Intake Coordinator will review the request to determine if it is being requested on an expedited basis.
- If the notice of internal appeal asks for an expedited appeal review, the UR Intake Coordinator will alert the Medical Director on the same business day. The Medical Director will determine if the appeal involves urgent care such that the appeal needs to be expedited⁸¹.
- Criteria for determining expedited status for internal appeals is as follows:
 - The injured employee faces an imminent and serious threat to his/her health, including, but not limited to, the potential loss of life, limb, or other major bodily function; and/or
 - When the normal timeframe for the decision-making process would be detrimental to the injured employee's life or health or could

⁸¹ UM 12-1(b)



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jeopardize the injured employee's permanent ability to regain maximum function.

9.4 Regulatory Workers' Compensation Dispute Resolution Processes

- RehabWest coordinates its internal appeal activities with regulatory appeals processes that may be available to the injured employee⁸².
- In California, the regulatory appeals process is the Independent Medical Review (IMR) overseen by the DWC and conducted by Maximus Federal Services, Inc. (MAXIMUS). Per the IMR process, injured employees and their representatives may apply for an IMR following receipt of a UR determination that results in the modification or denial of the requested treatment. Any dispute will be resolved in accordance with the IMR provisions of California Labor Code section 4610.5 and 4610.6. The IMR process, as it correlates to RehabWest's UR program, is as follows:
 - Any time RehabWest issues a UR determination modifying or denying treatment, a completed Form IMR is provided to the injured employee, the injured employee's representative (if applicable), and the requesting physician along with the UR decision letter.
 - To submit an IMR request, the injured employee, their representative (if applicable) or the requesting physician must sign and date Form IMR and mail it to MAXIMUS, along with a copy of the written determination letter, within ten (10) calendar days of service of the UR determination for drug formulary disputes, or within thirty (30) calendar days of service of the qualifying UR determination for all other disputes. RehabWest provides a pre-addressed envelope to

⁸² WCUM 2



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DWC-IMR c/o MAXIMUS Federal Services, Inc to the injured employee along with all IMR documents.

- RehabWest receives IMR decision letters from claims administrators based on our clients' internal protocols. Upon receipt of an IMR decision letter, RehabWest uploads it to the injured employee's claim in iUR.
- RehabWest is not involved in the approval or coordination of treatment or services following an IMR determination. RehabWest maintains IMR decision letters for reference when conducting future UR reviews.
- RehabWest's internal appeal process is independent of the California IMR process. Injured employees, the injured employee's representative (if applicable), and the requesting physician have the option to apply for both an internal appeal and the State of California Independent Medical Review.

10 Internal Appeal Peer Reviewers

10.1 Qualifications

- Once it has been determined if a request for appeal is standard or expedited based on the procedure outlined in Section 9.3-Determination of Whether the Internal Appeal is Standard or Expedited, the UR Nurse shall electronically flag the case in iUR, with instructions about time constraints, to the Medical Director. The Medical Director will then assign the case to a qualified appeal peer reviewer.
- In the event the Medical Director does not have an available appeal peer reviewer who meets the qualifications outlined in this section, the



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case will be referred to another contracted IRO.

- o The appeal shall be considered by an appeal peer reviewer who:
 - Is a health professional;
 - Is a clinical peer;
 - Holds a current⁸³, unrestricted license or certification to practice medicine or a health profession in a state or territory of the United States or the District of Columbia⁸⁴ that is recognized by relevant jurisdiction(s)⁸⁵;
 - Unless expressly allowed by state or federal law or regulation, are located in a state or territory of the United States or the District of Columbia when conducting appeal considerations⁸⁶;
 - Is board-certified (if applicable) by a specialty board approved by the⁸⁷:
 - American Board of Medical Specialties (Doctor of Medicine)⁸⁸;

⁸³ UM 13-1(a)(i)

⁸⁴ UM 13-1(a)(iii)

⁸⁵ UM 13-1(a)(ii)

⁸⁶ UM 12-1(c)

⁸⁷ UM 13-2(a)(iii)

⁸⁸ UM 13-1(a)(v)



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- The Advisory Board of Osteopathic Specialists from the major areas of clinical services (Doctor of Osteopathic Medicine)⁸⁹;
 - The American Dental Association's (ADA) specialty boards of the American Board of General Dentistry (ABGD);
 - The American Board of Podiatric Surgery (ABPS) or the American Board of Podiatric Medicine (ABPM);
- Is in the same profession and in a similar specialty as typically manages the medical condition, procedure, or treatment as mutually deemed appropriate⁹⁰; and
 - Is neither the individual who made the original decision to modify or deny the requested treatment, nor the subordinate of such an individual⁹¹.
 - Are knowledgeable of the issue under review, or of the current, evidence-based clinical guidelines and novel treatments for the medical or behavioral health condition, disease, treatment or procedure under review⁹².
- As stated in sections 4.1-UR Nurse Qualifications and 5.4-Drug Utilization Management, RehabWest is not contracted to perform drug utilization reviews conducted by Pharmacy Technician Reviewers. This applies to

⁸⁹ UM 13-1(a)(v)

⁹⁰ UM 13-1(a)(iv) and UM 13-2(a)(ii)

⁹¹ UM 15-2(b)(i)(ii) and UM 13-3(a)(i-ii)

⁹² UM 13-2(a)(i)



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appeal drug utilization reviews as well. RehabWest is, however, permitted to review medication requests based on medical necessity only. As with traditional appeal reviews, the same reviewer qualifications as outlined above apply.

10.2 Internal Appeal Reviewer Attestation

Upon receipt of an internal appeal review, the assigned peer reviewer executes an attestation that they:

- Have a scope of licensure or certification that typically manages the medical condition, procedure, treatment, or issue under review⁹³; and
- Have current, relevant experience and/or knowledge to render a determination for the case under review⁹⁴.
- Or, if unable to meet the requirements for the specific review, will recuse themselves by notifying the Medical Director to reassign the case to an appropriate peer reviewer who does meet these requirements.

The attestation will appear in each appeal determination letter under the peer reviewers' electronic signature (see section 18.3-Appeal Review Letter Template).

⁹³ UM 13-3(b)(i)

⁹⁴ UM 13-3(b)(ii)



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11 Internal Appeal Timeframes

11.1 Timeframe for Completing Expedited Internal Appeals

For an expedited internal appeal, the peer reviewer assigned to the case renders a decision and the review is completed within seventy-two (72) hours of the appeal request⁹⁵. After the appeal decision is made, the following will occur:

- The peer reviewer forwards their decision, along with the clinical rationale underlying that decision, to the UR Nurse or appropriate UR staff person;
- The UR Nurse or appropriate UR staff person reviews the appeal decision and clinical rationale;
- UR administrative staff provide verbal notification of the internal appeal determination to the requesting party the same day the peer reviewer issues his/her determination (within seventy-two (72) hours). The verbal notification is documented as an internal note within the respective review;
- The UR Nurse or appropriate UR staff person will generate a written notification of the internal appeal decision the same day the decision is rendered and the verbal notification is provided⁹⁶; and
- The written notification of the internal appeal decision is faxed and/or mailed to the claims administrator, injured employee and

⁹⁵ UM 14-2(a)(i)

⁹⁶ UM 14-2(a)(i)



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their representative (if applicable), the requesting physician or ordering provider or facility rendering service⁹⁷.

11.2 Standard Internal Appeals Process Timeframe

For a standard internal appeal, the peer reviewer assigned to the case renders a decision, completing the review, within thirty (30) calendar days of the appeal request; regardless of whether the request is for prospective or retrospective service(s)⁹⁸. If the UR decision only denies or modifies a medical treatment request for a drug listed on the MTUS Drug List, the internal UR appeal will be completed, and a determination issued, within ten (10) days after receipt of the internal appeal request. After the appeal decision is made, the following occurs:

- The peer reviewer will electronically flag their decision in iUR, along with the clinical rationale underlying their decision, to the UR Nurse or appropriate UR staff person;
- The UR Nurse or appropriate UR staff person reviews the appeal decision and clinical rationale;
- The UR Nurse or appropriate UR staff person will generate a written notification of the appeal on the same day the peer reviewer issues their determination; and
- The written notification of the internal appeal decision is faxed and/or mailed to the claims administrator, injured employee and their representative (if applicable), the requesting physician or

⁹⁷ UM 14-2(a) (iv)

⁹⁸ UM 14-2(a) (ii-iii)



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ordering provider or facility rendering service⁹⁹.

- o If a non-medical provider of services is identified in connection with the applicable treatment request(s), a separate vendor letter detailing the service(s) and/or treatment(s) authorized will be distributed. This letter will be provided to the non-medical provider of services, the claims administrator, requesting provider, injured employee, and the injured employee's representative, if applicable¹⁰⁰.

12 Written Notice of Upheld Non-Certifications

12.1 Appeal Notification Requirements

If the appeal decision upholds the initial modification or denial, the appeal determination letter will include¹⁰¹:

- o The clinical rationale for the determination to uphold the original modification or denial¹⁰²;
- o The clinical rationale underlying the appeal decision¹⁰³;
- o Information about additional appeal mechanisms that may be available to the appealing party under payer contract or regulation,

⁹⁹ UM 14-2(a)(iv)

¹⁰⁰ UM 14-2(a)(iv)

¹⁰¹ UM 14-3(a)

¹⁰² UM 14-3(b)(i)

¹⁰³ UM 14-3(b)(ii)



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if applicable¹⁰⁴.

For California workers' compensation claims, any time the internal appeal determination results in a modification of the initial denial, a new Form IMR is provided to the claims administrator, requesting physician, injured employee, and injured employee's representative (if applicable) stating the decision is a modification after appeal.

13 Internal Appeal Record Documentation

13.1 Internal Appeal Case File Minimum Requirements

In iUR, appeals are identified as the review type within each injured employee's case file. Case files include:

- The name of the injured employee, the employee's representative (if applicable), provider, and/or facility rendering service;
- Copies of all correspondence from the claims administrator, injured employee, the employee's representative (if applicable), provider, or facility rendering service and RehabWest regarding the appeal;
- Dates of internal appeal reviews, documentation of actions taken, and the UR decision;
- Internal case notes of appeal proceedings (if any); and
- Name and credentials of the peer reviewer conducting the appeal.

¹⁰⁴ UM 14-3(b)(iii)



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14 Monitoring¹⁰⁵

Monitoring processes are in place to confirm ongoing compliance with the requirements of this policy. Mechanisms include electronic case file reports and manual case file audits. Reporting frequency varies from daily, weekly, monthly, quarterly, and annually per RehabWest’s Utilization Review Department: Operations Manual.

14.1 Electronic Case File Reports

Monitoring processes are in place to confirm ongoing compliance with the requirements of this policy. The following electronic data elements are tracked for reviewing cases:

- Injured employee name and claim number;
- Claims administrator;
- Requesting physician, facility, or provider;
- Review dates including the date of request for authorization, date of receipt of request for authorization, and determination due date;
- Review type;
- Requested service(s);
- UR Nurse who completed the initial clinical review;

¹⁰⁵ UM 1-1 (b) (ii-iii)



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- Peer reviewer who rendered the determination;
- UR determination; and
- Clinical rationale supporting the determination.

Electronic case reports are the tools used in conducting manual case file audits.

14.2 Manual Case File Audits

The elements tracked in electronic case reports are used in the following manual monitoring processes, to ensure:

- Non-clinical staff who handle any part of the review do so within the scope of their job description. The purpose is to ensure non-clinical staff are not rendering determinations (see section 3.1-Limitations of Non-Clinical Staff)¹⁰⁶;
- UR Nurses who handle any part of the review do so within the scope of their job description. The purpose is to ensure that UR Nurses only issue decisions to approve treatment when appropriate (see section 4.3-Initial Clinical Review Process)¹⁰⁷;
- Denials are issued by peer clinical reviewers. The purpose is to ensure that modifications or denials are rendered by peer reviewers only (see section 5.5-Peer Review Process);

¹⁰⁶ UM 3-1(a-c) and 4-2(a)(i-iii)

¹⁰⁷ UM 5-1(a-c)



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- UR determination letters that modify or deny treatment contain information and instruction for the requesting physician to initiate a peer-to-peer conversion;
- Requests for peer-to-peer are scheduled within normal working hours of the attending physician or other ordering provider, completed, documented, and appeal rights given, if applicable (see section 5.6 – Peer-to-Peer Reviews)¹⁰⁸;
- That application of clinical review criteria is applied consistently across all peer reviewers¹⁰⁹.
- Initial and appeal review decisions are made timely. This includes both urgent and non-urgent reviews;
- Verbal notification of a UR determination is made when required (see section 11.1-Timeframe for Completing Expedited Internal Appeals);
- Each UR review is finalized with a written notification that is distributed to all appropriate parties. The UR administrative staff distribute determination letters along with a dated Proof of Service;
- Safety issues and errors that are identified are recorded and managed according to the process outlined in section 8.5-Prospective Review Injured Employee Safety; and

¹⁰⁸ UM 10-1(a)(i-ii)

¹⁰⁹ UM 1-2(a)



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- Every appeal request received by RehabWest is reviewed by an appropriate peer reviewer and appeal reviews determination letters contain an attestation from the peer reviewer declaring their qualifications (see section 10.2-Internal Appeal Reviewer Attestation).

