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# Workers COMP #101

Presented by -

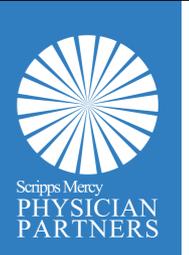
## Dr Lawrence Pohl

Medical Director  
Board Certified : Occupational  
Medicine Specialist



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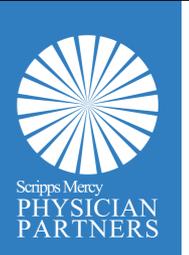
# About Lawrence Pohl, MD, MPH



Dr Pohl is the Medical Director at Mission Valley Medical Clinic (an Urgent Care and Occupational Medicine Clinic) and has practiced in San Diego since 1980. He was awarded the Charlie Joyner “Winning Spirit Award” in 2007.

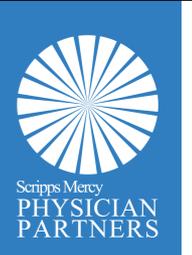
He is a Board Certified Occupational Medicine Practitioner, a Qualified Medical Examiner, and a Utilization Review Specialist. He received his Medical Degree from SUNY Buffalo in 1972.

# Objectives



1. Increase Understanding of the Workers  
Compensation system
2. Increase Patients for you, from Referrals of  
satisfied injured workers and satisfied  
employers
3. Feel a comfort level in treating the injured  
worker

# Workers Comp Early History

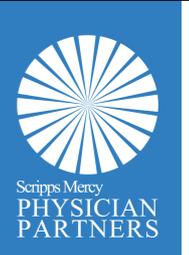


## BENEFITS TO EMPLOYER AND TO EMPLOYEE

- Divisions of Work Comp
- CA Department of Industrial Relations
- Workers Comp Appeals Board



# Work Related Injuries



## TYPES INCLUDE

- Acute
- Cumulative
- Illnesses

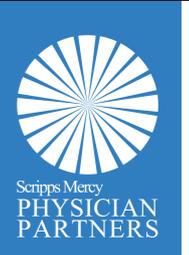


## AREAS OF FOCUS

- Work Related vs Non Work Related
- Presumptions



# Doctor's First Report of Injury



## 6 KEY FOCUS POINTS

- Patients description of injury
- Subjective findings by provider
- Objective findings by provider
- Impression
- Is it Work Related
- Factors that inhibit healing



# Treatment

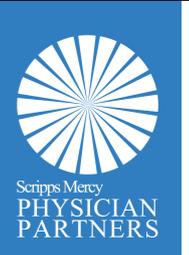


## MODALITIES

- Medication
- Physical Therapy, Acupuncture, Chiropractic, etc...
- Workers Comp Appeals Board



# Differences

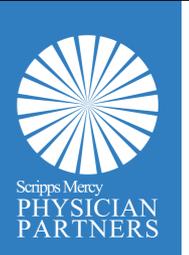


## ... IN THE WORK COMP SYSTEM

- Apportionment
- TTD Payments
- Utilization Review
- QME's
- Maximum Medical Improvement

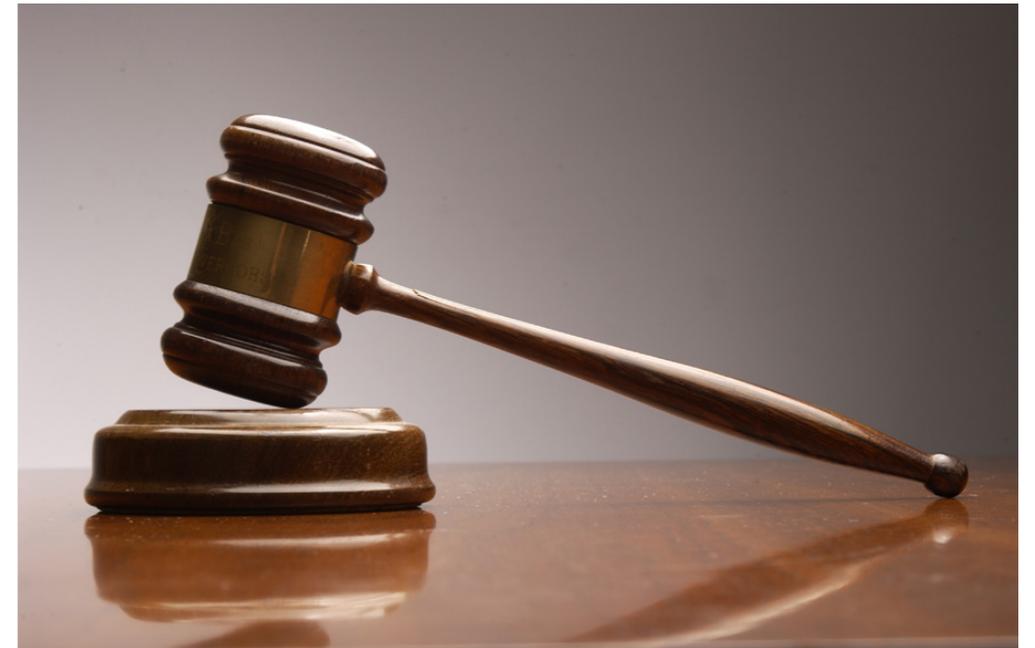


# Legislation Passed

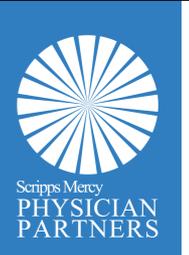


## SB-899

- Utilization Review
- ACOEM Guidelines
- MTUS Guidelines
- ODG
- Case under investigation  
\$10,000 limit



