Introduction

The Medical Utilization Review Program is available to the parties in a workers' compensation case to determine whether healthcare services provided were reasonable and/or necessary. It is a peer review program designed to evaluate health care services provided to injured workers and to resolve disputes about such services. Utilization review proceedings may result in a change of provider, a retroactive denial of fees charged by the provider, and/or a revocation of the providers' accreditation from the Division.

Utilization Review Process Overview

The Division shall notify the provider under review of the review request. Each party to the case shall receive a copy of the written notification as their official notification of the review request. Each party to the case shall receive one copy of the medical records package as filed by the requesting party.

Each party has **thirty (30) days** from the mailing of the review notification to file additional medical records.

In most cases, the review panel for each case will be comprised of two practitioners licensed in the same discipline of care as the provider under review, and one occupational medicine practitioner.

Following completion of the review, if the director orders that a change of provider be made, the claimant and insurer or self-insured employer shall notify the Division as to whether the parties have agreed upon a new provider. If a party elects to appeal, that party shall complete an appeal form and file it with the Medical Utilization Review Coordinator. Should the appealing party be entitled to a de novo hearing, the hearing shall be scheduled according to the instructions on the appeal form.

Requests For Utilization Review

A party shall request a utilization review on a case-by-case basis by filing the Request for Utilization form prescribed by the Division. A copy of the request may be obtained by calling the Division at **303.318.8769** or via the Division's Web Page at: **www.coworkforce.com/DWC/**

The provider under review shall remain as an authorized provider for the associated claimant until the director or administrative law judge issues an order to the contrary as a result of the utilization review process. The provider shall continue to submit bills for services rendered to the claimant during the review period and the insurance carrier shall continue to pay the provider's bills as provided in the rules of procedure.

Filing a Request for Utilization Review

1. One copy of an information package shall be filed and shall contain the following items:
   - A completed and signed Division prescribed request form.
   - Copies of all admissions filed or orders entered in the case.
   - A list containing the full names and medical degrees of all providers, including the provider under review, other treating providers, and individuals who are considered as referrals or who performed consultations, independent medical examinations and/or second opinions.
   - A minimum filing fee of **$1,250.00** shall be paid at the time of filing by the requesting party. The Division shall also notify the requesting party of additional costs incurred that require a supplemental fee.
2. **Seven (7) identical copies** of the medical records package shall be filed with the request form and each copy shall contain the following items:
   A. A case report shall be prepared, signed and dated by a licensed medical professional. This report shall be dated within **thirty (30) days** prior to the date of filing with the Division.
   B. Table of contents
   C. The following sections:

   Section 1—A copy of the Employer's First Report of Injury and/or the Workers' Claim for Compensation form

   Section 2—All reports, notes and notes from the provider under review as submitted to the requesting party.

   Section 3– All reports, notes of other treating providers as submitted to the requesting party.

   Section 4– All reports resulting from referrals, consultations, independent medical examinations and second opinions as submitted to the requesting party.

   Section 5– All diagnostic test results as submitted to the requesting party.

   Section 6– All medical management reports as submitted to the requesting party.

   Section 7– All hospital/clinic records related to the injury as submitted to the requesting party.

A Medical Utilization Provider Panel Member Will:

- Provide advice and assistance to the Director of the Division of Workers' Compensation on issues of medical necessity and appropriateness of care rendered to case-specific individuals.
- Agree to participate in the UR Program for a period of three years.
- Perform an independent and objective "paper review" of medical records submitted to the Division.
- Answer specific questions relating to the review and prepare a written narrative supporting those answers.

A New Treating Provider Panel Member Means:

- The Director of the Division of Workers' Compensation has issued an order requiring the replacement of the current treating provider as the result of a Medical Utilization Review, and the parties cannot agree on a new provider.
- You are a licensed/certified medical practitioner who may be selected from a list of three nominated and qualified providers presented to the prevailing party by the Division.
- You are one of three medical practioners nominated by the Division on a case-specific basis due to your medical specialty, geographic location and subject to a rotating/ revolving selection process. You will become the new treating provider for a specific patient, if selected by the prevailing party, or in some cases, appointed by the Division Director.

Why Should Health Care Providers Participate?

To actively participate in an effort to reduce actual costs and mitigate problems caused by over-utilization within the medical industry and, quite possibly, within your own discipline of care.

To be on the leading edge of Colorado's efforts to curtail the escalating costs of quality health care.

To generate revenues of **$225.00** per hour for your services.

You are immune from criminal liability and from suit in any civil action based upon your participation in the program, per C.R.S. § 8-43-501(3)(b).

There is no cost to you should you choose to participate.

Should you have any questions or comments, please contact the Medical Utilization Review Coordinator at **303.318.8769.**

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Department of Labor and Employment

DIVISION OF WORKERS' COMPENSATION

Utilization Review Program