14.3 Miscellaneous Required Monitoring

- Annual review of:
 - WCUM criteria;
 - Review criteria requirements;
 - Clinical decision support tools;
 - Regulatory requirements;
 - Job descriptions;
 - UR determination letters, both templates and examples generated by iUR;
 - Rate of approvals¹¹⁰, denials¹¹¹, overturned appeals¹¹² and upheld appeals¹¹³ for each service, device and medication requested;

¹¹⁰ UM 1-2(b)(i)

¹¹¹ UM 1-2(b)(ii)

¹¹² UM 1-2(b)(iii)

¹¹³ UM 1-2(b)(iv)



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and

- UR Plan and the associated Utilization Review Department: Operational Guide.

15 Referenced Documents

- N/A

16 Best Practices UR Authorization Levels

UTILIZATION REVIEW (UR) REFERRAL CRITERIA

Referral Triggers for Standard Treatment Requests			
High Priority - Send to UR		Moderate Priority	No Need to Send
Treatment exempt from the pass-through requirements of CA Senate Bill 1160 (*see #1-8 below)	Continued & Ongoing PT	Acute, 1 st visit, etc. (Retrospective)	Initial PT up to 12
Surgery (All)	Continued & Ongoing Chiro	Emergency (Retrospective)	Initial Chiro up to 12
Assistant Surgeon	Ongoing Acupuncture	Inpatient, Concurrent or Retrospective	Acupuncture up to 6



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Hospital Length of Stay	Ongoing Acupressure	DME (All)	Acupressure up to 6
Shock Wave Tx (ESWT)	Aqua/Pool/Water Therapy	Consults other than Ortho	TENS (generic only)
Referral Triggers for Standard Treatment Requests (Continued)			
High Priority - Send to UR		Moderate Priority	No Need to Send
Ablations, Neurotomies	All Non-Exempt, Brand name, physician-dispensed, and compounded medications per the California MTUS Drug Formulary		All Exempt medications, Special Fill and Perioperative Fill medications per the California MTUS Drug Formulary
Post-op Bone Stimulator	Psych Consults	Functional Capacity Evaluations	Orthopedic Consultations
Injections & Blocks (All)	Psych Treatment	Work Hardening Programs	Initial x-rays
Botox	Pain Management Consults	Lab Tests	Flexion-Extension x-rays



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Pain Pump Trials	Pain Management Programs	Blood Tests	
Pain Pump Implants	Pain Management Treatment	Treatment out of MPN	
Spinal Cord Stim Trials	Detoxification Programs		
Spinal Cord Stim Implants	Dental Treatment		
Phototherapy	Heart & Internal Organs		
Laser Treatment	Gym Membership		
MRIs, CTs (All)	Home Health Care		
Discograms	Mattresses, Beds		
Arthrograms	Housekeepers, etc.		
Bone & SPECT Scans	Weight Loss Programs		
Myelograms w/wo CT	Hot Tubs, Spas, etc.		



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Doppler & Sonogram Scans	Proprietary E-stim Devices		
EMG/NCV (All)	Bundled requests (3 or more)		
Biopsies			

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

17 UR Program Plan: Approvals, Reviews and Revisions



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Most Recent Revision Date: 4/21/2026	Signature: <i>Martha Walkup, DO</i>	

Publish Date	Revision Number	Review/Revision Description	Author (s)	Approval Signature
3/30/2017	1	Creation of WCUM v7.2 UR Program Description	Lisa Paroly & Stormie Westendorf	<i>D R Ingram MD</i>
1/23/2018	N/A – No revisions.	Reviewed for continued accuracy. No changes required at time of review.	Lisa Paroly & Stormie Westendorf	<i>D R Ingram MD</i>
1/23/2019	2	Removed the term 'delay' from UR Plan language as this term is no longer included in the CA UR Labor Code and Regulations. Updated IRO info (replaced MLS with Claims Eval, Inc.).	Lisa Paroly & Stormie Westendorf	<i>D R Ingram MD</i>
10/30/2019	3	Reviewed for continued accuracy. Added language regarding the MTUS Drug Formulary and Regulations.	Lisa Paroly	<i>D R Ingram MD</i>



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11/27/2019	4	Updates to UR Plan per CA Division of Worker's Compensation recommendations	Lisa Paroly	<i>DR Ingrum MD</i>
8/15/2020	5	Updated our UR Plan in preparation for the upcoming URAC accreditation. Also, updated staff titles due to reorganization.	Lisa Paroly & Stormie Westendorf	<i>DR Ingrum MD</i>
4/15/2021	6	UR Plan reviewed & approved by David Ingram, M.D., RehabWest Medical Director. Additional updates made per CA Division of Workers' Compensation recommendations.	Lisa Paroly & Stormie Westendorf	<i>DR Ingrum MD</i>
2/4/2022	7	Additional updates made per CA Division of Workers' Compensation recommendations. UR Plan reviewed & approved by Laurie Pierce, M.D.,	Lisa Paroly	<i>DR Ingrum MD</i>



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		RehabWest Medical Director.		
10/29/2023	8	UR Plan reviewed and updated to reflect changes in language and requirements as set forth by version 8.1 of URAC's Workers' Compensation Utilization Management Accreditation Guide	Lisa Paroly & Stormie Westendorf	<i>D R Ingram MD</i>
6/20/2024	9	Additional updates made per CA Division of Workers' Compensation recommendations. UR Plan reviewed & approved by Laurie Pierce, M.D., RehabWest Medical Director.	Lisa Paroly	<i>D R Ingram MD</i>
7/9/2024	10	Additional updates made per CA Division of Workers' Compensation recommendations. UR Plan reviewed & approved by Laurie Pierce, M.D.,	Lisa Paroly	<i>D R Ingram MD</i>



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		RehabWest Medical Director.		
8/27/2024	11	Additional updates made per CA Division of Workers' Compensation recommendations. UR Plan reviewed & approved by Laurie Pierce, M.D., RehabWest Medical Director.	Lisa Paroly	<i>D R [Signature]</i>
7/9/2025	12	Additional updates made per CA Division of Workers' Compensation recommendations. UR Plan reviewed & approved by Laurie Pierce, M.D., RehabWest Medical Director.	Lisa Paroly	<i>Laurie Pierce M.D., MPH</i>
1/1/2026	13	Updated Medical Director to Martha Walkup, D.O.	Lisa Paroly	<i>Martha Walkup, DO</i>
3/23/2026	14	Updated to comply with revised California UR Regulations effective 4/1/2026	Lisa Paroly	<i>Martha Walkup, DO</i>



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18 Sample UR Determination Letters

18.1 Initial Review



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RehabWest, Inc.
 100 East San Marcos Blvd, Suite 325
 San Marcos, CA 92069
 Phone 760.759.7500
 Fax 760.796.7564

UTILIZATION REVIEW DETERMINATION

Date: <<current date>>

<<Recipient Name>>

<<Recipient Address Line 1>>

<<Recipient Address Line 2>>

<<Recipient Fax>>

<<Recipient Email>>

Injured Worker: <<Injured Worker Name>>

Claim #: <<Claim number>>

Employer: <<Employer Name>>

Date of Injury: <<Date of Injury>>

Claims Examiner: <<Claims Examiner>>

Claims Administrator: <<Claims Administrator>>

Reference Number¹¹⁴: <<Reference Number>>

¹¹⁴ UM 3-1(c), UM 11-5(b)(v) and UM 14-3(b)(iv)



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Most Recent Revision Date: 4/21/2026	Signature: <i>Martha Walkup, DO</i>	

Dear, <<Request Physician>>

The date on which the DWC Form RFA or requesting report(s) were first received: <<Date of Receipt>>

Date of decision: <<Determination Date>>

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

<<Request>>

List of all medical records reviewed and notes pertaining to the Request for Authorization:

<<Medical records>>

[If a Request for Additional Information letter is sent, the following verbiage is applied]:
Note is made that on [date and time] RehabWest sent a Request for Additional Information letter to the requesting physician [requesting provider], to help determine medical necessity for the requested treatment. The following information was requested: [list of RFI requests]. [No additional medical report(s) were received; OR The following medical report(s) were received on [date]:].

Medical treatment service approved, if any:

<<Certified treatment>>

Medical treatment service denied, if any:

<<Denied treatment>>



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Below is a clear, concise, and appropriate explanation of the reasons for the reviewing physician's decision, including the clinical reasons regarding medical necessity and a description of the relevant medical criteria or guidelines used to reach the decision pursuant to section 9792.8. If a utilization review decision to modify or deny a medical service is due to incomplete or insufficient information, the decision specifies the reason for the decision and specifies the information that is needed:

Diagnosis: <<Diagnosis>>

For the purpose of this review, the <<Body part>> will be addressed. This is a <<Patient age>> <<Patient gender>> s/p injury <<Date of injury>>.

Utilization Review Decision(s) and Rationale:

Peer to peer discussion:

<<Peer to peer summary>>

Request: <<Request>>

Clinical Rationale¹¹⁵: <<Clinical rationale>>

Guidelines: <<Guidelines>>

Utilization Review Notes:

<<Review summary>>

¹¹⁵ UM 11-5(b)(ii)



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Most Recent Revision Date: 4/21/2026	Signature: <i>Martha Walkup, DO</i>	

NOTICE TO INJURED EMPLOYEES AND TREATING PHYSICIANS:

California law requires medical treatment in workers' compensation to be supported by evidence-based guidelines. The function of Utilization Review (UR) is to determine whether requested medical treatment is supported by evidence-based guidelines, and to advise you (the employee), your applicable representative(s), your treating physician, and the payer accordingly.

Injured Employees:

You should immediately contact your treating physician (and pharmacist if medications are involved) to discuss this UR determination. If your treating physician or the pharmacist disagrees with RehabWest's recommendation, or the recommendation would pose an imminent and serious threat to your health, he/she should contact RehabWest immediately.

Risks of medical treatment: Abrupt cessation of medications

You are cautioned about withdrawal symptoms and other potential adverse, serious and life-threatening effects if you abruptly discontinue the use of certain medications without proper supervision by your treating doctor. You are also strongly encouraged to contact your treating doctor about a safe weaning schedule. Non-approval of any medication in this request for authorization does not imply that immediate cessation of the medication should occur unless it is considered medically safe and advisable by your treating physician. A tapering (gradual medication reduction) program should be considered to avoid withdrawal symptoms.

Risks of medical treatment: Off label use of medications

For medications prescribed off-label (off-label means that although your physician is recommending it, the FDA has not approved the medication for use in your circumstances), UR approval is made with the expectation that you have been counseled by your treating physician regarding the off-label use of the medication as well as the potential risks, benefits, side effects and other adverse outcomes. If you have any questions or concerns about the off-label use of any medication, you are



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strongly encouraged to further discuss this with your treating physician and pharmacist prior to consenting to the treatment.

Risks of medical treatment: Allergic reactions

Unless documented by your treating physician, UR has no way of knowing if you are allergic to a prescribed medication or any of its ingredients. If you have questions or concerns about potential allergy to any medication, you are strongly encouraged to discuss them with your treating physician and pharmacist prior to consenting to the treatment.

Informed consent regarding risks of medical treatment: Surgery and other invasive treatments

For surgery, injections, nerve ablations, and other invasive treatments, the UR determination is made based on the presumption that your treating doctor has appropriately counseled you regarding the expectations and risks, benefits and potential adverse outcomes of the procedure (including potential adverse outcomes) and that you have agreed to proceed after counseling. If you do not feel that you have been completely informed regarding other alternative treatments and the risks, benefits and potential adverse outcomes of the requested procedure(s), you are strongly encouraged to contact the provider (your treating physician) for further discussion.

Consumer Rights and Responsibilities:

As a consumer, you have the right to appeal a UR decision through RehabWest and/or the California Division of Workers' Compensation (DWC) via the Independent Medical Review (IMR) process¹¹⁶. You have the right to be treated with dignity and the right to ask questions regarding the UR determination letter involving the medical treatment requested by your treating physician. If you choose to appeal a UR decision that involves the medical treatment requested by your treating physician, you are responsible for initiating this process with RehabWest and/or the DWC and providing

¹¹⁶ UM 12-1(a)



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information that is truthful. RehabWest's UR Department is not responsible for initiating an appeal on your behalf nor coordinating your medical care.