# Advantages



## ...OF TREATING INJURED WORKERS

- Physician and patient satisfaction
- Increase private patients
- Increase employer satisfaction to gain patient referral for PCP from employer



# What's New in Workers Comp



## SB-863

- IMR
- Changes in utilization process - RFA
- QME vs IMR Physician

### SB 863: A Balanced Reform

- Negotiated by representatives from employers and organized labor
- Increase system efficiency and predictability for employers and injured workers
- Reduce litigation-related costs
- Address abusive practices by service providers
- Direct more dollars to injured workers

### SB 863: What it Does

- Increases PD benefits at a cost of \$1.2 billion
  - Increases minimum/maximum weekly rates
  - Creates \$120 special fund for disproportionate earnings loss
- Streamlines the PD rating formula
  - Deletes adjustable rating factor for future earnings loss
  - Eliminates ineffective "bump-up/down" adjustments
  - Eliminates "add ons" for sleep, sex and psyche conditions

# Additional Changes



## ... IN WORK COMP SYSTEM

- Using personal Chiropractor or Acupuncturist
- Limits on treatment for Chiropractor and Acupuncturist
- MPN
- Independent Bill Review



# Additional Changes

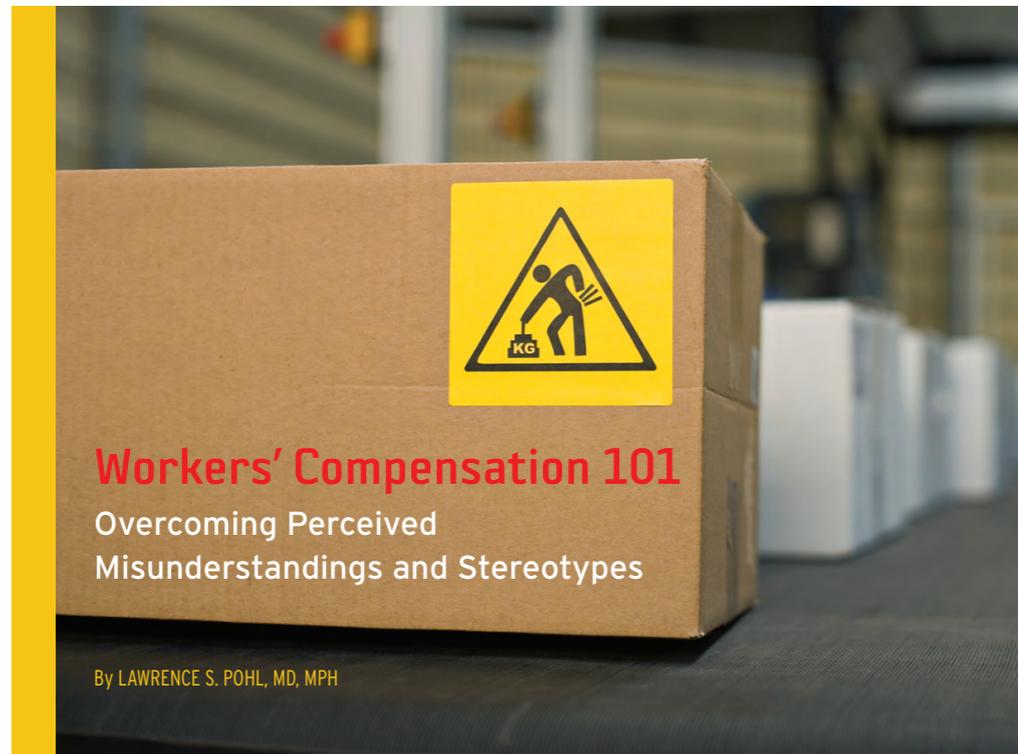


## ... IN WORK COMP SYSTEM (CON'T)

- Increased permanent disability benefits
- Supplement job displacement benefits - \$6,000
- Filing liens



## SAN DIEGO PHYSICIAN MAGAZINE



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**T**he topic of workers' compensation has different connotations to the employer, the injured employee, and the doctor. Many doctors attribute a negative feeling toward this discipline, and this is often due to misunderstanding and stereotypes that are perceived.

