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Workers Compensation Medical Treatment Guidelines and Choice of Physician	Medical Treatment Guidelines and Choice of Physician - Clarifications
	Date : TBA
Choice of Physician	OWCA: 03-2013

Subject: This bulletin is for the purpose of clarification on an injured employee’s right to his/her choice of physician without prior approval through the 1010 Form, Utilization Review Process.

Background: It has come to our attention that many providers and carriers/self-insured employer’s (SIE’s) are unclear on whether an injured worker, with a compensable claim, needs approval via a 1010 Form, for an initial evaluation or consultation (but not including medical care, services or recommendations which go beyond the \$750 per provider limitation) by the injured workers’ choice of physician.

Discussion: R.S. 23:1121(B)(1) states:

“The employee shall have the right to select one treating physician in any field or specialty. The employee shall have a right to the type of summary proceeding provided for in R.S. 23:1124(B), when denied his right to an initial physician of choice. After his initial choice the employee shall obtain prior consent from the employer or his workers' compensation carrier for a change of treating physician within that same field or specialty. The employee, however, is not required to obtain approval for change to a treating physician in another field or specialty.”

Per the above language, for an injured employee with a compensable injury, neither the treating physician nor the employee’s choice of another treating physician in another field or specialty is required to obtain prior authorization through the filing of a 1010 Form for an initial evaluation/consultation. Although prior authorization with a 1010 Form is not required for the initial eval/consult, R.S. 23:1142(B)(1)(A) states that, “each health care provider may not incur more than a total of seven hundred fifty dollars in nonemergency diagnostic testing or treatment without the mutual consent of the payor and the employee as provided by regulation”. So, although the initial evaluation/consult may not require prior approval, all care above the \$750 non-emergency limit will require prior approval from the carrier/self-insured employer through the use of a 1010 Form.

Such a scenario often occurs when the injured workers’ choice of physician opines that a referral to a pain management physician is medically necessary. Some providers have been submitting, and some carriers/SIE’s have been requiring, a 1010 Form for such the initial evaluation/consult. The “Pain” section within the guidelines, along with all the other sections, contemplates medical necessity of specifically requested treatment which may result from the initial evaluation. Once the injured worker’s right to his choice of physician and the resulting initial evaluation is given, the Medical Treatment Guidelines and the Utilization Review Rules should be used when said physician requests care above the \$750 non-emergency medical care cap.

Summary: R.S. 23:1121(B)(1) gives an injured worker the right to his/her choice of physician in any field or specialty (including pain management), without the necessity of prior approval for the evaluation/consultation via a 1010 Form. However, all medical care provided to the injured worker, which may result from the evaluation, is subject to the requirement that it be medically necessary as per R.S. 23:1203(A). Any and all non-emergency medical care in excess of \$750 which may be requested by the injured workers' choice of physician must be submitted in accordance with the Medical Treatment Guidelines on a 1010 Form per the Utilization Review Rules.