Treating Physician:

As the treating physician, you are primarily responsible for your patient's treatment. RehabWest and its reviewing doctor are not treating your patient. If, in your judgment, implementation of the RehabWest's recommendation would pose an imminent and serious threat to the employee's health, you should assist your patient with requesting expedited IMR and contact RWI immediately to discuss that concern. Your failure to do so could result in serious harm to your patient.

DISPUTE RESOLUTION PROCESS¹¹⁷:

If there are no treatment requests listed in the 'Medical treatment service denied' box above, the following does not apply.

If the treatment requested has been modified or denied, the Application for IMR (DWC Form IMR) is enclosed, along with a self-addressed envelope for mailing to the Administrator Director or his or her designee. All fields, except for the signature and date have been completed. If you choose to request an IMR, be sure to enclose a copy of this decision letter along with the signed and dated DWC Form IMR.

Disputes shall be resolved in accordance with the IMR provisions of Labor Code section 4610.5 and 4610.6. An objection to the UR decision may be communicated by the injured employee, the injured employee's representative, or the injured employee's attorney on behalf of the injured employee on the enclosed DWC Form IMR within the timeframe indicated on the last page of the application.

You have a right to disagree with decisions affecting your claim, which includes seeking Independent Medical Review of the decision. (See attached application). If you have questions about the information in this notice, please call [Claims Examiner

¹¹⁷ UM 11-5(b)(iii)



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Name/Phone]. However, if you are represented by an attorney, please contact your attorney instead of the claims adjuster.

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

If the requesting physician wishes to discuss this decision with the reviewer, expert reviewer or medical director, please call 760.759.7500, Monday-Friday, 9:00 AM to 5:30 PM PST to arrange a time¹¹⁸.

VOLUNTARY INTERNAL UR APPEAL PROCESS¹¹⁹:

This claims administrator provides a voluntary internal UR appeals process for the requesting physician and injured employee that neither triggers nor bars the use of the dispute resolution procedures of Labor Code section 4610.5 and 4610.6, and may be pursued on an optional basis.

Voluntary internal UR appeals must be submitted within 10 days from the date of receipt of this determination letter and may be faxed to the claims administrator or RehabWest at 760.796.7564. A UR appeal requested timely will be decided within 30 days from the date of receipt of the appeal request.

Voluntary internal peer to peer requests must be submitted within 5 days from the date of receipt of the determination letter. In the event the reviewer is unavailable, the requesting physician may discuss the written decision with another reviewer who is competent to evaluate the specific clinical issues involved in the medical treatment services. Voluntary internal peer to peer requests must be submitted within 5 days from the date of receipt of the determination letter.

¹¹⁸ UM 10-1(a)(i)

¹¹⁹ UM 11-5(b)(iii)



REHABWEST

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Policy Number: UR 01	Policy Name: Utilization Review Program Description	Approval Authority: Medical Director
Category: Utilization Review	Effective (Original) Date: 3/29/2017	Next Review Date: 3/23/2027
Version Number: 15	Previous Review Dates: 1/23/18; 1/23/19; 10/30/19; 11/27/19; 8/15/20, 4/15/2021, 2/4/22, 8/1/22; 8/1/23; 10/18/23; 6/20/24, 7/9/24, 8/27/24, 7/9/25, 1/1/2026	
Most Recent Revision Date: 4/21/2026	Signature: <i>Martha Walkup, DO</i>	

If you would like to request additional clinical rationale regarding this UR decision, please call RehabWest at 760.759.7500 from 9:00 AM to 5:30 PM PST, Monday-Friday¹²⁰.

Peer Reviewer Conflict of Interest Attestation¹²¹:

It is important to point out that this review is meant to be of assistance in the case evaluation process and is not intended to establish a patient/doctor relationship. Furthermore, my opinion does not constitute recommendations as to specific or administrative function. The opinion above is based on the information available for review and held to a reasonable degree of clinical certainty.

I certify that I have no relationship or affiliation with the injured employee whose claim is the subject of this request for service/appeal review, nor a significant relationship with the treating provider(s) and/or the treatment facility. I verify that I have no prior involvement with this case prior to its referral for review. I certify that I have no professional, familial or financial relationship with the referring entity nor with the health benefits plan. I further certify that I have no material professional, familial or financial conflict of interest with the developer or manufacturer of the principal drug, device, procedure or other therapy being recommended for the consumer (the employee), nor incentive to promote the use of any services which may be associated with the claim that is the subject of this review. As a peer reviewer, I have not and will not accept compensation for this or any other review activities that is dependent in any way on the specific outcome of this case or other cases.

Sincerely,

<<Peer reviewer>>

Phone: 760.759.7500

Hours of availability: Monday-Friday; 9:00 AM to 5:30 PM Pacific Time

¹²⁰ UM 11-5(b)(ii)

¹²¹ UM 13-3(a)(i-ii) and 13-3(b)(i-ii)



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Most Recent Revision Date: 4/21/2026	Signature: <i>Martha Walkup, DO</i>	

CC: Claims Examiner:
Injured Worker:
Applicant Attorney:
Defense Attorney:

If this determination modified or denied the treatment request, a DWC Form IMR and self-addressed envelope are enclosed.



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Most Recent Revision Date: 4/21/2026	Signature: <i>Martha Walkup, D.O.</i>	

18.2 Peer-to-Peer Review



REHABWEST

RehabWest, Inc.
100 East San Marcos Blvd, Suite 325
San Marcos, CA 92069
Phone 760.759.7500
Fax 760.796.7564

PEER-TO-PEER REVIEW

Date: <<current date>>

<<Recipient Name>>
 <<Recipient Address Line 1>>
 <<Recipient Address Line 2>>
 <<Recipient Fax>>
 <<Recipient Email>>

Injured Worker: <<Injured Worker Name>>
 Claim #: <<Claim number>>
 Employer: <<Employer Name>>
 Date of Injury: <<Date of Injury>>
 Claims Examiner: <<Claims Examiner>>
 Claims Administrator: <<Claims Administrator>>
 Reference Number: <<Reference Number>>

Dear, <<Request Physician>

The date on which the DWC Form RFA or requesting report(s) were first received: <<Date of Receipt>>



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Version Number: 15	Previous Review Dates: 1/23/18; 1/23/19; 10/30/19; 11/27/19; 8/15/20, 4/15/2021, 2/4/22, 8/1/22; 8/1/23; 10/18/23; 6/20/24, 7/9/24, 8/27/24, 7/9/25, 1/1/2026	
Most Recent Revision Date: 4/21/2026	Signature: <i>Martha Walkup, DO</i>	

Date of decision: <<Determination Date>>

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

<<Request>>

List of all medical records reviewed and notes pertaining to the Request for Authorization:

<<Medical records>>

[If a Request for Additional Information letter is sent, the following verbiage is applied]:
 Note is made that on [date and time] RehabWest sent a Request for Additional Information letter to the requesting physician [requesting provider], to help determine medical necessity for the requested treatment. The following information was requested: [list of RFI requests]. [No additional medical report(s) were received; OR The following medical report(s) were received on [date]:].

Medical treatment service approved, if any:

<<Certified treatment>>

Medical treatment service denied, if any:

<<Denied treatment>>

Below is a clear, concise, and appropriate explanation of the reasons for the reviewing physician's decision, including the clinical reasons regarding medical necessity and a description of the relevant medical criteria or guidelines used to reach the decision pursuant to section 9792.8. If a utilization review decision to modify or deny a medical



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Most Recent Revision Date: 4/21/2026	Signature: <i>Martha Walkup, DO</i>	

service is due to incomplete or insufficient information, the decision specifies the reason for the decision and specifies the information that is needed:

Diagnosis: <<Diagnosis>>

For the purpose of this review, the <<Body part>> will be addressed. This is a <<Patient age>> <<Patient gender>> s/p injury <<Date of injury>>.

Utilization Review Decision(s) and Rationale:

Peer to peer discussion:

<<Peer to peer summary>>

Request: <<Request>>

Clinical Rationale: <<Clinical rationale>>

Guidelines: <<Guidelines>>

Utilization Review Notes:

<<Review summary>>

NOTICE TO INJURED EMPLOYEES AND TREATING PHYSICIANS:

California law requires medical treatment in workers' compensation to be supported by evidence-based guidelines. The function of Utilization Review (UR) is to determine whether requested medical treatment is supported by evidence-based guidelines, and to advise you (the



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Most Recent Revision Date: 4/21/2026	Signature: <i>Martha Walkup, DO</i>	

employee), your applicable representative(s), your treating physician, and the payer accordingly.

Injured Employees:

You should immediately contact your treating physician (and pharmacist if medications are involved) to discuss this UR determination. If your treating physician or the pharmacist disagrees with RehabWest's recommendation, or the recommendation would pose an imminent and serious threat to your health, he/she should contact RehabWest immediately.

Risks of medical treatment: Abrupt cessation of medications

You are cautioned about withdrawal symptoms and other potential adverse, serious and life-threatening effects if you abruptly discontinue the use of certain medications without proper supervision by your treating doctor. You are also strongly encouraged to contact your treating doctor about a safe weaning schedule. Non-approval of any medication in this request for authorization does not imply that immediate cessation of the medication should occur unless it is considered medically safe and advisable by your treating physician. A tapering (gradual medication reduction) program should be considered to avoid withdrawal symptoms.

Risks of medical treatment: Off label use of medications

For medications prescribed off-label (off-label means that although your physician is recommending it, the FDA has not approved the medication for use in your circumstances), UR approval is made with the expectation that you have been counseled by your treating physician regarding the off-label use of the medication as well as the potential risks, benefits, side effects and other adverse outcomes. If you have any questions or concerns about the off-label use of any medication, you are strongly encouraged to further discuss this with your treating physician and pharmacist prior to consenting to the treatment.

Risks of medical treatment: Allergic reactions

Unless documented by your treating physician, UR has no way of knowing if you are allergic to a prescribed medication or any of its ingredients. If you have questions or concerns about potential



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Most Recent Revision Date: 4/21/2026	Signature: <i>Martha Walkup, DO</i>	

allergy to any medication, you are strongly encouraged to discuss them with your treating physician and pharmacist prior to consenting to the treatment.

Informed consent regarding risks of medical treatment: Surgery and other invasive treatments For surgery, injections, nerve ablations, and other invasive treatments, the UR determination is made based on the presumption that your treating doctor has appropriately counseled you regarding the expectations and risks, benefits and potential adverse outcomes of the procedure (including potential adverse outcomes) and that you have agreed to proceed after counseling. If you do not feel that you have been completely informed regarding other alternative treatments and the risks, benefits and potential adverse outcomes of the requested procedure(s), you are strongly encouraged to contact the provider (your treating physician) for further discussion.

Consumer Rights and Responsibilities:

As a consumer, you have the right to appeal a UR decision through RehabWest and/or the California Division of Workers' Compensation (DWC) via the Independent Medical Review (IMR) process. You have the right to be treated with dignity and the right to ask questions regarding the UR determination letter involving the medical treatment requested by your treating physician. If you choose to appeal a UR decision that involves the medical treatment requested by your treating physician, you are responsible for initiating this processes with RehabWest and/or the DWC and providing information that is truthful. RehabWest's UR Department is not responsible for initiating an appeal on your behalf nor coordinating your medical care.

Treating Physician:

As the treating physician, you are primarily responsible for your patient's treatment. RehabWest and its reviewing doctor are not treating your patient. If, in your judgment, implementation of the RehabWest's recommendation would pose an imminent and serious threat to the employee's health, you should assist your patient with requesting expedited IMR and contact RWI immediately to discuss that concern. Your failure to do so could result in serious harm to your patient.

DISPUTE RESOLUTION PROCESS:



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Most Recent Revision Date: 4/21/2026	Signature: <i>Martha Walkup, DO</i>	

If there are no treatment requests listed in the 'Medical treatment service denied' box above, the following does not apply.

If the treatment requested has been modified or denied, the Application for IMR (DWC Form IMR) is enclosed, along with a self-addressed envelope for mailing to the Administrator Director or his or her designee. All fields, except for the signature and date have been completed. If you choose to request an IMR, be sure to enclose a copy of this decision letter along with the signed and dated DWC Form IMR.

Disputes shall be resolved in accordance with the IMR provisions of Labor Code section 4610.5 and 4610.6. An objection to the UR decision may be communicated by the injured employee, the injured employee's representative, or the injured employee's attorney on behalf of the injured employee on the enclosed DWC Form IMR within the timeframe indicated on the last page of the application.