Early workers' compensation laws were a trade-off between employer and employee. The laws provided benefit to the injured worker, regardless of fault, in exchange for the employer's limited liability. The employer could no longer use traditional defenses, while the worker gave up his or her right to sue for potentially large pain and suffering damages. Providing workers' compensation benefits by the employer has become mandatory and is a significant cost and responsibility of conducting business in California. Employers may purchase workers' compensation in-

surance through a private insurance company or elect to be self-insured if they meet certain qualifications. The employee does not contribute to the cost. The Division of Workers' Compensation, within the California Department of Industrial Relations, regulates the California Workers' Compensation System. The California Workers' Compensation Appeals Board (WCAB) is the judicial body that makes rulings for disputed issues within the system.

Treating patients with work-related injuries can be challenging, given the various rules within the system, but can be very rewarding as we see an injured worker return to his or her usual and customary duties. Work-related injuries can be specific or acute, such as a lumbosacral strain, or cumulative, such as tendonitis or carpal tunnel syndrome. There also may be a work-related illness, such as a

hypersensitivity pneumonitis from inhalation of dust particles, tuberculosis, from work exposure to active TB, or diseases such as asbestosis or pleural mesothelioma, which often can have a latent period of 30 or more years.

When the injured worker presents to the physician, the first priority is to determine if the particular injury is work-related. For an injury to be considered work-related and thus fall under the jurisdiction of the California workers' compensation laws, the injury must arise out of and in the course of employment (legal abbreviation is AOE/COE). There must be a causal relationship between the employment and the injury sustained. There also must be a relationship of time and place between the injury and employment — that is, while the employee was performing an activity related to his or her job.

## FREQUENTLY ASKED QUESTIONS

Preparing for SB 863 Work Comp Changes | Compilation of Information & Links

B. Riley, LVN 10/2013

Physician Regulations	
Spinal Implant (Inpatient Fee Schedule)	Jan. 1, 2013
Supplemental Job Displacement Benefit (SJDB) Voucher	Jan. 1, 2013
Vocational Expert Fee Schedule	Jan. 1, 2013

**I have questions about SB 863. How can I contact DWC for answers?**

Questions about SB 863 should be sent to the owe at [dwc@dir.ca.gov](mailto:dwc@dir.ca.gov).

### About independent medical review:

#### What is independent medical review (IMR)?

IMR was established by SB 863 to provide a quick, efficient way of resolving medical treatment disputes. If a request by a treating physician for a specific course of medical treatment is delayed, denied, or modified by a claims administrator for the reason that the treatment is not medically necessary, an injured worker can ask for a review of that decision by an independent, qualified physician. The assigned physician reviewer, selected under stringent standards, will review relevant medical records and apply recognized treatment guidelines to determine if the requested medical treatment is appropriate for the injured worker's condition. The IMR process should take about 40 days to complete, a significant improvement over the current system, which can take up to a year and heavily relies on state-certified medical evaluators and judicial decisions.

SB 863 requires that the IMR process be administered by an independent medical review organization (IMRO) chosen by owe. Oversight of the program will be conducted by OWe's Medical Unit. The use of an IMRO will ensure the assignment of unbiased medical experts for treatment reviews.

#### When did IMR go into effect?

IMR went into effect on Jan. 1, 2013, for all occupational injuries occurring on or after that date, and on July 1, 2013 for all dates of injury.

#### How can I request IMR?

IMR can be requested following a delay, denial, or modification of a treatment request by the claims administrator's utilization review process. With the decision letter, the claim administrator must provide a form for the injured worker to request IMR. The form should be completed and timely returned as instructed to start the IMR process. An injured worker can be assisted by an attorney or by his or her treating physician in the IMR process.

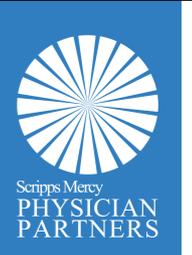
#### Will there be any changes in the utilization review (UR) process?

Beginning on Jan. 1, 2013, for all occupational injuries occurring on or after that date, and on July 1, 2013 for all dates of injury, owe will require the use of a Request for Authorization (RFA) form that must accompany all treatment requests made by treating physicians. The RFA form will specify treatment requests and identify disputed issues to help the injured worker and claims administrator resolve differences before turning to IMR.

Also, SB 863 will allow injured workers and claims administrators to defer to UR referrals if there is an issue in dispute over anything other than the medical necessity of a particular treatment requested by the injured worker's treating physician (such as cases where the injury itself or the injury to a specific body part is in dispute). UR decisions will be now be in effect for 12 months, allowing claims administrators, absent any documented change in facts, to reject duplicate treatment requests.

#### Will the IMR physician reviewer conduct an examination?

[Click Here](#)



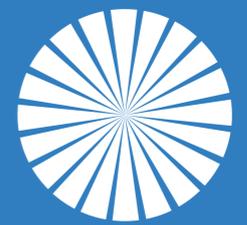
## WHAT QUESTIONS DO YOU HAVE?

Please type your questions in the Go To Webinar interface tool. We will answer your questions in the order in which they arrive.

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