PTP in MPN Statutory Authority

(PART-A INJURED WORKERS ANALYSIS)

February 28, 2026

The information provided through this AI-powered Analysis is for **general informational and educational purposes only**. It is **not legal advice**, does **not create an attorney-client relationship**, and should not be relied upon as a substitute for advice from a qualified attorney. Laws and legal outcomes vary based on specific facts and jurisdiction. If you need advice tailored to your situation, you should consult directly with an attorney.

(c) 2026 The Law Offices of Fernando Hidalgo, Inc.. Generated by a Legal AI Assistant. Facilitated by The Law Offices of Fernando Hidalgo, Inc.. All rights reserved.

CALIFORNIA WORKERS' COMPENSATION: YOUR PRIMARY TREATING PHYSICIAN AND MEDICAL PROVIDER NETWORKS

This report explains your rights regarding doctor selection and medical treatment when you are injured at work in California, with a focus on how Medical Provider Networks work and what you can do if your medical care is inadequate.

Part 1: Understanding Key Terms and Basic Concepts

What Is a Primary Treating Physician?

Your Primary Treating Physician (PTP) is the main doctor responsible for managing your medical care after a work injury. This doctor does more than treat your condition. Your PTP decides what treatment you need, writes work restrictions (limits on what tasks you can perform), determines when you have reached maximum medical improvement (the point where your condition will not get better with more treatment), and prepares medical reports that directly affect your benefits. You may have only one PTP at a time, as defined under Cal. Code Regs. tit. 8, § 9785 (https://www.dir.ca.gov/t8/9785.html).

What Is a Medical Provider Network?

A Medical Provider Network (MPN) is a group of doctors and other health care providers that your employer or its insurance company sets up to treat injured workers. If your employer has a valid MPN, you must generally choose your doctor from this network. California law authorizes employers and insurers to establish MPNs under Cal. Lab. Code § 4616 (https://law.justia.com/codes/california/code-lab/division-4/part-2/chapter-2/article-2-3/section-4616/).

Who Picks Your Doctor?

When you are first hurt at work, your employer or its insurance company picks your initial PTP — unless you took a step called pre-designation before your injury. Pre-designation means you chose your own personal doctor in writing before you got hurt. If you did not pre-designate, your employer controls the first doctor visit. After that first visit, you have the right to switch to a different doctor within the MPN. These selection rules come from Cal. Lab. Code § 4600 (https://employeesfirstlaborlaw.com/labor-code-%C2%A74600-right-to-medical-treatment-workers-comp/).

> ***Important: If your employer does NOT have a valid MPN, you may choose your own doctor 30 days after reporting your injury, under Cal. Code Regs. tit. 8, § 9781 (https://www.dir.ca.gov/t8/9781.html).***

What Treatment Must Your Employer Provide?

Your employer must pay for all medical, surgical, chiropractic, acupuncture, and hospital treatment that is reasonably needed to cure or relieve the effects of your work injury. This is a legal obligation established by Cal. Lab. Code § 4600 (https://employeesfirstlaborlaw.com/labor-code-%C2%A74600-right-to-medical-treatment-workers-comp/).

Part 2: Your Right to Pre-Designate a Personal Doctor

What Is Pre-Designation?

Pre-designation allows you to name your own personal doctor before any injury happens. If you properly pre-designate, your employer cannot force you into the MPN after you are hurt. You have an absolute right to see your chosen doctor. This right is established under Cal. Lab. Code § 4600(d) (https://employeesfirstlaborlaw.com/labor-code-%C2%A74600-right-to-medical-treatment-workers-comp/) and Cal. Code Regs. tit. 8, § 9780.1 (https://www.dir.ca.gov/t8/9780_1.html).

Four Requirements for Valid Pre-Designation

To pre-designate properly, you must meet all four of the following conditions:

1. You must notify your employer in writing before the injury happens.
2. You must have health insurance coverage for non-work injuries or illnesses.
3. The doctor you name must have previously treated you and maintains your medical records.
4. The doctor must agree in writing to be your pre-designated physician.

If you meet all four requirements, your employer cannot require you to use the MPN. The form used is typically DWC Form 9783, as described in Cal. Code Regs. tit. 8, § 9780.1 (https://www.dir.ca.gov/t8/9780_1.html).

What a Court Has Said About Pre-Designation

In Patricia Lazcano v. Lutheran High School Association, ADJ13514659 (WCAB 2023), the Workers' Compensation Appeals Board ruled that the employer failed to prove it told the worker about her right to pre-designate, as required by law. However, the worker also failed to show that her chosen doctors would have agreed to be pre-designated. This case shows both sides carry a burden: your employer must inform you of pre-designation rights, and you must show all four requirements are met. See CalLawyers panel decision summary (https://calawyers.org/workers-compensation/panel-decision-clarifies-burdens-of-proof-in-mpn-disputes/).

> ***Critical: Pre-designation must happen BEFORE your injury. Once you are hurt, it is too late. If you are currently employed and not injured, complete a pre-designation form now and give it to your employer.***

Part 3: How to Change Your Doctor Within an MPN

Your Right to Switch Doctors

After your first visit with the employer-assigned PTP, you have the right to choose a different doctor from the MPN. You do not need to give a reason. You simply tell the claims administrator (the person or company handling your workers' compensation claim) that you want to change doctors. This right comes from Cal. Lab. Code § 4600 (https://employeesfirstlaborlaw.com/labor-code-%C2%A74600-right-to-medical-treatment-workers-comp/) and Cal. Code Regs. tit. 8, § 9781 (https://www.dir.ca.gov/t8/9781.html).