You have a right to disagree with decisions affecting your claim, which includes seeking Independent Medical Review of the decision. (See attached application). If you have questions about the information in this notice, please call [Claims Examiner Name/Phone]. However, if you are represented by an attorney, please contact your attorney instead of the claims adjuster.

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

If the requesting physician wishes to discuss this decision with the reviewer, expert reviewer or medical director, please call 760.759.7500, Monday-Friday, 9:00 AM to 5:30 PM PST to arrange a time.

VOLUNTARY INTERNAL UR APPEAL PROCESS:



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Most Recent Revision Date: 4/21/2026	Signature: <i>Martha Walkup, DO</i>	

This claims administrator provides a voluntary internal UR appeals process for the requesting physician and injured employee that neither triggers nor bars the use of the dispute resolution procedures of Labor Code section 4610.5 and 4610.6, and may be pursued on an optional basis.

Voluntary internal UR appeals must be submitted within 10 days from the date of receipt of this determination letter and may be faxed to the claims administrator or RehabWest at 760.796.7564. A UR appeal requested timely will be decided within 30 days from the date of receipt of the appeal request.

If the requesting physician wishes to discuss this decision with the reviewer, expert reviewer or medical director, please call 760.759.7500, Monday-Friday, 9:00 AM to 5:30 PM PST to arrange a time. Voluntary internal peer to peer requests must be submitted within 5 days from the date of receipt of the determination letter. In the event the reviewer is unavailable, the requesting physician may discuss the written decision with another reviewer who is competent to evaluate the specific clinical issues involved in the medical treatment services. Voluntary internal peer to peer requests must be submitted within 5 days from the date of receipt of the determination letter.

If you would like to request additional clinical rationale regarding this UR decision, please call RehabWest at 760.759.7500 from 9:00 AM to 5:30 PM PST, Monday-Friday.

Peer Reviewer Conflict of Interest Attestation:

It is important to point out that this review is meant to be of assistance in the case evaluation process and is not intended to establish a patient/doctor relationship. Furthermore, my opinion does not constitute recommendations as to specific or administrative function. The opinion above is based on the information available for review and held to a reasonable degree of clinical certainty.

I certify that I have no relationship or affiliation with the injured employee whose claim is the subject of this request for service/appeal review, nor a significant relationship with the treating provider(s) and/or the treatment facility. I verify that I have no prior involvement with this case prior to its referral for review. I certify that I have no professional, familial or financial relationship



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Most Recent Revision Date: 4/21/2026	Signature: <i>Martha Walkup, DO</i>	

with the referring entity nor with the health benefits plan. I further certify that I have no material professional, familial or financial conflict of interest with the developer or manufacturer of the principal drug, device, procedure or other therapy being recommended for the consumer (the employee), nor incentive to promote the use of any services which may be associated with the claim that is the subject of this review. As a peer reviewer, I have not and will not accept compensation for this or any other review activities that is dependent in any way on the specific outcome of this case or other cases.

Sincerely,
<<Peer reviewer>>

Phone: 760.759.7500

Hours of availability: Monday-Friday; 9:00 AM to 5:30 PM Pacific Time

CC: Claims Examiner:
Injured Worker:
Applicant Attorney:
Defense Attorney:

If this determination modified or denied the treatment request, a DWC Form IMR and self-addressed envelope are enclosed.



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Most Recent Revision Date: 4/21/2026	Signature: <i>Martha Walkup, DO</i>	

18.3 Appeal Review



REHABWEST

RehabWest, Inc.
100 East San Marcos Blvd, Suite 325
San Marcos, CA 92069
Phone 760.759.7500
Fax 760.796.7564

UTILIZATION REVIEW DETERMINATION OF APPEALED REQUEST(S)¹²²

Date: <<current date>>

<<Recipient Name>>
 <<Recipient Address Line 1>>
 <<Recipient Address Line 2>>
 <<Recipient Fax>>
 <<Recipient Email>>

Injured Worker: <<Injured Worker Name>>
 Claim #: <<Claim number>>
 Employer: <<Employer Name>>
 Date of Injury: <<Date of Injury>>
 Claims Examiner: <<Claims Examiner>>
 Claims Administrator: <<Claims Administrator>>
 Reference Number¹²³: <<Reference Number>>

Dear, <<Request Physician>>

¹²² UM 14-3(a)
¹²³ UM 14-3(b)(iv)



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Most Recent Revision Date: 4/21/2026	Signature: <i>Martha Walkup, DO</i>	

The date on which the request for an internal utilization review appeal request was received: <<Date of Receipt>>

Date of decision on appealed request(s): <<Determination Date>>

Description of the specific course of proposed medical treatment that was appealed:

<<Request>>

List of all medical records reviewed and notes pertaining to the Request for Authorization:

<<Medical records>>

[If a Request for Additional Information letter is sent, the following verbiage is applied]: Note is made that on [date and time] RehabWest sent a Request for Additional Information letter to the requesting physician [requesting provider], to help determine medical necessity for the requested treatment. The following information was requested: [list of RFI requests]. [No additional medical report(s) were received; OR The following medical report(s) were received on [date]:].

Specific description of the appealed medical treatment service approved, if any:

<<Certified treatment>>

Specific description of the appealed medical treatment service denied, if any:

<<Denied treatment>>

Below is a clear, concise, and appropriate explanation of the reasons for the reviewing physician's decision on the appealed request(s), including the clinical reasons regarding medical necessity and a description of the relevant medical criteria or guidelines used to reach the decision pursuant to section 9792.8. If a utilization review decision to modify or deny a medical service is due to incomplete or insufficient



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Most Recent Revision Date: 4/21/2026	Signature: <i>Martha Walkup, DO</i>	

information, the decision specifies the reason for the decision and specifies the information that is needed:

Diagnosis: <<Diagnosis>>

For the purpose of this review, the <<Body part>> will be addressed. This is a <<Patient age>> <<Patient gender>> s/p injury <<Date of injury>>.

Utilization Review Decision(s) and Rationale:

Peer to peer discussion:

<<Peer to peer summary>>

Request: <<Request>>

Clinical Rationale¹²⁴: <<Clinical rationale>>

Guidelines: <<Guidelines>>

Utilization Review Notes:

<<Review summary>>

NOTICE TO INJURED EMPLOYEES AND TREATING PHYSICIANS:

California law requires medical treatment in workers' compensation to be supported by evidence-based guidelines. The function of Utilization Review (UR) is to determine whether requested medical treatment is supported by evidence-based guidelines, and

¹²⁴ UM 14-3(b)(ii)



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Most Recent Revision Date: 4/21/2026	Signature: <i>Martha Walkup, DO</i>	

to advise you (the employee), your applicable representative(s), your treating physician, and the payer accordingly.

Injured Employees:

You should immediately contact your treating physician (and pharmacist if medications are involved) to discuss this UR determination. If your treating physician or the pharmacist disagrees with RehabWest's recommendation, or the recommendation would pose an imminent and serious threat to your health, he/she should contact RehabWest immediately.

Risks of medical treatment: Abrupt cessation of medications

You are cautioned about withdrawal symptoms and other potential adverse, serious and life-threatening effects if you abruptly discontinue the use of certain medications without proper supervision by your treating doctor. You are also strongly encouraged to contact your treating doctor about a safe weaning schedule. Non-approval of any medication in this request for authorization does not imply that immediate cessation of the medication should occur unless it is considered medically safe and advisable by your treating physician. A tapering (gradual medication reduction) program should be considered to avoid withdrawal symptoms.

Risks of medical treatment: Off label use of medications

For medications prescribed off-label (off-label means that although your physician is recommending it, the FDA has not approved the medication for use in your circumstances), UR approval is made with the expectation that you have been counseled by your treating physician regarding the off-label use of the medication as well as the potential risks, benefits, side effects and other adverse outcomes. If you have any questions or concerns about the off-label use of any medication, you are strongly encouraged to further discuss this with your treating physician and pharmacist prior to consenting to the treatment.

Risks of medical treatment: Allergic reactions

Unless documented by your treating physician, UR has no way of knowing if you are



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Most Recent Revision Date: 4/21/2026	Signature: <i>Martha Walkup, DO</i>	

allergic to a prescribed medication or any of its ingredients. If you have questions or concerns about potential allergy to any medication, you are strongly encouraged to discuss them with your treating physician and pharmacist prior to consenting to the treatment.

Informed consent regarding risks of medical treatment: Surgery and other invasive treatments

For surgery, injections, nerve ablations, and other invasive treatments, the UR determination is made based on the presumption that your treating doctor has appropriately counseled you regarding the expectations and risks, benefits and potential adverse outcomes of the procedure (including potential adverse outcomes) and that you have agreed to proceed after counseling. If you do not feel that you have been completely informed regarding other alternative treatments and the risks, benefits and potential adverse outcomes of the requested procedure(s), you are strongly encouraged to contact the provider (your treating physician) for further discussion.

Consumer Rights and Responsibilities:

As a consumer, you have the right to appeal a UR decision through RehabWest and/or the California Division of Workers' Compensation (DWC) via the Independent Medical Review (IMR) process. You have the right to be treated with dignity and the right to ask questions regarding the UR determination letter involving the medical treatment requested by your treating physician. If you choose to appeal a UR decision that involves the medical treatment requested by your treating physician, you are responsible for initiating this process with RehabWest and/or the DWC and providing information that is truthful. RehabWest's UR Department is not responsible for initiating an appeal on your behalf nor coordinating your medical care.

Treating Physician:

As the treating physician, you are primarily responsible for your patient's treatment. RehabWest and its reviewing doctor are not treating your patient. If, in your judgment, implementation of the RehabWest's recommendation would pose an imminent and serious threat to the employee's health, you should assist your patient



REHABWEST

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760.759.7500 • RehabWest.com

Policy Number: UR 01	Policy Name: Utilization Review Program Description	Approval Authority: Medical Director
Category: Utilization Review	Effective (Original) Date: 3/29/2017	Next Review Date: 3/23/2027
Version Number: 15	Previous Review Dates: 1/23/18; 1/23/19; 10/30/19; 11/27/19; 8/15/20, 4/15/2021, 2/4/22, 8/1/22; 8/1/23; 10/18/23; 6/20/24, 7/9/24, 8/27/24, 7/9/25, 1/1/2026	
Most Recent Revision Date: 4/21/2026	Signature: <i>Martha Walkup, DO</i>	

with requesting expedited IMR and contact RWI immediately to discuss that concern. Your failure to do so could result in serious harm to your patient.

NOTICE TO INJURED WORKER, INJURED WORKER’S REPRESENTATIVE, OR INJURED WORKER’S ATTORNEY / DESIGNEE¹²⁵:

For MODIFIED Appeal Decisions:

You have a right to disagree with decisions affecting your claim, which includes seeking Independent Medical Review of the decision. (See attached application). If the appealed treatment request has been modified, the Application for Independent Medical Review DWC Form IMR is enclosed, along with a self-addressed envelope for mailing to the Administrator Director or his or her designee. All fields, except for the signature and date have been completed. If you choose to request an Independent Medical Review, be sure to enclose a copy of this decision letter along with the signed and dated DWC Form IMR.

Disputes shall be resolved in accordance with the IMR provisions of Labor Code section 4610.5 and 4610.6. An objection to the UR decision may be communicated by the injured employee, the injured employee's representative, or the injured employee's attorney on behalf of the injured employee on the enclosed DWC Form IMR, within the timeframe indicated on the last page of the application.

For DENIED Appeal Decisions:

You have a right to disagree with decisions affecting your claim. If the appealed treatment request has been denied, an Application for Independent Medical Review DWC Form IMR is not enclosed. The injured worker, the injured worker's representative, or the injured worker's attorney on behalf of the injured worker may submit the DWC Form IMR that was provided along with the original utilization review decision. This DWC

¹²⁵ UM 14-3(b)(iii)



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Version Number: 15	Previous Review Dates: 1/23/18; 1/23/19; 10/30/19; 11/27/19; 8/15/20, 4/15/2021, 2/4/22, 8/1/22; 8/1/23; 10/18/23; 6/20/24, 7/9/24, 8/27/24, 7/9/25, 1/1/2026	
Most Recent Revision Date: 4/21/2026	Signature: <i>Martha Walkup, DO</i>	

Form IMR must be submitted within the timeframe indicated on the last page of the application. If you have questions about the information in this notice, please call [Claims Examiner Name/Phone]. However, if you are represented by an attorney, please contact your attorney instead of the claims adjuster.

