

**State of California**  
**DIVISION OF WORKERS' COMPENSATION - MEDICAL UNIT**  
**REQUEST FOR QME PANEL UNDER LABOR CODE § 4062.1**  
**UNREPRESENTED**  
*(Please print or type)*

Request date (Required): \_\_\_\_\_ Date of Injury (Required): \_\_\_\_\_ Claim Number (Required): \_\_\_\_\_

**Specialty Requested** (Required): \_\_\_\_\_

*(use 3 letter code only)*

**Requesting party** (Check one box only):

- Unrepresented Injured Employee  
 Claims Administrator, if none, Employer  
 Defense Attorney

**Reason QME panel is being requested** (Check one box only):

- § 4060 (compensability exam)  
 § 4061 (permanent impairment or disability dispute)  
 § 4062 Injured employee only (medical treatment determination, UR dispute or other 4062 reason )  
 § 4062 Claims administrator only (non treatment medical determination or non-UR reason under 4062)  
 §§ 4061 and 4062 dispute (medical treatment and permanent impairment or disability dispute)

If the Claims administrator is requesting a 4062 panel explain the reason for the request:

**Answer each question below:**

Has this claim been denied?  Yes  No

Has any body part in this claim been accepted?  Yes  No

If yes, indicate the date of the denial \_\_\_\_\_

Did notice to injured employee state employer requests an evaluation to determine compensability? (Attach copy of notice)  Yes  No

Does dispute involve an MPN :  Continuity or Transfer of Care  Permanent Disability, Future Medical, UR decision  Diagnosis/Treatment ?

**Employee Information**

First Name: \_\_\_\_\_ Middle Initial: \_\_\_\_\_ Last Name: \_\_\_\_\_

Street Address : \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_ Daytime Phone No: \_\_\_\_\_

If you now live out of state, list the California city and zip code of your residence when injured: \_\_\_\_\_

If you never resided in California, list the California zip code in which you would like to be evaluated: \_\_\_\_\_

**Employer and Claims Administrator Information**

Employer: \_\_\_\_\_

Claims Administrator Name: \_\_\_\_\_

Adjustor name: \_\_\_\_\_

Street Address or P.O. Box: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_ Phone No. \_\_\_\_\_

Claim Number: \_\_\_\_\_

**Prior QME Panel Information** *(Answer all that apply)*

Has the employee ever received a QME panel before?  Yes  No  Unknown

If yes, did the employee ever see any QME from that panel?  Yes  No  Unknown

If yes, has that claim been settled or resolved?  Yes  No  Unknown

If yes, name of QME seen: \_\_\_\_\_ Specialty: \_\_\_\_\_

Date of Injury: \_\_\_\_\_ Body parts \_\_\_\_\_ Date of Exam: \_\_\_\_\_

Panel Number (if known): \_\_\_\_\_ Is that QME available now:  Yes  No  Unknown

*The completed form must be mailed to:*  
Division of Workers' Compensation-Medical Unit  
P.O. Box 71010, Oakland, Ca 94612  
(510) 286-3700 or (800) 794-6900

Date: \_\_\_\_\_

\_\_\_\_\_  
Print Name of Requestor

\_\_\_\_\_  
Signature of Injured Employee

***Note: Each employer or claims administrator submitting this form to request a QME panel must attach a copy of the correspondence and required notices sent to the injured employee with the panel request form***

## For Use with the QME Panel Request Form 105

### MD/DO SPECIALTY CODES

MAI	Allergy and Immunology
MDE	Dermatology
MEM	Emergency Medicine
MFP	Family Practice
MPM	General Preventive Medicine
MHH	Hand
MMM	Internal Medicine
MMV	Internal Medicine- Cardiovascular Disease
MME	Internal Medicine– Endocrinology Diabetes and Metabolism
MMG	Internal Medicine- Gastroenterology
MMH	Internal Medicine- Hematology
MMI	Internal Medicine- Infectious Disease
MMN	Internal Medicine- Nephrology
MMP	Internal Medicine- Pulmonary Disease
MMR	Internal Medicine- Rheumatology
MNB	Spine
MPN	Neurology
MNS	Neurological Surgery ( <i>other than Spine</i> )
MOG	Obstetrics and Gynecology
MPO	Occupational Medicine
MMO	Oncology – Orthopaedic Surgery Internal Medicine or Radiology
MOP	Ophthalmology
MOS	Orthopaedic Surgery ( <i>other than Spine or Hand</i> )
MTO	Otolaryngology
MPA	Pain Medicine
MHA	Pathology
MPR	Physical Medicine & Rehabilitation
MPS	Plastic Surgery ( <i>other than Hand</i> )
MPD	Psychiatry ( <i>other than Pain Medicine</i> )
MSY	Surgery ( <i>other than Spine or Hand</i> )
MSG	Surgery - General Vascular
MTS	Thoracic Surgery
MTT	Toxicology
MUU	Urology

### NON-MD/DO SPECIALTY CODES

ACA	Acupuncture
DCH	Chiropractic
DEN	Dentistry
OPT	Optometry
POD	Podiatry
PSY	Psychology
PSN	Psychology - Clinical Neuropsychology