How the Process Works

When you request a new doctor:

1. Submit your request to the claims administrator.
2. The claims administrator must provide you with an alternative doctor — or a chiropractor or acupuncturist if you request one — within five working days.
3. You select a new PTP from the MPN provider list.

The employer cannot ignore your request or delay unreasonably. The five-day requirement is an affirmative duty under Cal. Code Regs. tit. 8, § 9781 (https://www.dir.ca.gov/t8/9781.html).

When No MPN Exists

If your employer does not have a valid MPN, you may choose any doctor you want 30 days after reporting your injury to the employer. During the first 30 days, the employer controls doctor selection. After that, you have broad freedom to pick your own physician under Cal. Lab. Code § 4601 (https://www.dir.ca.gov/t8/9781.html).

Part 4: Access Standards — How Close Doctors Must Be

Minimum Distance and Provider Requirements

California law requires that your MPN have enough doctors close enough to where you live or work. These requirements are called access standards. Under Cal. Code Regs. tit. 8, § 9767.5 (https://www.dir.ca.gov/t8/9767_5.html), the MPN must provide:

- At least three primary treating physicians and a hospital for emergency care within 30 minutes or 15 miles of your home or workplace.

- At least three specialists (for common work injuries) within 60 minutes or 30 miles of your home or workplace.

Appointment Availability Requirements

Having doctors listed in the network is not enough — they must also be available in a timely manner:

- Primary care appointments must be available within three business days of your request.
- Non-emergency specialist appointments must be available within twenty business days.
- If the MPN cannot schedule a specialist within ten business days, the employer must allow you to see a specialist outside the MPN, as stated in Cal. Code Regs. tit. 8, § 9767.5 (https://www.dir.ca.gov/t8/9767_5.html).

What If Access Standards Are Not Met?

If the MPN fails to meet these distance or timing requirements, you may have the right to treat with a doctor outside the network. The MPN must have a written policy permitting you to obtain treatment from an appropriate specialist outside the MPN when the network cannot meet access standards. Courts have held that access standards are mandatory — not suggestions — and violations give injured workers rights to outside treatment. See DWC MPN FAQs (https://www.dir.ca.gov/dwc/mpn/dwcmpnfaq.html).

> ***Note: In rural areas where health facilities are more than 30 miles apart, the MPN may apply for alternative access standards with the Administrative Director (the state official who oversees the workers' compensation system). However, the MPN must prove the variance is justified under Cal. Code Regs. tit. 8, § 9767.5(b) (https://www.dir.ca.gov/t8/9767_5.html).***

What Courts Have Said About Access Standards

In Murillo v. Aloha Island Air, Inc., 2023 Cal. Wrk. Comp. P.D. LEXIS 350 (WCAB 2023), the WCAB clarified that if you want to treat with a specialist, the specialist access standards apply (30 miles/60 minutes), not the general PTP standards (15 miles/30 minutes). The Board also held that just because some doctors decline your case does not make the MPN invalid if other qualified doctors remain available within the required distances. See Sullivan on Comp MPN Access Standards analysis (https://www.sullivanoncomp.com/blog/mpn-access-standards-if-an-employee-chooses-to-treat-with-a-specialist).

Part 5: Disputing Your Doctor's Treatment Decisions

The Second and Third Opinion Process

If you disagree with your PTP's diagnosis or treatment plan, California law gives you the right to get a second opinion from another doctor in the MPN. If you still disagree after the second opinion, you may get a third opinion from yet another MPN doctor. These rights come from Cal. Lab. Code § 4616.3 (https://www.sullivanoncomp.com/blog/topic/lc-4616-3) and Cal. Code Regs. tit. 8, § 9767.7 (https://www.dir.ca.gov/t8/9767_7.html).

Here is how the process works:

1. Notify the claims administrator in writing that you dispute the diagnosis or treatment.
2. The claims administrator provides a list of MPN doctors you can choose from.
3. You select a doctor from the list and schedule an appointment within 60 days.
4. If you disagree with the second opinion, repeat the process for a third opinion.
5. The third opinion doctor must provide a written opinion with alternative recommendations if applicable.

> ***Important: If you do not schedule the second opinion appointment within 60 days of receiving the provider list, you waive (permanently lose) your right to a second opinion on that issue under Cal. Code Regs. tit. 8, § 9767.7 (https://www.dir.ca.gov/t8/9767_7.html).***

Court Decisions Protecting Your Right to Second Opinions

In Earley v. WCAB (2023), the California Court of Appeal (2nd District) ruled that you do not need to state specific objections to request a second opinion. Simply requesting one is enough. The court also confirmed that your employer cannot deny your second opinion request and that you may get second or third opinions even if you have already been evaluated by a Qualified Medical Evaluator (QME) — an independent doctor

appointed to evaluate disputed medical issues. See Sullivan Attorneys analysis (https://www.sullivanattorneys.com/blog/requesting-consulting-physicians-mpn).

In Williamson v. Aramark, Inc., 2022 Cal. Wrk. Comp. P.D. LEXIS 350 (WCAB 2022), the WCAB ruled that the employer cannot use the utilization review process (the system insurers use to approve or deny treatment requests) to block your right to second opinion consultations. The second opinion process operates independently from utilization review. See Sullivan Attorneys analysis (https://www.sullivanattorneys.com/blog/requesting-consulting-physicians-mpn).

Independent Medical Review (IMR)

If the second and third opinion process does not resolve your dispute, or if the insurance company denies or modifies treatment through utilization review, you can request an Independent Medical Review (IMR). An IMR is a review by an independent doctor who is not connected to your employer or insurance company. This process is established by Cal. Lab. Code § 4616.4 (https://www.dir.ca.gov/dwc/imr.htm) and administered by the DWC through Maximus Federal Services (https://www.dir.ca.gov/dwc/imr.htm).