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

THIS IS THE FINAL UR INTERNAL APPEAL DETERMINATION¹²⁶:

This appeal has been reviewed in accordance with the claims administrator's voluntary appeal process that neither triggers nor bars the use of the dispute resolution procedures of Labor Code section 4610.5 and 4610.6. In accordance with that process, an appeal will be decided within 30 days from the date of receipt of the appeal request.

If you would like to request additional clinical rationale regarding this utilization review decision, please call RehabWest at 760.759.7500 from 9:00 AM to 5:30 PM PST, Monday-Friday.

If the requesting physician wishes to discuss this decision with the reviewer, expert reviewer or medical director, please call 760.759.7500, Monday-Friday, 9:00 AM to 5:30 PM PST to arrange a time.

The undersigned attests that he/she has a scope of licensure or certification that typically manages the medical condition, procedure, treatment, or issue under review; and has current, relevant experience and/or knowledge to render a determination for the care under review.



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Version Number: 15	Previous Review Dates: 1/23/18; 1/23/19; 10/30/19; 11/27/19; 8/15/20, 4/15/2021, 2/4/22, 8/1/22; 8/1/23; 10/18/23; 6/20/24, 7/9/24, 8/27/24, 7/9/25, 1/1/2026	
Most Recent Revision Date: 4/21/2026	Signature: <i>Martha Walkup, DO</i>	

Sincerely,
<<Peer reviewer>>

Phone: 760.759.7500
Hours of availability: Monday-Friday; 9:00 AM to 5:30 PM Pacific Time

CC:
Claims Examiner:
Injured Worker:
Applicant Attorney:
Defense Attorney:

If this appeal determination modified the treatment request, a DWC Form IMR and self-addressed envelope are enclosed.



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Policy Number: UR 01	Policy Name: Utilization Review Program Description	Approval Authority: Medical Director
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Most Recent Revision Date: 4/21/2026	Signature: <i>Martha Walkup, DO</i>	

18.4 Expedited Appeal Review



REHABWEST

RehabWest, Inc.
100 East San Marcos Blvd, Suite 325
San Marcos, CA 92069
Phone 760.759.7500
Fax 760.796.7564

UTILIZATION REVIEW DETERMINATION OF APPEALED REQUEST(S)

Date: <<current date>>

<<Recipient Name>>

<<Recipient Address Line 1>>

<<Recipient Address Line 2>>

<<Recipient Fax>>

<<Recipient Email>>

Injured Worker: <<Injured Worker Name>>

Claim #: <<Claim number>>

Employer: <<Employer Name>>

Date of Injury: <<Date of Injury>>

Claims Examiner: <<Claims Examiner>>

Claims Administrator: <<Claims Administrator>>

Reference Number: <<Reference Number>>

Dear, <<Request Physician>>



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Category: Utilization Review	Effective (Original) Date: 3/29/2017	Next Review Date: 3/23/2027
Version Number: 15	Previous Review Dates: 1/23/18; 1/23/19; 10/30/19; 11/27/19; 8/15/20, 4/15/2021, 2/4/22, 8/1/22; 8/1/23; 10/18/23; 6/20/24, 7/9/24, 8/27/24, 7/9/25, 1/1/2026	
Most Recent Revision Date: 4/21/2026	Signature: <i>Martha Walkup, DO</i>	

This utilization review was completed on an Expedited basis¹²⁷

The date on which the request for an internal utilization review appeal request was received:
<<Date of Receipt>>

Date of decision on appealed request(s): <<Determination Date>>

Description of the specific course of proposed medical treatment that was appealed:

<<Request>>

List of all medical records reviewed and notes pertaining to the Request for Authorization:

<<Medical records>>

[If a Request for Additional Information letter is sent, the following verbiage is applied]:
Note is made that on [date and time] RehabWest sent a Request for Additional Information letter to the requesting physician [requesting provider], to help determine medical necessity for the requested treatment. The following information was requested: [list of RFI requests]. [No additional medical report(s) were received; OR The following medical report(s) were received on [date]:].

Specific description of the appealed medical treatment service approved, if any:

<<Certified treatment>>

Specific description of the appealed medical treatment service denied, if any:

<<Denied treatment>>

¹²⁷ UM 14-2(a)(i)



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Version Number: 15	Previous Review Dates: 1/23/18; 1/23/19; 10/30/19; 11/27/19; 8/15/20, 4/15/2021, 2/4/22, 8/1/22; 8/1/23; 10/18/23; 6/20/24, 7/9/24, 8/27/24, 7/9/25, 1/1/2026	
Most Recent Revision Date: 4/21/2026	Signature: <i>Martha Walkup, DO</i>	

Below is a clear, concise, and appropriate explanation of the reasons for the reviewing physician's decision on the appealed request(s), including the clinical reasons regarding medical necessity and a description of the relevant medical criteria or guidelines used to reach the decision pursuant to section 9792.8. If a utilization review decision to modify or deny a medical service is due to incomplete or insufficient information, the decision specifies the reason for the decision and specifies the information that is needed:

Diagnosis: <<Diagnosis>>

For the purpose of this review, the <<Body part>> will be addressed. This is a <<Patient age>> <<Patient gender>> s/p injury <<Date of injury>>.

Utilization Review Decision(s) and Rationale:

Peer to peer discussion:

<<Peer to peer summary>>

Request: <<Request>>

Clinical Rationale: <<Clinical rationale>>

Guidelines: <<Guidelines>>

Utilization Review Notes:

<<Review summary>>

NOTICE TO INJURED EMPLOYEES AND TREATING PHYSICIANS:

California law requires medical treatment in workers' compensation to be supported by evidence-based guidelines. The function of Utilization Review (UR) is to determine whether



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Most Recent Revision Date: 4/21/2026	Signature: <i>Martha Walkup, DO</i>	

requested medical treatment is supported by evidence-based guidelines, and to advise you (the employee), your applicable representative(s), your treating physician, and the payer accordingly.

Injured Employees:

You should immediately contact your treating physician (and pharmacist if medications are involved) to discuss this UR determination. If your treating physician or the pharmacist disagrees with RehabWest's recommendation, or the recommendation would pose an imminent and serious threat to your health, he/she should contact RehabWest immediately.

Risks of medical treatment: Abrupt cessation of medications

You are cautioned about withdrawal symptoms and other potential adverse, serious and life-threatening effects if you abruptly discontinue the use of certain medications without proper supervision by your treating doctor. You are also strongly encouraged to contact your treating doctor about a safe weaning schedule. Non-approval of any medication in this request for authorization does not imply that immediate cessation of the medication should occur unless it is considered medically safe and advisable by your treating physician. A tapering (gradual medication reduction) program should be considered to avoid withdrawal symptoms.

Risks of medical treatment: Off label use of medications

For medications prescribed off-label (off-label means that although your physician is recommending it, the FDA has not approved the medication for use in your circumstances), UR approval is made with the expectation that you have been counseled by your treating physician regarding the off-label use of the medication as well as the potential risks, benefits, side effects and other adverse outcomes. If you have any questions or concerns about the off-label use of any medication, you are strongly encouraged to further discuss this with your treating physician and pharmacist prior to consenting to the treatment.

Risks of medical treatment: Allergic reactions

Unless documented by your treating physician, UR has no way of knowing if you are allergic to a prescribed medication or any of its ingredients. If you have questions or concerns about



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Most Recent Revision Date: 4/21/2026	Signature: <i>Martha Walkup, DO</i>	

potential allergy to any medication, you are strongly encouraged to discuss them with your treating physician and pharmacist prior to consenting to the treatment.

Informed consent regarding risks of medical treatment: Surgery and other invasive treatments
For surgery, injections, nerve ablations, and other invasive treatments, the UR determination is made based on the presumption that your treating doctor has appropriately counseled you regarding the expectations and risks, benefits and potential adverse outcomes of the procedure (including potential adverse outcomes) and that you have agreed to proceed after counseling. If you do not feel that you have been completely informed regarding other alternative treatments and the risks, benefits and potential adverse outcomes of the requested procedure(s), you are strongly encouraged to contact the provider (your treating physician) for further discussion.

Consumer Rights and Responsibilities:

As a consumer, you have the right to appeal a UR decision through RehabWest and/or the California Division of Workers' Compensation (DWC) via the Independent Medical Review (IMR) process. You have the right to be treated with dignity and the right to ask questions regarding the UR determination letter involving the medical treatment requested by your treating physician. If you choose to appeal a UR decision that involves the medical treatment requested by your treating physician, you are responsible for initiating this processes with RehabWest and/or the DWC and providing information that is truthful. RehabWest's UR Department is not responsible for initiating an appeal on your behalf nor coordinating your medical care.

Treating Physician:

As the treating physician, you are primarily responsible for your patient's treatment. RehabWest and its reviewing doctor are not treating your patient. If, in your judgment, implementation of the RehabWest's recommendation would pose an imminent and serious threat to the employee's health, you should assist your patient with requesting expedited IMR and contact RWI immediately to discuss that concern. Your failure to do so could result in serious harm to your patient.



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Most Recent Revision Date: 4/21/2026	Signature: <i>Martha Walkup, DO</i>	

NOTICE TO INJURED WORKER, INJURED WORKER'S REPRESENTATIVE, OR INJURED WORKER'S ATTORNEY / DESIGNEE:

For MODIFIED Appeal Decisions:

You have a right to disagree with decisions affecting your claim, which includes seeking Independent Medical Review of the decision. (See attached application). If the appealed treatment request has been modified, the Application for Independent Medical Review DWC Form IMR is enclosed, along with a self-addressed envelope for mailing to the Administrator Director or his or her designee. All fields, except for the signature and date have been completed. If you choose to request an Independent Medical Review, be sure to enclose a copy of this decision letter along with the signed and dated DWC Form IMR.

Disputes shall be resolved in accordance with the IMR provisions of Labor Code section 4610.5 and 4610.6. An objection to the UR decision may be communicated by the injured employee, the injured employee's representative, or the injured employee's attorney on behalf of the injured employee on the enclosed DWC Form IMR, within the timeframe indicated on the last page of the application.

For DENIED Appeal Decisions:

You have a right to disagree with decisions affecting your claim. If the appealed treatment request has been denied, an Application for Independent Medical Review DWC Form IMR is not enclosed. The injured worker, the injured worker's representative, or the injured worker's attorney on behalf of the injured worker may submit the DWC Form IMR that was provided along with the original utilization review decision. This DWC Form IMR must be submitted within the timeframe indicated on the last page of the application.



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Version Number: 15	Previous Review Dates: 1/23/18; 1/23/19; 10/30/19; 11/27/19; 8/15/20, 4/15/2021, 2/4/22, 8/1/22; 8/1/23; 10/18/23; 6/20/24, 7/9/24, 8/27/24, 7/9/25, 1/1/2026	
Most Recent Revision Date: 4/21/2026	Signature: <i>Martha Walkup, DO</i>	

If you have questions about the information in this notice, please call [Claims Examiner Name/Phone]. However, if you are represented by an attorney, please contact your attorney instead of the claims adjuster.

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

THIS IS THE FINAL UR INTERNAL APPEAL DETERMINATION:

This appeal has been reviewed in accordance with the claims administrator's voluntary appeal process that neither triggers nor bars the use of the dispute resolution procedures of Labor Code section 4610.5 and 4610.6. In accordance with that process, an appeal will be decided within 30 days from the date of receipt of the appeal request.

If you would like to request additional clinical rationale regarding this utilization review decision, please call RehabWest at 760.759.7500 from 9:00 AM to 5:30 PM PST, Monday-Friday.

If the requesting physician wishes to discuss this decision with the reviewer, expert reviewer or medical director, please call 760.759.7500, Monday-Friday, 9:00 AM to 5:30 PM PST to arrange a time.

The undersigned attests that he/she has a scope of licensure or certification that typically manages the medical condition, procedure, treatment, or issue under review; and has current, relevant experience and/or knowledge to render a determination for the care under review.

Sincerely,
<<Peer reviewer>>

Phone: 760.759.7500



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Most Recent Revision Date: 4/21/2026	Signature: <i>Martha Walkup, DO</i>	

Hours of availability: Monday-Friday; 9:00 AM to 5:30 PM Pacific Time

CC: Claims Examiner:
Injured Worker:
Applicant Attorney:
Defense Attorney

If this appeal determination modified the treatment request, a DWC Form IMR and self-addressed envelope are enclosed.



