

Utilization Review in Workers' Compensation

With the changes in the Workers' Compensation laws in California, utilization review was implemented and went into effect January 1, 2004. But what is utilization review and what does it mean to your company and your employees?

Utilization review is the program employers or insurance companies use to make sure treatment given to injured workers is consistent with medical treatment guidelines set by the state. The treatment guidelines lay out treatments scientifically proven to cure or relieve work-related injuries and illnesses. They also deal with how often the treatment is given and for how long, among other things. The state of California is currently using the American College of Occupational and Environmental Medicine's (ACOEM) Practice Guidelines, Second Edition.

Sometimes the treatment recommended by the doctor isn't in the ACOEM guidelines, in which case the doctor needs to use other scientifically-based medical treatment guidelines accepted by the national medical community to support the recommended treatment. Anyone handling claims can approve the treatment recommended by the doctor. However, a decision to deny or change the treatment can only be made by a physician who understands the type of injury or illness the patient has and the treatment being recommended.

When a treatment plan is recommended by a doctor and the insurance company does a utilization review, the review and decision must be made within five days of the date of the doctor's request for treatment. If the insurance company needs more time, it can have up to 14 days. This is called "prospective review" because it's done before the patient receives the treatment. If the doctor has not been able to get a response from the insurance company in 14 days, the patient needs to file a declaration of readiness

to proceed to expedited hearing. If this is done the insurance company has 72 hours from when they got the information they need to make the decision. This does not always happen in the required time frame and the treatment of your employee can be delayed. It is important for the company to assist their injured worker with this process to help prevent litigated claims.

If the doctor has already provided the treatment and the insurance company does a utilization review, the review must be done and the decision given to the doctor within 30 days. This is called "retrospective review". In most situations the doctor will request the authorization before giving the treatment if the treatment falls outside the ACOEM guidelines.

If a the doctor's request for treatment is changed, delayed or denied the insurance company has to tell the patient and the doctor in writing, and state why they are changing, delaying or denying the treatment. If the patient disagrees with the insurance company's decision, he/she must voice an objection with the insurance company within 20 days. The insurance company will then give the patient a QME panel request form to submit to the DWC Medical Unit.

Utilization Review has its place in the new reform, but it does need to be monitored. There need to be consequences to the insurance companies if they delay treatment to an injured worker who truly needs treatment. The DWC stated that about 5% of claims a year get tied up in red tape. If one of your employees complains about not being treated in a timely fashion, get involved and call your carrier.

(Source: Division of Workers' Compensation)

The Value of Reasonable Suspicion Drug Testing

Many companies have adopted a Drug and Alcohol policy for their employees. Most of these policies prohibit the use, possession, and sale of drugs or alcohol at work or on the premises, and enforce that policy by discipline up to and including termination.

There are three types of testing that companies can include in their drug policy: post offer drug testing, post injury or accident testing and reasonable suspicion testing. Reasonable suspicion drug testing gives employers the right to drug and alcohol test employees who exhibit signs and symptoms of substance abuse. If a trained supervisor observes and documents substance abuse based on performance, speech, physical and behavior indicators, he can confront the employee in a private place and inform him that based on the observation that he needs to submit to a drug and alcohol test.

In order for a company to do reasonable suspicion testing, their supervisors must be trained in the recognition of the indicators of substance abuse. The HealthFirst Consortium offers supervisory training for alcohol and drug impairment recognition on a quarterly basis for DOT mandated employers. If your company wants to start this type of testing you can contact your marketing representative at 562-926-3440 or 562-949-9328 to get information the classes.

Galen 2000 Computer

The Galen 2000 computer system has now been implemented at both our North and South clinics. All newly injured employees, physicals and drug screens will be billed from our new system. You will be receiving bills from both systems until existing injuries from the old system are discharged. If you are interested in internet access to your account, please contact your marketing representative to get setup with a user name and password.

Reserve Flu Shots Now

Flu season seems like a long way off, but it will be here before we know it. HealthFirst has ordered 2500 shots that will start to become available in October. Since, the flu vaccine is released gradually it necessitates the need to schedule the shots over a two to three month period. The cost of this years vaccine has increased which will be passed on. Call Karin De La Cruz at 562-926-3440 for inquiries and to reserve shots for your employees.

Changes in Company Information?

Company Name: _____

Contact: _____

Email Address: _____

Insurance Carrier: _____

Phone/Fax: _____

Other: _____



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