Key facts about IMR:

- You must file an IMR application within 30 days of receiving the utilization review decision.
- The cost of IMR ($375 per review) is paid by the employer, not you.
- The independent reviewer applies the Medical Treatment Utilization Schedule (MTUS) — California's evidence-based treatment guidelines — to decide if the treatment is medically necessary. See DWC MTUS information (https://www.dir.ca.gov/dwc/mtus/mtus.html).
- IMR decisions historically favor workers when the requested treatment aligns with MTUS guidelines.

> ***Critical: If you miss the 30-day IMR filing deadline, you lose the right to IMR for that treatment decision, except in limited circumstances such as ongoing liability disputes. See DWC IMR FAQs (https://www.dir.ca.gov/dwc/IMR/IMR_FAQs.htm).***

Part 6: When an MPN May Be Invalid or Unenforceable

Reasons an MPN May Be Invalid

An MPN must comply with all of California's statutory and regulatory requirements to remain valid. If it does not comply, you may have the right to treat outside the network entirely. Common reasons an MPN may be invalid or unenforceable include:

- Failure to meet access standards: The MPN does not have enough doctors within the required distances, as specified in Cal. Code Regs. tit. 8, § 9767.5 (https://www.dir.ca.gov/t8/9767_5.html).
- Failure to provide proper notice: Your employer did not give you the required written notice explaining your MPN rights, as required by Cal. Code Regs. tit. 8, § 9767.12 (https://www.dir.ca.gov/t8/9767_12.html).
- Lapsed approval: The MPN failed to reapply for approval every four years, causing automatic suspension. See DWC MPN FAQs (https://www.dir.ca.gov/dwc/mpn/dwcmpnfaq.html).
- Prohibited compensation structures: Doctor pay is structured to discourage treatment, violating Cal. Lab. Code § 4616(c) (https://law.justia.com/codes/california/code-lab/division-4/part-2/chapter-2/article-2-3/section-4616/).

For more detail on MPN invalidity, see Employees First Labor Law — What Makes an MPN Invalid (https://employeesfirstlaborlaw.com/what-makes-a-medical-provider-network-mpn-invalid-or-noncompliant/).

The MPN Notice Requirement

Your employer must give you a complete written MPN notice at the time of injury or when you are transferred into the MPN. This notice must include, per Cal. Code Regs. tit. 8, § 9767.12 (https://www.dir.ca.gov/t8/9767_12.html):

- The MPN's unique identification number
- How to contact the MPN and Medical Access Assistants (staff who help you find available doctors)
- The MPN website address and instructions for accessing the provider directory
- How to change doctors after your first visit

- How to request second and third opinions
- How to request Independent Medical Review
- A description of continuity of care policies
- The notice must be in English and in Spanish if you speak Spanish, written in plain language

If the employer cannot prove it provided this complete notice, courts have held the MPN is unenforceable against the worker. See WorkCompCentral analysis (https://ww3.workcompcentral.com/columns/show/id/q286l06l1486057no18d7x).

Prohibited Doctor Pay Structures

Cal. Lab. Code § 4616(c) (https://law.justia.com/codes/california/code-lab/division-4/part-2/chapter-2/article-2-3/section-4616/) explicitly prohibits structuring doctor compensation to reduce, delay, or deny medical treatment. If an MPN pays doctors in ways that create financial pressure to deny care — such as penalizing doctors for ordering too much treatment — this violates state law. Only licensed physicians may deny or modify treatment requests, under Cal. Lab. Code § 4616(f) (https://law.justia.com/codes/california/code-lab/division-4/part-2/chapter-2/article-2-3/section-4616/) and DWC Utilization Review FAQs (https://www.dir.ca.gov/dwc/utilizationreview/ur_faq.htm).

Part 7: Continuity of Care When Your Doctor Leaves the MPN

Your Right to Keep Your Doctor

If your PTP's contract with the MPN is terminated, you may still have the right to continue treatment with that doctor under certain conditions. This protection is called continuity of care. Under Cal. Lab. Code § 4616.2 (https://law.justia.com/codes/california/code-lab/division-4/part-2/chapter-2/article-2-3/section-4616/) and Cal. Code Regs. tit. 8, § 9767.10 (https://www.dir.ca.gov/t8/9767_10.html), you may request to continue treatment with a terminated provider if you have:

- An acute condition (a condition expected to last less than 90 days)
- A serious chronic condition (a condition lasting 90 days or more)
- A terminal illness
- A previously authorized surgery or procedure scheduled within a specified timeframe

What Happens If Your Employer Disagrees

If your employer determines your condition no longer qualifies for continuity of care:

1. The employer must notify you of its determination.
2. You may request a report from your treating physician explaining why your condition meets the criteria.
3. Your doctor must provide this report within 20 calendar days.
4. If your doctor disagrees with the employer, you continue treatment with that doctor until the dispute is resolved.
5. If either side objects, the dispute is resolved under Cal. Lab. Code § 4062 (https://law.justia.com/codes/california/2011/lab/division-4/4060-4068/4062).

These dispute resolution procedures are detailed in Cal. Code Regs. tit. 8, § 9767.10 (https://www.dir.ca.gov/t8/9767_10.html).

Part 8: Step-by-Step Guide to Protecting Your Rights

Procedural Roadmap

Follow these steps to protect your rights regarding your PTP and MPN:

1. Verify MPN status (Days 1–5). Search the DWC open data portal (https://www.dir.ca.gov/dwc/mpn/dwcmpnmain.html) or contact the DWC Medical Unit to confirm the MPN is approved, obtain its identification number, and check for complaints or administrative actions.