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Policy Number: UR 01	Policy Name: Utilization Review Program Description	Approval Authority: Medical Director
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Most Recent Revision Date: 4/21/2026	Signature: <i>Martha Walkup, DO</i>	

18.5 Concurrent Review



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RehabWest, Inc.
100 East San Marcos Blvd, Suite 325
San Marcos, CA 92069
Phone 760.759.7500
Fax 760.796.7564

UTILIZATION REVIEW DETERMINATION

Date: <<current date>>

<<Recipient Name>>
 <<Recipient Address Line 1>>
 <<Recipient Address Line 2>>
 <<Recipient Fax>>
 <<Recipient Email>>

Injured Worker: <<Injured Worker Name>>
 Claim #: <<Claim number>>
 Employer: <<Employer Name>>
 Date of Injury: <<Date of Injury>>
 Claims Examiner: <<Claims Examiner>>
 Claims Administrator: <<Claims Administrator>>
 Reference Number: <<Reference Number>>

Dear, <<Request Physician>>

The date on which the DWC Form RFA or requesting report(s) were first received: <<Date of Receipt>>



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760.759.7500 • RehabWest.com

Policy Number: UR 01	Policy Name: Utilization Review Program Description	Approval Authority: Medical Director
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Version Number: 15	Previous Review Dates: 1/23/18; 1/23/19; 10/30/19; 11/27/19; 8/15/20, 4/15/2021, 2/4/22, 8/1/22; 8/1/23; 10/18/23; 6/20/24, 7/9/24, 8/27/24, 7/9/25, 1/1/2026	
Most Recent Revision Date: 4/21/2026	Signature: <i>Martha Walkup, DO</i>	

Date of decision: <<Determination Date>>

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

<<Request>>

List of all medical records reviewed and notes pertaining to the Request for Authorization:

<<Medical records>>

[If a Request for Additional Information letter is sent, the following verbiage is applied]:
Note is made that on [date and time] RehabWest sent a Request for Additional Information letter to the requesting physician [requesting provider], to help determine medical necessity for the requested treatment. The following information was requested: [list of RFI requests]. [No additional medical report(s) were received; OR The following medical report(s) were received on [date]:].

Medical treatment service approved, if any:

<<Certified treatment>>

Medical treatment service denied, if any:

<<Denied treatment>>

Below is a clear, concise, and appropriate explanation of the reasons for the reviewing physician's decision, including the clinical reasons regarding medical necessity and a description of the relevant medical criteria or guidelines used to reach the decision pursuant to section 9792.8. If a utilization review decision to modify or deny a medical service is due to incomplete or insufficient information, the decision specifies the reason for the decision and specifies the information that is needed:



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Most Recent Revision Date: 4/21/2026	Signature: <i>Martha Walkup, DO</i>	

Diagnosis: <<Diagnosis>>

For the purpose of this review, the <<**Body part**>> will be addressed. This is a <<Patient age>> <<Patient gender>> s/p injury <<Date of injury>>.

Utilization Review Decision(s) and Rationale:

Peer to peer discussion:

<<Peer to peer summary>>

Request: <<Request>>

Number of Extended Days/Units of Service¹²⁸:

Next Anticipated Review Point¹²⁹:

New Total Number of Days/Services Approved¹³⁰:

Date of Admission/Onset of Services¹³¹:

Clinical Rationale: <<Clinical rationale>>

Guidelines: <<Guidelines>>

Utilization Review Notes:

<<Review summary>>

¹²⁸ UM 11-4(b) (ii)

¹²⁹ UM 11-4(b) (iv)

¹³⁰ UM 11-4(b) (iii)

¹³¹ UM 11-4(b) (i)



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Most Recent Revision Date: 4/21/2026	Signature: <i>Martha Walkup, DO</i>	

NOTICE TO INJURED EMPLOYEES AND TREATING PHYSICIANS:

California law requires medical treatment in workers' compensation to be supported by evidence-based guidelines. The function of Utilization Review (UR) is to determine whether requested medical treatment is supported by evidence-based guidelines, and to advise you (the employee), your applicable representative(s), your treating physician, and the payer accordingly.

Injured Employees:

You should immediately contact your treating physician (and pharmacist if medications are involved) to discuss this UR determination. If your treating physician or the pharmacist disagrees with RehabWest's recommendation, or the recommendation would pose an imminent and serious threat to your health, he/she should contact RehabWest immediately.

Risks of medical treatment: Abrupt cessation of medications

You are cautioned about withdrawal symptoms and other potential adverse, serious and life-threatening effects if you abruptly discontinue the use of certain medications without proper supervision by your treating doctor. You are also strongly encouraged to contact your treating doctor about a safe weaning schedule. Non-approval of any medication in this request for authorization does not imply that immediate cessation of the medication should occur unless it is considered medically safe and advisable by your treating physician. A tapering (gradual medication reduction) program should be considered to avoid withdrawal symptoms.

Risks of medical treatment: Off label use of medications

For medications prescribed off-label (off-label means that although your physician is recommending it, the FDA has not approved the medication for use in your circumstances), UR approval is made with the expectation that you have been counseled by your treating physician regarding the off-label use of the medication as well as the potential risks, benefits, side effects and other adverse outcomes. If you have any questions or concerns about the off-



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label use of any medication, you are strongly encouraged to further discuss this with your treating physician and pharmacist prior to consenting to the treatment.

Risks of medical treatment: Allergic reactions

Unless documented by your treating physician, UR has no way of knowing if you are allergic to a prescribed medication or any of its ingredients. If you have questions or concerns about potential allergy to any medication, you are strongly encouraged to discuss them with your treating physician and pharmacist prior to consenting to the treatment.

Informed consent regarding risks of medical treatment: Surgery and other invasive treatments

For surgery, injections, nerve ablations, and other invasive treatments, the UR determination is made based on the presumption that your treating doctor has appropriately counseled you regarding the expectations and risks, benefits and potential adverse outcomes of the procedure (including potential adverse outcomes) and that you have agreed to proceed after counseling. If you do not feel that you have been completely informed regarding other alternative treatments and the risks, benefits and potential adverse outcomes of the requested procedure(s), you are strongly encouraged to contact the provider (your treating physician) for further discussion.

Consumer Rights and Responsibilities:

As a consumer, you have the right to appeal a UR decision through RehabWest and/or the California Division of Workers' Compensation (DWC) via the Independent Medical Review (IMR) process. You have the right to be treated with dignity and the right to ask questions regarding the UR determination letter involving the medical treatment requested by your treating physician. If you choose to appeal a UR decision that involves the medical treatment requested by your treating physician, you are responsible for initiating this processes with RehabWest and/or the DWC and providing information that is truthful. RehabWest's UR Department is not responsible for initiating an appeal on your behalf nor coordinating your medical care.

Treating Physician:

As the treating physician, you are primarily responsible for your patient's treatment. RehabWest



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and its reviewing doctor are not treating your patient. If, in your judgment, implementation of the RehabWest's recommendation would pose an imminent and serious threat to the employee's health, you should assist your patient with requesting expedited IMR and contact RWI immediately to discuss that concern. Your failure to do so could result in serious harm to your patient.

DISPUTE RESOLUTION PROCESS:

If there are no treatment requests listed in the 'Medical treatment service denied' box above, the following does not apply.

If the treatment requested has been modified or denied, the Application for IMR (DWC Form IMR) is enclosed, along with a self-addressed envelope for mailing to the Administrator Director or his or her designee. All fields, except for the signature and date have been completed. If you choose to request an IMR, be sure to enclose a copy of this decision letter along with the signed and dated DWC Form IMR.

Disputes shall be resolved in accordance with the IMR provisions of Labor Code section 4610.5 and 4610.6. An objection to the UR decision may be communicated by the injured employee, the injured employee's representative, or the injured employee's attorney on behalf of the injured employee on the enclosed DWC Form IMR, within the timeframe indicated on the last page of the application.

You have a right to disagree with decisions affecting your claim, which includes seeking Independent Medical Review of the decision. (See attached application). If you have questions about the information in this notice, please call [Claims Examiner Name/Phone]. However, if you are represented by an attorney, please contact your attorney instead of the claims adjuster.

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



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If the requesting physician wishes to discuss this decision with the reviewer, expert reviewer or medical director, please call 760.759.7500, Monday-Friday, 9:00 AM to 5:30 PM PST to arrange a time.

VOLUNTARY INTERNAL UR APPEAL PROCESS:

This claims administrator provides a voluntary internal UR appeals process for the requesting physician and injured employee that neither triggers nor bars the use of the dispute resolution procedures of Labor Code section 4610.5 and 4610.6, and may be pursued on an optional basis.

Voluntary internal UR appeals must be submitted within 10 days from the date of receipt of this determination letter and may be faxed to the claims administrator or RehabWest at 760.796.7564. A UR appeal requested timely will be decided within 30 days from the date of receipt of the appeal request.

Voluntary internal peer to peer requests must be submitted within 5 days from the date of receipt of the determination letter. In the event the reviewer is unavailable, the requesting physician may discuss the written decision with another reviewer who is competent to evaluate the specific clinical issues involved in the medical treatment services. Voluntary internal peer to peer requests must be submitted within 5 days from the date of receipt of the determination letter.

If you would like to request additional clinical rationale regarding this UR decision, please call RehabWest at 760.759.7500 from 9:00 AM to 5:30 PM PST, Monday-Friday.

Peer Reviewer Conflict of Interest Attestation:

It is important to point out that this review is meant to be of assistance in the case evaluation process and is not intended to establish a patient/doctor relationship. Furthermore, my opinion does not constitute recommendations as to specific or administrative function. The opinion above is based on the information available for review and held to a reasonable degree of clinical certainty.



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Most Recent Revision Date: 4/21/2026	Signature: <i>Martha Walkup, DO</i>	

I certify that I have no relationship or affiliation with the injured employee whose claim is the subject of this request for service/appeal review, nor a significant relationship with the treating provider(s) and/or the treatment facility. I verify that I have no prior involvement with this case prior to its referral for review. I certify that I have no professional, familial or financial relationship with the referring entity nor with the health benefits plan. I further certify that I have no material professional, familial or financial conflict of interest with the developer or manufacturer of the principal drug, device, procedure or other therapy being recommended for the consumer (the employee), nor incentive to promote the use of any services which may be associated with the claim that is the subject of this review. As a peer reviewer, I have not and will not accept compensation for this or any other review activities that is dependent in any way on the specific outcome of this case or other cases.

Sincerely,
 <<Peer reviewer>>

Phone: 760.759.7500
 Hours of availability: Monday-Friday; 9:00 AM to 5:30 PM Pacific Time

- CC: Claims Examiner:
- Injured Worker:
- Applicant's Attorney:
- Defense Attorney:

If this determination modified or denied the treatment request, a DWC Form IMR and self-addressed envelope are enclosed.



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18.6 Request for Additional Information



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RehabWest, Inc.
100 East San Marcos Blvd, Suite 325
San Marcos, CA 92069
Phone 760.759.7500
Fax 760.796.7564

Date: <<current date>>

<<Recipient Name>>
 <<Recipient Address Line 1>>
 <<Recipient Address Line 2>>
 <<Recipient Fax>>
 <<Recipient Email>>

Injured Worker: <<Injured Worker Name>>
 Claim #: <<Claim number>>
 Employer: <<Employer Name>>
 Date of Injury: <<Date of Injury>>
 Claims Examiner: <<Claims Examiner>>
 Claims Administrator: <<Claims Administrator>>

REQUEST FOR ADDITIONAL NECESSARY INFORMATION¹³²

Utilization Review Request: <<Request>>

¹³² UM 11-2(a)(i-iii)



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Date of Initial Receipt of Request for Authorization: <<Date of Receipt>>

Dear, <<Request Physician>>

We have been asked by the Claims Administrator to review the medical necessity and appropriateness of your request for certification for the above captioned employee. This Utilization Review service is being provided in response consistent with the California Workers' Compensation Labor Code. Per Labor Code 4610, "prospective or concurrent decisions will be made in a timely fashion that is appropriate for the nature of the injured employee's condition, not to exceed 5 working days from the date of receipt of the written request for authorization." For retrospective cases the decision shall be communicated within 30 days of receipt of **information that is reasonably necessary** to make the determination.

We have not received all the information needed to complete this review. Without the following information we are unable to provide a recommendation. This request will be reconsidered upon receipt of the information requested. Upon receipt of the information requested we will review the medical necessity and appropriateness of the request for treatment based on Utilization Review Guidelines. Any delay by you in providing the requested information may result in a denial of treatment or a delay in treatment for the patient.

Below is a list of information needed¹³³:

- ✓Diagnostic studies:
- ✓Clarification of:
- ✓Other:

¹³³ UM 11-2(a)(i)



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Results must be submitted on or before¹³⁴: <<Date>>

Please FAX the requested information to me at (760) 796-7564.

If you have any questions regarding the above, please contact me at (760) 759-7500, Monday-Friday; 9:00 a.m. - 5:30 p.m.

