

Independent Medical Review FAQ

Why independent medical review?

- For more than 10 years, California consumers have had the right to obtain an independent, external review of any health plan coverage denial, known as independent medical review (IMR).
- It provides consistency regarding what is considered reasonable medical care.
- It expedites the delivery of healthcare decisions and care to injured workers.
- It keeps medical decisions with medical professionals.
- It is a mechanism to reduce allocated loss adjustment expenses and incoming liens to pay for a benefits increase to injured workers.

What is independent medical review?

- IMR is a method by which an injured worker can secure a non-biased opinion from a physician outside of the workers' compensation process regarding the denial of a medical treatment request.
- It is the employee's sole remedy to dispute utilization review (UR) decisions.
- The IMR decision is considered an order from the California Administrative Director and binding on all parties.
- The employer/carrier cannot request an IMR.
- As of July 1, 2013, medical treatment disputes for all dates of injury are resolved through IMR.
- The cost of IMR is the responsibility of the carrier/employer.
- IMR is considered an allocated loss adjustment expense.

How does IMR work?

- UR disputes are no longer referred to an agreed medical or qualified medical evaluator or any other doctor.
- The employer has no liability for medical treatment delayed, modified, or denied by a UR decision unless overturned by IMR.
- All UR denials must be accompanied by a completed IMR application DWC Form IMR.
- The employee must request IMR within 30 days of receipt of the UR decision by signing the application for IMR, including a copy of the denial, and mailing or faxing to Maximus. (Maximus is the sole contractor hired by the State of California to conduct IMR.)
- The 30 days does not begin until the employer or URO provides the completed IMR application to the employee.
- Upon receipt of a completed application, Maximus will review for IMR eligibility.
- Once determined eligible, Maximus will send the employer/administrator a notice of assignment for information (NOARFI).
- The examiner must provide Maximus six months of relevant medical records within 15 calendar days of assignment, or 24 hours for expedited requests.
- Maximus issues a decision within 30 days of receipt of supporting documents.
- The employer/carrier must implement the decision, unless employer disputes liability for reasons other than medical necessity within 5 business days.
- If services were provided, employer must pay the provider within 20 days subject to the bill review process.
- Maximus must be paid within 10 days of receipt of invoice.

What types of treatment are being evaluated by IMR, and what is the outcome?

The chart below outlines the five types of care most frequently evaluated through the IMR process, along with the rates at which IMR upholds the original UR decisions.

Treatment Category	% IMR Decisions	% UR Upheld
Pharmaceuticals	45%	86%
Physical/Occ. Therapy	10%	87%
Diagnostic Test	7%	76%
Surgery	7%	82%
Radiology	6%	79%

How is an application for IMR determined ineligible?

- Incomplete application
- IMR was not requested timely within 30 days
- The claim is denied or liability for the specific body part is disputed
- The denial being disputed is for a request that is not considered medical treatment
- The UR denial is due to an incomplete medical treatment request

Can an IMR determination be appealed?

The IMR determination is presumed correct and may be set aside only on convincing evidence that:

- The Administrative Director acted in excess of powers; AD determination was procured by fraud
- IMR reviewer was subject to conflict of interest
- Bias based on race, national origin, ethnic group identification, religion, age, sex, sexual orientation, color or disability
- Plainly erroneous, express or implied finding of fact

What is the demand for IMR?

- The injured employee is able to request IMR for each UR denial.
- More IMRs are requested for workers' compensation in a month than for group health side in a decade.
- Maximus is currently receiving around 20,000 IMR requests a month.
- Out of the 20,000 applications received, approximately 12,000 are deemed eligible.
- A total of 312,377 IMR applications were received by Maximus through February 2015.
- Out of those requests, 273,165 were closed, with 39,212 remaining open for a final determination.

How much does IMR cost?

For IMR requests submitted on or after Jan. 1, 2015:

- Non-pharmacy standard IMRs: \$390
- Non-pharmacy expedited IMRs: \$515
- Pharmacy-only standard IMRs: \$345
- Terminated/dismissed before medical review: \$123
- Terminated/dismissed after medical review: \$390