2. Check pre-designation status (Days 5–10). Determine whether you completed a valid pre-designation form before your injury. If you have documentation meeting all four requirements, notify your employer that the MPN does not apply to you under Cal. Code Regs. tit. 8, § 9780.1 (https://www.dir.ca.gov/t8/9780_1.html).

3. Review MPN notices (Days 10–15). Obtain copies of all MPN notifications given to you. Compare them against the requirements of Cal. Code Regs. tit. 8, § 9767.12 (https://www.dir.ca.gov/t8/9767_12.html). Document any missing elements.

4. Evaluate access standards (Days 15–25). Using the MPN provider directory and mapping tools, verify that at least three PTPs are within 15 miles or 30 minutes of your home or workplace, and that specialists are within 30 miles or 60 minutes, as required by Cal. Code Regs. tit. 8, § 9767.5 (https://www.dir.ca.gov/t8/9767_5.html).

5. Verify PTP qualifications (Days 25–35). Confirm your assigned PTP is properly licensed and listed on the MPN roster. Check for any disciplinary actions through the Medical Board of California (https://www.dir.ca.gov/fraud_prevention/Fraud-Prevention.htm) or relevant licensing board.

6. Keep detailed records (Ongoing). Save all treatment requests, authorizations, denials, and communications with your doctor, claims administrator, and MPN. If treatment is denied, immediately obtain the complete utilization review decision letter.

7. Request a second opinion (Within 30 days of dispute). If you disagree with your PTP, notify the claims administrator in writing and cite Cal. Lab. Code § 4616.3 (https://www.sullivanoncomp.com/blog/topic/lc-4616-3). Schedule the appointment within 60 days of receiving the provider list.

8. File IMR if needed (Within 30 days of UR decision). If utilization review denies treatment, file an IMR application with the DWC (https://www.dir.ca.gov/dwc/imr.htm) within 30 days. Include a copy of the denial decision.

Part 9: Key Deadlines You Must Not Miss

Critical Timing Requirements

Missing a deadline can permanently eliminate your rights. Here are the most important deadlines:

Action	Deadline	Consequence of Missing
Report injury to employer	As soon as possible	Delays all treatment rights
Change PTP within MPN	After first visit	No specific outer deadline, but act promptly
Choose own doctor (no MPN)	30 days after reporting injury	Employer controls doctor selection until then
Schedule second opinion	Within 60 days of receiving provider list	Right to second opinion is permanently waived
File IMR application	Within 30 days of UR decision	Right to IMR is forfeited
Appeal Administrative Director decisions to WCAB	Within 20 days of service	Loss of appeal rights

Sources: Cal. Code Regs. tit. 8, § 9767.7 (https://www.dir.ca.gov/t8/97677.html); DWC IMR information (https://www.dir.ca.gov/dwc/imr.htm); Cal. Code Regs. tit. 8, § 9767.14 (https://www.dir.ca.gov/t8/976714.html).

> ***Important: These deadlines are strict. Courts rarely excuse missed deadlines without strong evidence of good cause. Track every deadline carefully from the moment you receive any decision or notice.***

Part 10: Strategic Options and Likelihood of Success

Overview of Strategies and Risk Levels

This section summarizes different approaches to protecting your PTP rights and the general likelihood of success for each.

Strategy 1: Assert Valid Pre-Designation

Likelihood of success: High to very high (with complete documentation).

If you have written proof that you met all four pre-designation requirements, the law clearly supports your right to treat outside the MPN. If documentation is incomplete, success depends on what other evidence you can provide. Cal. Lab. Code § 4600(d) (https://employeesfirstlaborlaw.com/labor-code-%C2%A74600-right-to-medical-treatment-workers-comp/); Cal. Code Regs. tit. 8, § 9780.1 (https://www.dir.ca.gov/t8/9780_1.html).

Strategy 2: Challenge MPN Access Standard Violations

Likelihood of success: Medium to high (depending on evidence).

If you can show that fewer than three PTPs are available within the required distance, or that appointments cannot be scheduled within required timeframes, you have a strong case for treating outside the MPN. You must present objective evidence such as maps, provider directories, and phone call logs. Cal. Code Regs. tit. 8, § 9767.5 (https://www.dir.ca.gov/t8/9767_5.html).

Strategy 3: Challenge Improper Treatment Denial Through IMR

Likelihood of success: Medium to high (when treatment aligns with MTUS).

If the treatment you need is supported by the Medical Treatment Utilization Schedule (https://www.dir.ca.gov/dwc/mtus/mtus.html) and the utilization review denial has procedural problems (such as a non-physician making the denial decision), IMR is likely to overturn the denial.

Strategy 4: Petition to Suspend or Revoke MPN

Likelihood of success: Low to medium (requires substantial evidence).

Revoking an entire MPN requires proof of widespread, systematic violations. This is a powerful remedy but requires extensive documentation of multiple violations under Cal. Lab. Code § 139.21 (https://employeesfirstlaborlaw.com/labor-code-%C2%A7139-21-medical-provider-network-requirements/) and Cal. Code Regs. tit. 8, § 9767.14 (https://www.dir.ca.gov/t8/9767_14.html).

Strategy 5: Challenge Prohibited Compensation Structures

Likelihood of success: Medium to high (if evidence is available).

If discovery reveals that the MPN pays doctors in ways that create financial incentives to deny care, this directly violates Cal. Lab. Code § 4616(c) (https://law.justia.com/codes/california/code-lab/division-4/part-2/chapter-2/article-2-3/section-4616/). The challenge is obtaining the compensation arrangement evidence, which may require formal legal discovery.