Sincerely,
<<UR Nurse>>
Utilization Review Nurse

CC:
Claims Examiner
Injured Employee
Applicant's Attorney

¹³⁴ UM 11-2(a)(ii)



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18.7 Response to Request for Additional Clinical Rationale Template Letter



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 100 E. San Marcos Blvd., Suite 325
 San Marcos, CA 92069
 Phone 760-759-7500
 Fax 760-796-7564

RESPONSE TO REQUEST FOR ADDITIONAL CLINICAL RATIONAL¹³⁵

Date: <<current date>>

<<Recipient Name>>

<<Recipient Address Line 1>>

<<Recipient Address Line 2>>

<<Recipient Fax>>

<<Recipient Email>>

Injured Worker: <<Injured Worker Name>>

Claim #: <<Claim number>>

Employer: <<Employer Name>>

Date of Injury: <<Date of Injury>>

Claims Examiner: <<Claims Examiner>>

Claims Administrator: <<Claims Administrator>>

Reference Number: <<Reference Number>>

Dear, <<Request Physician>>

¹³⁵ Exhibit: Response template utilized in the event interested parties request additional clinical rationale [UM 11-5(b)(ii)].



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Most Recent Revision Date: 4/21/2026	Signature: <i>Martha Walkup, DO</i>	

Treatment Request(s) for which additional clinical rationale is requested:

<<Request>>

Additional clinical rationale:

<<Clinical rationale>>

Sincerely,

<<Peer reviewer>>

Phone: 760.759.7500

Hours of availability: Monday-Friday; 9:00 AM to 5:30 PM Pacific Time



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19 RehabWest Master Glossary of URAC Terms

Abandonment Rate: The percentage of calls offered into a communications network or telephone system — i.e., automatic call distribution (ACD) system of a call center — that are terminated by the persons originating the call before answer by a staff person.

- Interpretive note: Abandonment rate is measured as the percentage of calls that disconnect after 30 seconds when an individual (live person) would have answered the call. For example, if there is a pre-recorded message or greeting for the caller, the 30 second measurement begins after the message/greeting has ended. (On ACD reports, monitor calls that "drop" after 30 seconds.)

Access: The consumer's or client's ability to obtain services in a timely manner.

- Interpretive Note: The measures of access for consumers are determined by components such as the availability of services, their acceptability to the consumer, consumer wait time, and the hours of operation.
- Interpretive Note: The measures of access for clients are determined by components such as turn-around time and other metrics as they may be defined in written business agreements, etc.

Accessible/Accessibility: Easy to obtain for the consumer; in the context of written materials, capable of being read with comprehension (e.g. educational materials are developed so that the target population can understand the materials provided by the organization, such as through the process of generating and distributing reading-level appropriate editions).

- Interpretive Note: See definition of "access". The measures of access for consumers are determined by components such as the availability of services, their acceptability to the consumer, consumer wait time, and the hours of operation.



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Annually (or “yearly”): Occurs every 12 months to the month (not the day of the month). In other words, it is a month/year to month/year requirement.

Appeal: A written or verbal request by a consumer, ordering provider or prescriber to contest an organizational determination (e.g., services have been denied, reduced, etc.).

Appeals Consideration: Clinical review conducted by appropriate clinical peers, who were not involved in peer clinical review, when a decision not to certify a requested admission, procedure, or service has been appealed. Sometimes referred to as “third level review.”

Approval Authority: One or more persons, or one or more committee, with the responsibility and function of providing final and formal approval for all P&Ps. The approval authorities for RehabWest are:

- **Principal Authority:** The Principal Authority is RehabWest's Chairwoman. The Principal Authority is responsible for reviewing and approving certain P&Ps as described below. The Principal Authority will also designate the approval authorities for all P&Ps as applicable.
- **Quality Management Committee (QM Committee):** The CEO is responsible for providing final and formal approval for all P&Ps pertaining to quality management. This includes all P&Ps that affect daily utilization management operations. The CEO collaborates with the Medical Director and UR Manager when approving said P&P.
- **Regulatory Compliance Committee:** The Principal Authority and Medical Director are jointly responsible for providing final and formal approval for all P&Ps



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pertaining to regulatory compliance.

- **Privacy and Security Officer(s):** Privacy and Security Officer(s) are responsible for providing final and formal approval for all privacy and security policies including those pertaining specifically to individually identifiable health information (IIHI).
- **Human Resources (HR) Manager:** In collaboration with the Principal Authority and CEO, the HR Manager provides final and formal approval for all P&Ps pertaining to staff credentialing and nurse licensure. Additionally, the HR Manager is responsible for the maintenance of P&Ps pertaining to training and orientation materials, URAC Standards, conflict of interest, and confidentiality.

Architecture: The “fundamental organization of a system, embodied in its components, their relationships to each other and the environment, and the principles governing its design and evolution”. Information system architecture is the building plan of an information system in the sense of a specification and documentation of its components and their relationships covering all relevant viewpoints as well as the constructions rules for the creation of the building plan.

Attending Physician: The doctor of medicine or doctor of osteopathic medicine with primary responsibility for the care provided to an injured worker in a hospital or other health care facility.

Attending Provider: The physician or other health care practitioner with primary responsibility for the care provided to a consumer.

Audit: The objective of an external or internal audit is fundamentally assurance. Looking at the past to provide assurance that all activities have been carried out in accordance the written policy and procedure. An audit asks the question “is doing what it said it would do?” For the purpose of this Compliance



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Program Description an audit must be reported to an oversight committee with a determination of level of compliance with policies.

Authorization: A determination by an organization that an admission, extension of stay, or other health care service has been reviewed and, based on the information provided, meets the clinical requirements for medical necessity, appropriateness, or level of care. Also, referred to as certification.

Board-certified: A certification – approved by the American Board of Medical Specialties, the American Osteopathic Association, or another organization as accepted by URAC – that a physician has expertise in a particular specialty or field.

Case: A specific request for medical or clinical services referred to an organization for a determination regarding the medical necessity and medical appropriateness of a health care service or whether a medical service is experimental/investigational or not.

Case Involving Urgent Care: Any request for a utilization management determination with respect to which the application of the time periods for making non-urgent care determinations a) could seriously jeopardize the life or health of the consumer or the ability of the consumer to regain maximum function, or b) in the opinion of a physician with knowledge of the consumer's medical condition, would subject the consumer to severe pain that cannot be adequately managed without the care or treatment that is the subject of the case.

Certification: A determination by an organization that an admission, extension of stay, or other health care service has been reviewed and, based on the information provided, meets the clinical requirements for medical necessity, appropriateness, or level of care. Also referred to as authorization.



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Client: A business or individual that purchases services from RehabWest.

Clinical Decision Support Tools: Protocols, guidelines, or algorithms that assist in the clinical decision-making process.

Clinical Peer: A physician or other health professional who holds an unrestricted license and is in the same or similar specialty as typically manages the medical condition, procedures, or treatment under review. Generally, as a peer in a similar specialty, the individual must be in the same profession, i.e., the same licensure category as the ordering provider.

Clinical Practice Guidelines: Systematically developed statements to assist decision-making about appropriate health care for specific clinical circumstances.

Clinical Rationale: A statement that provides additional clarification of the clinical basis for a non-certification determination. The clinical rationale should relate the non-certification determination to the injured worker's condition or treatment plan, and should supply a sufficient basis for a decision to pursue an appeal.

Clinical Review Criteria: The written screens, decision rules, medical protocols, or guidelines used by RehabWest as an element in the evaluation of medical necessity and appropriateness of requested admissions, treatments, and procedures.

Clinical Staff: Employees or contracted consultants of the health care organization who are clinically qualified with appropriate US licensure/certification to perform clinical triage and provide health information services.

Complaint: An expression of dissatisfaction by a client, via verbally or in writing, regarding RehabWest's services.



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Concurrent: A case involving continued stay or course of treatment where an injured worker is currently receiving treatment.

Concurrent Review: Utilization management conducted during an injured worker's home health care or other course of treatment or (including outpatient procedures and services). Sometimes called "continued stay review".

Confidential information: Certain non-public, proprietary and valuable information and materials with respect to the organization, finance, methods of doing business, marketing plans and operations of and its affiliated entities and vendors, and information that identifies an individual or an employing unit. This Confidential Information requires the maintenance of its integrity and assurance of its accuracy and completeness.

Consumer: An individual person who is the direct or indirect recipient of the services of RehabWest. Depending on the context, consumers may be identified by different names, such as "member," enrollee," "beneficiary," "patient," "injured worker," "claimant," etc. A consumer relationship may exist even in cases where there is not a direct relationship between the consumer and RehabWest. For example, if an individual is a member of a health plan that relies on the services of a utilization management organization, then the individual is a consumer of the utilization management organization.

Contractor: AKA Delegate: A business entity that performs delegated functions on behalf of RehabWest. For the purposes of these standards, the term "contractor" includes the Medical Director(s) and their sub-contracted peer review physicians. The term "contractor" includes only those contractors that perform functions related to the key processes of RehabWest. For example, a contractor that provides catering services



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to would not fall within the definition of “contractor” in these standards. Conversely, a company that provides specialty physician reviewers to a utilization management organization would clearly fall within the definition of “contractor.”

Criteria: A broadly applicable set of standards, guidelines, or protocols used by RehabWest to guide the clinical processes. Criteria should be: (1) Written; (2) Based on professional practice; (3) Evidence-based; (4) Applied consistently; and (5) Reviewed, at a minimum, annually.

Culture: The thoughts, communications, actions, customs, beliefs, values, and institutions of racial, ethnic, religious, or social groups.

Data Integrity: The quality or condition of being accurate, complete and valid, and not altered or destroyed in an unauthorized manner. An information system that provides complete, accuracy and trace-ability of data has integrity. Some examples of actions that “providing for data integrity” are monitoring data entry personnel for accuracy; cross-checking databases for consistency; using unique identifiers for consumer data; and prevention of and checking for duplicate entries.

Delegation: The process by which the organization contracts with or otherwise arranges for another entity to perform functions and to assume responsibilities covered under regulatory or accreditation standards on behalf of the organization, and the organization retains final authority to provide oversight to the delegate.

Electronic: Mode of electronic transmission including the Internet (wide-open), Extranet (using Internet technology to link a business with information only accessible to collaborating parties), leased lines, dial-up lines and private networks and those transmissions that are physically moved from one location to another using magnetic tape, disk, or compact disk media. (Final Rule, Department of Health and Human



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Services, "Health Insurance Reform: Standards for Electronic Transactions," Federal Register (Aug. 17, 2000).

Electronic Health Record (EHR): An electronic record of health-related information on an individual that conforms to nationally recognized interoperability standards and that can be created, managed, and consulted by authorized clinicians and staff across more than one health care organization. The Electronic Health Record (EHR) is a longitudinal electronic record of patient health information generated by one or more encounters in any care delivery setting. Included in this information are patient demographics, progress notes, problems, medications, vital signs, past medical history, immunizations, laboratory data and radiology reports. The EHR has the ability to generate a complete record of a clinical patient encounter - as well as supporting other care-related activities directly or indirectly via interface - including evidence-based decision support, quality management, and outcomes reporting.

Electronic Medical Record: An electronic record of health-related information on an individual that can be created, gathered, managed, and consulted by authorized clinicians and staff within one health care organization.

Encryption: The conversion of electronic data into another form, called cipher text, which cannot be easily understood by anyone except authorized parties.

Ephemeral messaging: The secure messaging that never creates electronic stored information, messages only exist in volatile memory streaming from device to cloud to device and leaves no data trace on devices or servers. Data cannot be stored or shared and disappears once read by the recipient. The word "ephemeral" describes something that only lasts for a short period of time.



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Evidence-based: Recommendations based on valid scientific outcomes research, preferably research that has been published in peer reviewed scientific journals.

Expedited: A case involving urgent care.

Expedited Appeal: An appeal of a non-certification of a case involving urgent care.

Expedited Reviews: Expedited reviews are those conducted when the injured employee's condition is such that the injured employee faces an imminent and serious threat to his or her health, including, but not limited to, the potential loss of life, limb, or other major bodily function, or the normal timeframe for the decision-making process would be detrimental to the injured worker's life or health or could jeopardize the injured worker's permanent ability to regain maximum function. Cases involving urgent care are reviewed as soon as possible based on the clinical situation but in no case, is a determination issued later than 72 hours of the receipt of a request for authorization.

External review: A review of an adverse benefit determination (including a final internal adverse benefit determination) conducted pursuant to an applicable State or Federal external review process. Also referred to as independent review.

Facility: An institution that provides health care services.

Facility Rendering Service: The institution or organization in or by which the requested admission, procedure, or service is provided. Such facilities may include, but are not limited to: hospitals; outpatient surgical facilities; individual practitioner offices; rehabilitation centers; residential treatment centers; skilled nursing facilities; laboratories; imaging centers; and other organizational providers of direct services to injured workers.



