

State of California
DIVISION OF WORKERS' COMPENSATION – MEDICAL UNIT
REPLACEMENT PANEL REQUEST
TITLE 8, CALIFORNIA CODE OF REGULATIONS § 31.5
(Please print or type)

*If anything has changed including parties, addresses, and represented status,
Please attach the information on a separate sheet of paper*

Date of Request: (Required) _____ **Original Panel No.:** (Required) _____ **Requesting Party:** (Check one box only)
Applicant's Attorney/Injured Worker
 Defense Attorney/Claims Administrator

Claim No.: (Required) _____

Injured Worker: (Required) _____
First Name Last Name

Name of QME(s) to replace: 1. _____ Reason #: _____
2. _____ Reason #: _____
3. **Entire Panel List** Reason #: _____

Reason for Replacement (all references are to Title 8, CCR 31.5 unless otherwise noted):
You must attach relevant supporting documentation.

- 1. QME on the panel issued does not practice in the specialty requested. (a) (1)
- 2. A QME on the panel issued cannot schedule an appointment within 60 – 90 days. (a)(2) (Please indicate date of initial request for an appointment)
- 3. The injured worker has changed his or her residence address. (a)(3)
New Address: _____
- 4. A physician on the QME panel is a member of the same group practice as defined by Labor Code § 139.3 as another QME on the panel. (a)(4) (Please attach evidence of form of business entity of group practice)
- 5. The QME is unavailable pursuant to § 33 (Unavailability of the QME). (a)(5) and § 33
- 6. The evaluator who previously reported in the case is no longer available. (a)(6)
- 7. A QME named on the panel is currently, or has been, the employee's primary treating physician or secondary physician for the injury currently in dispute. (a)(7)
- 8. Parties agree to a new panel in the region of the employee's workplace. (a)(8) (Please attach agreement)
Workplace Zip Code: _____
- 9. Good cause for a different specialty due to medical nature of injury. (a)(9) (Attach medical documentation)
- 10. Inappropriate specialty for disputed medical issues. (a)(10) (Attach medical documentation)
- 11. No appointment notification (Form 110). (a) (11) and § 34 (Attach statement explaining how and when you became aware of the violation)
- 12. Late report. (a) (12) and § 38 (Attach evidence of lateness)
- 13. Disqualifying conflict of interest (a) (13) and § 41.5 (Attach evidence of conflict)
- 14. AD order for an additional QME evaluation. (a)(14) and § 10164 (c) (Attach AD order)
- 15. Selected QME fails to provide either a complete medical evaluation or a written statement explaining why the evaluator feels he or she is not medically qualified to address disputed issues. (a)(15)
- 16. No QME used from a panel issued over 24 months ago. (a) (16)
- 17. Represented parties have each struck a QME from the panel and the last QME may be replaced based on any of the reasons above. (c)

Name of Requestor and Phone Number (Print) _____

Requestor's Signature _____