What the Employer Will Argue

You should expect the employer to make these arguments in response:

- The MPN is approved and presumed valid. Once the Administrative Director approves an MPN, the law presumes it complies with all requirements. You bear the burden of proving specific violations under Cal. Lab. Code § 4616 (https://law.justia.com/codes/california/code-lab/division-4/part-2/chapter-2/article-2-3/section-4616/).
- You did not pre-designate. Without pre-designation, your doctor selection rights are limited to choosing within the MPN.
- You did not exhaust your remedies. If you did not request second opinions or file IMR before challenging the MPN, the employer may argue you skipped required steps.
- The treatment you want is outside MTUS guidelines. The MTUS is presumed correct. If your requested treatment falls outside its guidelines, the employer has a stronger position. See DWC MTUS (https://www.dir.ca.gov/dwc/mtus/mtus.html).

Part 11: Required Forms and Key Documents

Forms You May Need

- DWC Form IMR-1 — Application for Independent Medical Review. You must include your name, case number, description of the dispute, and a copy of the utilization review denial. You or your representative must sign this form. See DWC IMR page (https://www.dir.ca.gov/dwc/imr.htm).

- DWC Form 9783 — Pre-designation of Personal Physician. Used to pre-designate your doctor before injury. Must include your written notice and your doctor's written agreement. Cal. Code Regs. tit. 8, § 9780.1 (https://www.dir.ca.gov/t8/9780_1.html).
- MPN Complaint Form (DWC Form 9767.16.5) — Used to file complaints against MPNs for access violations, failure to provide notice, or other noncompliance. File with the DWC MPN Unit. See CWCI complaint form document (https://www.cwci.org/document.php?file=2020.pdf).
- Request for Authorization (RFA) — Your treating physician uses this to request specific treatment. If denied, the denial letter must explain the medical reasons. Cal. Code Regs. tit. 8, § 9785 (https://www.dir.ca.gov/t8/9785.html).

Part 12: San Francisco and Northern California Considerations

Where to File and Get Help

If you are an injured worker in the San Francisco Bay Area, your workers' compensation disputes are heard by the San Francisco District Office of the Workers' Compensation Appeals Board (WCAB), not by immigration courts or federal courts. The WCAB (https://www.dir.ca.gov/wcab/wcab.htm) is the state board that resolves workers' compensation disputes.

The DWC Medical Unit in Oakland (P.O. Box 71010, Oakland, CA 94612) handles MPN approvals, complaints, and compliance investigations for Northern California. You can verify MPN approval status through the DWC MPN main page (https://www.dir.ca.gov/dwc/mpn/dwcmpnmain.html).

Bay Area Access Considerations

The San Francisco Bay Area generally has high doctor availability, making it easier for MPNs to meet access standards. However, specific challenges exist:

- Some specialists practice in limited locations, creating geographic access issues despite overall doctor density.
- Some doctors listed in MPN directories may not actually accept certain cases or certain insurance plans.
- Rural areas of Northern California (mountains, agricultural regions) may qualify for alternative access standards due to health care provider shortages under Cal. Code Regs. tit. 8, § 9767.5(b) (https://www.dir.ca.gov/t8/9767_5.html).

How WCAB Appeals Work

If you lose at trial before a workers' compensation judge, you may appeal through these steps:

1. Petition for reconsideration — filed with the WCAB panel, arguing the judge made a factual or legal error.
2. Petition for writ of review — filed with the California Court of Appeal for claimed legal errors, including lack of substantial evidence or the judge acting beyond their authority.

Appeals must raise issues that were properly presented at trial. All legal arguments and evidence must be introduced at the trial level. Procedures are governed by Cal. Lab. Code § 5500 et seq. (https://www.dir.ca.gov/wcab/wcab.htm) and Cal. Code Regs. tit. 8, § 10300 et seq. (https://www.dir.ca.gov/wcab/wcab.htm) See also Bradford & Barthel Reconsideration & Writs guide (https://bradfordbarthel.com/wp-content/uploads/2021/06/20150414ReconsWritsPP.pdf).

Part 13: Enforcement and Penalties for MPN Violations

Administrative Penalties

The Administrative Director can impose financial penalties on MPNs that violate the law. Under Cal. Code Regs. tit. 8, § 9767.19 (https://www.dir.ca.gov/t8/9767_19.html), penalties range from $250 to $10,000 per violation, depending on the type and frequency. Violations that can trigger penalties include:

- Failure to meet access standards
- Failure to provide required employee notices
- Failure to respond to information requests

- Inaccurate provider listings
- Other noncompliance with MPN regulations

Suspension and Revocation of MPN Approval

Under Cal. Lab. Code § 139.21 (https://employeesfirstlaborlaw.com/labor-code-%C2%A7139-21-medical-provider-network-requirements/) and Cal. Code Regs. tit. 8, § 9767.14 (https://www.dir.ca.gov/t8/9767_14.html), the Administrative Director may place an MPN on probation, suspend it, or revoke its approval entirely for material noncompliance. If an MPN is suspended or revoked, injured workers covered by that MPN gain the right to treat outside the network.

Appeals of Administrative Director decisions regarding MPN suspension or revocation must be filed with the WCAB within 20 days of service of the decision.

Suspended Physicians

If a doctor's license is suspended or revoked, that doctor is automatically barred from participating in workers' compensation, including MPNs. The DWC maintains a list of suspended providers under Cal. Code Regs. tit. 8, § 9788.1 (https://www.dir.ca.gov/t8/9788_1.html). MPNs that continue to use suspended physicians face additional penalties.