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Health Information: Educational resources designed to enhance the knowledge and understanding of health topics to promote wellness and self-care.

Health Information Organization: The electronic movement of health-related information among organizations according to nationally recognized standards.

Health Literacy: The degree to which individuals have the capacity to obtain, process, and understand basic health information and services needed to make appropriate decisions regarding their health.

Health Professional: An individual who: (1) has undergone formal training in a health care field; (2) holds an associate or higher degree in a health care field, or holds a state license or state certificate in a health care field in a state or territory of the United States; and (3) has professional experience in providing direct injured worker care.

Independent Medical Review (IMR): A process, independent of all affected parties, to determine if a health care service is medically necessary and medically appropriate, experimental/investigational or to address administrative/legal issues. Independent review typically (but not always) occurs after all appeal mechanisms available within the UR Organization have been exhausted. Independent review can be voluntary or mandated by law. Also referred to as external review.

Individually Identifiable Health Information (IIHI): Any information that can be tied to an individual consumer, as defined by applicable laws. IIHI is information that is a subset of health information, including demographic information collected from an individual, and: (1) Is created or received by a health care provider, health plan, employer, or health care clearinghouse; and (2) Relates to the past, present, or future physical or mental health or condition of an individual; the provision of health care to an individual; or the past, present, or future payment for the provision of health care to an individual;



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and (i) That identifies the individual; or (ii) With respect to which there is a reasonable basis to believe the information can be used to identify the individual. (65 Fed. Reg. at 82,804 (to be codified at 45 C.F.R. pt. 164.501))

Information systems: Electronic and paper systems that process information, i.e. they capture, transport, transform, store and offer information. Following the conception prevailing in information systems research, an information system comprises not only the hardware and software of an enterprise, but also the related human actors, business functions and processes as well as organization structures.

Initial Clinical Review: Clinical review conducted by appropriate US licensed or certified health professionals. Initial clinical review staff may approve requests for admissions, procedures, and services that meet clinical review criteria, but must refer requests that do not meet clinical review criteria to peer clinical review for certification or non-certification. Sometimes referred to as “first level review.”

Initial Clinical Reviewers: Individuals who possess an active professional license or certification to practice as a health professional in a state or territory of the United States with a scope of practice that is relevant to the clinical area[s] addressed in the initial clinical review.

Injured Worker: The covered consumer for whom a request for certification may or may not have been filed.

Intake Coordinators: Individuals who are non-clinical and do not perform clinical assessments or provide callers with clinical advice. They are responsible for obtaining demographic information, opening new case files for UR, re-directing callers to applicable persons, and other administrative duties. See also *Non-Clinical Administrative Staff, Non-Clinical Staff*.



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Intake Screening: Initial step in the utilization process where information is accepted and prepared for initial clinical review.

Interoperability: The functional property of a product or system, whose interfaces are completely understood, to work with other products or systems, present or future, without any restricted access or implementation. The Office of the National Coordinator for Health IT (ONC) defines interoperability as ensuring that health-related information flows seamlessly. Information needs to follow the patient regardless of geographic, organizational, or vendor boundaries. Interoperability refers to the architecture or standards that make it possible for diverse EHR systems to work compatibly. The importance of interoperability goes far beyond the confines of the EHR. Information must flow into and out of health information exchanges—available to the patient at the right time, at the right place, and containing data that is accurate and complete.

Lack of Information: Case closure reason following documented attempts by the initial clinical reviewer to acquire necessary information to make a review determination and either no information or inadequate information is provided for the initial clinical reviewer to perform a medical necessity initial clinical screening using established criteria.

License: A license or permit (or equivalent) to practice medicine or a health profession that is 1) issued by any state or jurisdiction in the United States; and 2) required for the performance of job functions.

Master List of Policies and Procedures: A listing of RehabWest's P&Ps within the scope of this policy, which includes for each P&P the effective date, review dates (including the date of the most recent revision) and identification of the P&P approval authority.



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Medical Director: A doctor of medicine or doctor of osteopathic medicine who is duly US licensed to practice medicine and who is an employee of, or party to a contract with, an organization, and who has responsibility for clinical oversight of RehabWest utilization management, credentialing, quality management, and other clinical functions.

Medical Treatment Utilization Schedule (MTUS): Doctors in California's workers' compensation system are required to provide evidence-based medical treatment. That means they must choose treatments scientifically proven to cure or relieve work-related injuries and illnesses. Those treatments are laid out in the medical treatment utilization schedule (MTUS), which contains a set of guidelines that provide details on which treatments are effective for certain injuries, as well as how often the treatment should be given, the extent of the treatment, and for how long, among other things.

Minimum Necessary Requirement¹³⁶: The Privacy Rule generally requires covered entities to take reasonable steps to limit the use or disclosure of, and requests for, protected health information to the minimum necessary to accomplish the intended purpose. The minimum necessary standard, a key protection of the HIPAA Privacy Rule, is derived from confidentiality codes and practices in common use today. It is based on sound current practice that protected health information should not be used or disclosed when it is not necessary to satisfy a particular purpose or carry out a function. The minimum necessary standard requires covered entities to evaluate their practices and enhance safeguards as needed to limit unnecessary or inappropriate access to and disclosure of protected health information. The Privacy Rule's requirements for minimum necessary are designed to be sufficiently flexible to accommodate the various circumstances of any covered entity.

¹³⁶ 45 CFR 164.502(b), 164.514(d)



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Modification Decision: A determination by an organization that an admission, extension of stay, equipment, or other home health care, or pharmacy service has been reviewed and, based on the information provided does not fully meet the clinical requirements for medical necessity, appropriateness, or effectiveness. In this instance, the request for certification is not fully approved.

Monitoring. In general monitoring is the periodic review of systems and processes through random sampling methodology by organization leaders to assess if staff as a group are functioning with in policy and standards of performance. This type of monitoring can also be used by managers to control, inform, coach, and train staff with individual level feedback to achieve compliance with policy and performance standards. Auditing is compliance monitoring by another name, and if an audit report to an oversight committee makes recommendations to change policy and procedure, the committee will monitor follow up to ensure that this has been done.

Non-Certification: A determination by an organization that an admission, extension of stay, equipment, or other home health care, or pharmacy service has been reviewed and, based on the information provided does not meet the clinical requirements for medical necessity, appropriateness, or effectiveness. If the request for certification is not fully approved, the determination shall be considered a modification (see definition above).

Non-Clinical Administrative Staff: Staff who do not meet the definition of health professional (including intake personnel).

Non-Clinical Staff: Employees or contracted consultants of a health care organization who do not perform clinical assessments or provide callers with clinical advice. They



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may be responsible for obtaining demographic information, providing information, and redirecting callers.

Ordering Provider: The physician or other provider who specifically prescribes the health care service being reviewed.

Oversight: Monitoring and evaluation of the integrity of relevant program processes and decisions affecting consumers.

Peer Clinical Review: Clinical review conducted by appropriate health professionals with US licensure when a request for an admission, procedure, or service was not approved during initial clinical review. Sometimes referred to as "second level review."

Peer-to-Peer Conversation: A request by telephone for additional review of a utilization management determination not to certify, performed by the peer reviewer who reviewed the original decision, based on submission of additional information or a peer-to-peer discussion.

Personal Health Information: Any personally-identifiable information, whether oral or recorded in any form or medium that: Is created or received by a user, owner, health care provider, health plan, public health authority, employer, insurer, school or university, or health care clearinghouse; and Relates to the past, present, or future physical or mental health or condition of an individual; the provision of health care to an individual; or the past, present, or future payment for the provision of health care to an individual.

Personally Identifiable Information: Any information that can be tied to an individual identifier.



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Physician: A licensed medical doctor, an osteopath, a psychologist, an acupuncturist, an optometrist, a dentist, a podiatrist or a chiropractor.

Pre-Review Screening: Automated or semi-automated screening of requests for certification that may include: (1) collection of structured clinical data (including diagnosis, diagnosis codes, procedures, procedure codes); (2) asking scripted clinical questions; (3) accepting responses to scripted clinical questions; and (4) taking specific action (certification and assignment of length of stay explicitly linked to each of the possible responses). It excludes: (1) applying clinical judgment or interpretation; (2) accepting unstructured clinical information; (3) deviating from script; (4) engaging in unscripted clinical dialogue; (5) asking clinical follow-up questions; and (6) issuing non-certifications.

Primary Source Verification (PSV): Verification of a practitioner's credentials based upon evidence obtained from the issuing source of the credential. Also known as "Primary Source."

Primary Treating Physician (PTP): The physician having overall responsibility for treatment of the work-related injury or illness. The PTP is primarily responsible for the medical treatment and services of a consumer.

Privacy Rule: The HIPAA Privacy Rule standards address the use and disclosure of individuals' health information—called "protected health information" by organizations subject to the Privacy Rule — called "covered entities," as well as standards for individuals' privacy rights to understand and control how their health information is



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used.¹³⁷ The Privacy Rule, as well as all the Administrative Simplification rules, apply to “covered entities” defined as health plans, health care clearinghouses, and to any health care provider who transmits health information in electronic form in connection with transactions for submitting, processing, and paying claims.

Prospective Review: Utilization management conducted prior to an injured worker’s admission, stay, or other service or course of treatment (including medications and outpatient procedures and services). Sometimes called “precertification review” or “pre-authorization”.

Protected Health Information (PHI): Individually identifiable health information: (1) Except as provided in paragraph (2) of this definition, that is: (i) Transmitted by electronic media; (ii) Maintained in any medium described in the definition of electronic media at Sec. 162.103 of this subchapter; or (iii) Transmitted or maintained in any other form or medium. (2) Protected health information excludes individually identifiable health information in: (i) Education records covered by the Family Educational Rights and Privacy Act, as amended, 20 U.S.C. 1232g; (ii) Records described at 20 U.S.C. 1232g(a)(4)(B)(iv); and (iii) Employment records held by a covered entity in its role as employer. (67 Fed. Reg. at 53,267 (Aug. 14, 2002); 65 Fed. Reg. at 82,805 (Dec. 28, 2000) (to be codified at 45 C.F.R. pt. 164.501)).

Provider: A licensed health care facility, program, agency, or health professional that delivers health care services. This includes home health agencies, durable medical equipment companies, infusion therapy companies, prosthetics, etc.

¹³⁷ Pub. L. 104-191.



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Quality Improvement Projects (QIPs): An organization-wide initiative to measure and improve the services provided by RehabWest.

Quality Management Program (QM Program): A systematic data-driven effort to measure and improve consumer and client services and/or health care services.

Rationale: The reason(s) or justification(s) – commonly based on criteria – for a specific action or recommendation.

Referring Entity: An organization or individual that refers a case to an organization. Referring entities may include insurance regulators, health benefits plans, consumers, discharge planners, and attending providers.

Requesting Physician: The physician, as defined above, who submits a Request for Authorization for medical treatment or services.

Retrospective Review: Review conducted after services (including outpatient procedures and services) have been provided to the injured worker. Retrospective medical necessity determinations are considered utilization management (and subject to these standards).

Reviewer(s): The individual (or individuals) selected by RehabWest to consider a case. This includes US licensed initial clinical reviewers and peer clinical reviewers.

Security Rule: The HIPAA Security Rule establishes national standards to protect individuals' electronic personal health information that is created, received, used, or maintained by a covered entity. The Security Rule requires appropriate administrative, physical and technical safeguards to ensure the confidentiality, integrity, and security of electronic protected health information.



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Staff: RehabWest employees, including full-time employees, part-time employees, and consultants.

Standard Appeal: An appeal of a non-certification that is not an expedited appeal. In most cases, standard appeals will not relate to cases involving urgent care. However, standard appeals may also include secondary appeals of expedited appeals.

Statistically Valid: Based on accepted statistical principles and techniques.

Structured Clinical Data: Clinical information that is precise and permits exact matching against explicit medical terms, diagnoses or procedure codes, or other explicit choices, without the need for interpretation.

Utilization Management (UM): Evaluation of the medical necessity, appropriateness, and efficiency of use of health care services, procedures, and facilities. Utilization management encompasses prospective, concurrent and retrospective review. It does not include reviews completed by outside entities such as insurance companies and claims entities, even if the organization chooses to conduct UM on a claims submission. Also referred to a Utilization Review.

Utilization Review (UR): Evaluation of the medical necessity, appropriateness, and efficiency of use of health care services, procedures, and facilities. Utilization review encompasses prospective, concurrent and retrospective review. It does not include reviews completed by outside entities such as insurance companies and claims entities, even if the organization chooses to conduct UR on a claims submission. Also referred to as Utilization Management.