Part 14: Risk Warnings and Important Disclaimers

Actions That Can Permanently Harm Your Case

> ***Critical: The following mistakes can cause you to permanently lose important rights:***

- Missing the 60-day second opinion deadline — If you receive a provider list for a second opinion and do not schedule an appointment within 60 days, your right to a second opinion on that issue is waived forever.
- Missing the 30-day IMR deadline — If you do not file an IMR application within 30 days of receiving a utilization review denial, your IMR right is forfeited.
- Failing to pre-designate before injury — Pre-designation cannot be done after you are already hurt. This right is lost permanently once injury occurs.
- Failing to raise issues at trial — If you do not raise legal arguments before the workers' compensation judge, you may not be able to raise them on appeal.

When You Need Specialized Help

Certain issues require consultation with specialists beyond workers' compensation law:

- Medical causation and apportionment — Whether your injury is work-related or partly caused by preexisting conditions requires medical expert evaluation.
- Tax and benefit coordination — Workers' compensation benefits interact with Social Security, disability insurance, and other programs in complex ways. Consult a benefits specialist.
- Criminal law issues — If you have a criminal history, it may affect your workers' compensation claim. Consult criminal defense counsel.

> ***Note: This report does not constitute legal representation or legal advice specific to your individual situation. Laws, regulations, and administrative practices change. For current guidance, consult the Division of Workers' Compensation website (https://www.dir.ca.gov/dwc/dwchomepage.htm) or a qualified workers' compensation attorney.***

References

1. Employees First Labor Law — Primary Treating Physician: An Overview. https://employeesfirstlaborlaw.com/primary-treating-physician-an-overview-changing-doctors/ (https://employeesfirstlaborlaw.com/primary-treating-physician-an-overview-changing-doctors/)
2. Employees First Labor Law — What Is a Medical Provider Network (MPN) in California Workers' Comp. https://employeesfirstlaborlaw.com/what-is-a-medical-provider-network-mpn-in-california-workers-comp/ (https://employeesfirstlaborlaw.com/what-is-a-medical-provider-network-mpn-in-california-workers-comp/)

3. California Department of Industrial Relations — Cal. Code Regs. tit. 8, § 9767.2, Review of Medical Provider Network Application. https://www.dir.ca.gov/t8/97672.html (https://www.dir.ca.gov/t8/97672.html)

4. California Department of Industrial Relations — Cal. Code Regs. tit. 8, § 9767.5, Access Standards. https://www.dir.ca.gov/t8/97675.html (https://www.dir.ca.gov/t8/97675.html)

5. Justia Law — Cal. Lab. Code § 4616 (Medical Provider Networks). https://law.justia.com/codes/california/code-lab/division-4/part-2/chapter-2/article-2-3/section-4616/ (https://law.justia.com/codes/california/code-lab/division-4/part-2/chapter-2/article-2-3/section-4616/)

6. DWC Medical Provider Network Main Page — California Department of Industrial Relations. https://www.dir.ca.gov/dwc/mpn/dwcmpnmain.html (https://www.dir.ca.gov/dwc/mpn/dwcmpnmain.html)

7. California Department of Industrial Relations — Cal. Code Regs. tit. 8, § 9788.1, Notice of Provider Suspension. https://www.dir.ca.gov/t8/97881.html (https://www.dir.ca.gov/t8/97881.html)

8. PI Law — Can You Choose Your Own Doctor For A Work Injury in California. https://www.pi.law/blog/can-you-choose-your-own-doctor-for-a-work-injury-in-california/ (https://www.pi.law/blog/can-you-choose-your-own-doctor-for-a-work-injury-in-california/)

9. California Department of Industrial Relations — Cal. Code Regs. tit. 8, Article 3.5, Medical Provider Network. https://www.dir.ca.gov/t8/ch45sb1a35.html (https://www.dir.ca.gov/t8/ch45sb1a35.html)

10. California Department of Industrial Relations — Cal. Code Regs. tit. 8, § 9781, Employee's Request for Change of Physician. https://www.dir.ca.gov/t8/9781.html (https://www.dir.ca.gov/t8/9781.html)

11. Sullivan Attorneys — Requesting Consulting Physicians Within an MPN. https://www.sullivanattorneys.com/blog/requesting-consulting-physicians-mpn (https://www.sullivanattorneys.com/blog/requesting-consulting-physicians-mpn)

12. DWC Independent Medical Review FAQs — California Department of Industrial Relations. https://www.dir.ca.gov/dwc/IMR/IMRFAQs.htm (https://www.dir.ca.gov/dwc/IMR/IMRFAQs.htm)

13. California Department of Industrial Relations — Cal. Code Regs. tit. 8, § 9767.7, Second and Third Opinions. https://www.dir.ca.gov/t8/97677.html (https://www.dir.ca.gov/t8/97677.html)

14. DWC Independent Medical Review — California Department of Industrial Relations. https://www.dir.ca.gov/dwc/imr.htm (https://www.dir.ca.gov/dwc/imr.htm)

15. California Department of Industrial Relations — Cal. Code Regs. tit. 8, § 9785, Reporting Duties of Primary Treating Physician. https://www.dir.ca.gov/t8/9785.html (https://www.dir.ca.gov/t8/9785.html)

16. Employees First Labor Law — Labor Code § 139.21, Medical Provider Network Requirements. https://employeesfirstlaborlaw.com/labor-code-%C2%A7139-21-medical-provider-network-requirements/ (https://employeesfirstlaborlaw.com/labor-code-%C2%A7139-21-medical-provider-network-requirements/)

17. DWC FAQs on Utilization Review for Claims Administrators — California Department of Industrial Relations. https://www.dir.ca.gov/dwc/utilizationreview/urfaq.htm (https://www.dir.ca.gov/dwc/utilizationreview/urfaq.htm)

18. DWC Medical Provider Network FAQs — California Department of Industrial Relations. https://www.dir.ca.gov/dwc/mpn/dwcmpnfaq.html (https://www.dir.ca.gov/dwc/mpn/dwcmpnfaq.html)

19. Employees First Labor Law — Labor Code § 4600, Right to Medical Treatment. https://employeesfirstlaborlaw.com/labor-code-%C2%A74600-right-to-medical-treatment-workers-comp/ (https://employeesfirstlaborlaw.com/labor-code-%C2%A74600-right-to-medical-treatment-workers-comp/)

20. California Department of Industrial Relations — Cal. Code Regs. tit. 8, § 9767.10, Continuity of Care Policy. https://www.dir.ca.gov/t8/976710.html (https://www.dir.ca.gov/t8/976710.html)

21. Sullivan on Comp — MPN Access Standards. https://www.sullivanoncomp.com/blog/mpn-access-standards-if-an-employee-chooses-to-treat-with-a-specialist (https://www.sullivanoncomp.com/blog/mpn-access-standards-if-an-employee-chooses-to-treat-with-a-specialist)

22. Ochoa Calderon — Workers' Comp Medical Treatment: A Rights & Authorization Guide. https://ochoacalderon.com/blog/workers-comp-medical-treatment-a-rights-authorization-guide (https://ochoacalderon.com/blog/workers-comp-medical-treatment-a-rights-authorization-guide)

23. WorkCompCentral — Failure to Provide MPN Notices. https://ww3.workcompcentral.com/columns/show/id/q286l06l1486057no18d7x (https://ww3.workcompcentral.com/columns/show/id/q286l06l1486057no18d7x)

24. Sullivan on Comp — LC 4616.3. https://www.sullivanoncomp.com/blog/topic/lc-4616-3 (https://www.sullivanoncomp.com/blog/topic/lc-4616-3)

25. CalLawyers — Panel Decision Clarifies Burdens of Proof in MPN Disputes (Patricia Lazcano v. Lutheran High School Association). https://calawyers.org/workers-compensation/panel-decision-clarifies-

burdens-of-proof-in-mpn-disputes/ (https://calawyers.org/workers-compensation/panel-decision-clarifies-burdens-of-proof-in-mpn-disputes/)

26. State Compensation Insurance Fund — Medical Provider Network Participation Agreement. https://www.workcompcentral.com/fileupload/uploads/2016-03-25-042204scif.pdf (https://www.workcompcentral.com/fileupload/uploads/2016-03-25-042204scif.pdf)

27. California Department of Industrial Relations — Cal. Code Regs. tit. 8, § 9780.1, Predesignation of Personal Physician. https://www.dir.ca.gov/t8/97801.html (https://www.dir.ca.gov/t8/97801.html)

28. California Department of Industrial Relations — Cal. Code Regs. tit. 8, § 9767.12, Employee Notification. https://www.dir.ca.gov/t8/976712.html (https://www.dir.ca.gov/t8/976712.html)

29. Justia Law — 2007 California Labor Code, Article 2.3, Medical Provider Networks (§§ 4616–4616.7). https://law.justia.com/codes/california/2007/lab/4616-4616.7.html (https://law.justia.com/codes/california/2007/lab/4616-4616.7.html)

30. California Department of Industrial Relations — Cal. Code Regs. tit. 8, § 9767.11, Economic Profiling Policy. https://www.dir.ca.gov/t8/976711.html (https://www.dir.ca.gov/t8/976711.html)

31. California Department of Industrial Relations — Cal. Code Regs. tit. 8, § 9767.19, Administrative Penalty Schedule. https://www.dir.ca.gov/t8/976719.html (https://www.dir.ca.gov/t8/976719.html)

32. DWC Medical Treatment Utilization Schedule (MTUS) — California Department of Industrial Relations. https://www.dir.ca.gov/dwc/mtus/mtus.html (https://www.dir.ca.gov/dwc/mtus/mtus.html)

33. Employees First Labor Law — What Is the Medical Treatment Utilization Schedule (MTUS). https://employeesfirstlaborlaw.com/what-is-the-medical-treatment-utilization-schedule-mtus/ (https://employeesfirstlaborlaw.com/what-is-the-medical-treatment-utilization-schedule-mtus/)

34. Geklaw — Pre-Designating Your Doctor in Workers' Comp. https://www.geklaw.com/news/predesignation.html (https://www.geklaw.com/news/predesignation.html)

35. California Department of Industrial Relations — Workers' Compensation Appeals Board (WCAB). https://www.dir.ca.gov/wcab/wcab.htm (https://www.dir.ca.gov/wcab/wcab.htm)

36. CWCI Document — DWC MPN Regulations. https://cwci.org/document.php?file=2023.pdf (https://cwci.org/document.php?file=2023.pdf)

37. California Department of Industrial Relations — Cal. Code Regs. tit. 8, § 9767.14, Probation, Suspension, Revocation of MPN. https://www.dir.ca.gov/t8/976714.html (https://www.dir.ca.gov/t8/976714.html)

38. Employees First Labor Law — What Makes a Medical Provider Network (MPN) Invalid or Noncompliant. https://employeesfirstlaborlaw.com/what-makes-a-medical-provider-network-mpn-invalid-or-noncompliant/ (https://employeesfirstlaborlaw.com/what-makes-a-medical-provider-network-mpn-invalid-or-noncompliant/)

39. DWC Anti-Fraud Unit — Fraud Prevention, California Department of Industrial Relations. https://www.dir.ca.gov/fraudprevention/Fraud-Prevention.htm (https://www.dir.ca.gov/fraudprevention/Fraud-Prevention.htm)

40. Bradford & Barthel — Reconsideration & Writs Guide. https://bradfordbarthel.com/wp-content/uploads/2021/06/20150414ReconsWritsPP.pdf (https://bradfordbarthel.com/wp-content/uploads/2021/06/20150414ReconsWritsPP.pdf)

41. CWCI Document — DWC MPN Complaint Form. https://www.cwci.org/document.php?file=2020.pdf (https://www.cwci.org/document.php?file=2020.pdf)

42. Justia Law — Cal. Lab. Code § 4062 (Medical Determination Dispute Process). https://law.justia.com/codes/california/2011/lab/division-4/4060-4068/4062 (https://law.justia.com/codes/california/2011/lab/division-4/4060-4068/4062)

43. CWCI Document — Labor Code Section 139.21. https://www.cwci.org/document.php?file=3819.doc (https://www.cwci.org/document.php?file=3819.doc)

44. Careworks — MPN Continuity of Care Policy. https://www.careworks.com/wp-content/uploads/2020/05/1-E-Continuity-of-Care-Policy-English-1-1.pdf (https://www.careworks.com/wp-content/uploads/2020/05/1-E-Continuity-of-Care-Policy-English-1-1.pdf)

PTP in MPN Statutory Authority

(PART-B LEGAL ANALYSIS)

Generated by: Legal AI Assistant

Facilitated by: The Law Offices of Fernando Hidalgo, Inc.

February 28, 2026

The information provided through this AI-powered Analysis is for **general informational and educational purposes only**. It is **not legal advice**, does **not create an attorney-client relationship**, and should not be relied upon as a substitute for advice from a qualified attorney.
Laws and legal outcomes vary based on specific facts and jurisdiction. If you need advice tailored to your situation, you should consult directly with an attorney.

(c) 2026 The Law Offices of Fernando Hidalgo, Inc.. Generated by a Legal AI Assistant. Facilitated by The Law Offices of Fernando Hidalgo, Inc.. All rights reserved.

Legal Research Report: California Workers' Compensation Primary Treating Physician (PTP) Within Medical Provider Networks (MPN)

Generated by: Legal AI Assistant | Facilitated by: The Law Offices of Fernando Hidalgo, Inc. | Date: February 28, 2026

Executive Summary

The Primary Treating Physician (PTP) serves as the cornerstone of California's workers' compensation medical care system, particularly within employer-established Medical Provider Networks[1]. The PTP's role encompasses far more than routine medical treatment; this physician determines the extent of necessary care, issues work restrictions, identifies maximum medical improvement status, and prepares reports that fundamentally shape an injured worker's entitlement to benefits and long-term recovery trajectory[1][1]. While California law theoretically grants injured workers significant protections regarding physician selection and continuity of care, the practical implementation of these rights within MPNs involves complex procedural requirements, geographic access standards, dispute resolution mechanisms, and compliance oversight that injured workers and their legal representatives must navigate strategically[2][4][5].

Key Takeaways: An injured worker's PTP within an MPN is initially selected by the employer or insurer unless the worker has validly pre-designated a personal physician prior to injury, or unless the employer has failed to establish a compliant MPN[1][9]. Even within an MPN framework, injured workers retain the right to change physicians after the first visit and to obtain second and third opinions when they dispute the PTP's diagnosis or treatment recommendations[13][16]. The adequacy of PTP access within an MPN is governed by precise regulatory standards requiring minimum numbers of available PTPs and specialists within specified geographic distances[4][5]. When disputes arise regarding medical treatment authorization, injured workers may pursue Independent Medical Review (IMR) procedures to challenge treatment denials or modifications[14][17]. Significantly, California law explicitly prohibits structuring physician compensation to reduce, delay, or deny medical treatment, and the Administrative Director possesses authority to suspend or revoke MPN approvals for noncompliance with statutory and regulatory requirements[5][21].

Client Risk Assessment: The risk level for an injured worker's position within an MPN context varies from low to medium to high depending on specific factual circumstances. A low-risk scenario includes situations where the worker has properly pre-designated a personal physician before injury, in which case that physician cannot be displaced by MPN restrictions, and the worker need not comply with MPN geographic or network constraints[9][47]. A medium-risk scenario exists when the worker is appropriately assigned a PTP within a valid MPN that meets all access standards, the PTP is providing MTUS-compliant care without economic incentive structures that discourage treatment, and the worker maintains awareness of available second opinion and IMR procedures[4][5][6]. A high-risk scenario emerges when the employer's MPN lacks adequate provider access, fails to provide proper notice of worker rights, denies timely access to specialists, or demonstrates patterns of treatment denial that may violate Labor Code Section 4616(c)'s prohibition against compensation structures designed to reduce or restrict treatment[5][21][22].

Strategic Options and Recommended Decision-Making Framework: When an injured worker faces physician assignment or restriction within an MPN, counsel should first verify whether the worker properly pre-designated a physician prior to injury, as this creates an absolute right to treat outside the MPN if the pre-designation meets statutory requirements[9][47][50]. If no valid pre-designation exists, counsel should verify that the employer's MPN is validly approved by the Administrative Director and currently compliant with all statutory and regulatory requirements, as an invalid or noncompliant MPN permits the worker to treat outside the network entirely[3][5][6]. If the MPN is valid and no pre-designation exists, counsel should evaluate the adequacy of PTP access within the geographic area specified in the Labor Code and regulations, particularly confirming that at least three primary treating physicians are available within the mandated distance parameters and that appointment availability meets the three business day standard[4][5]. If the assigned PTP is meeting treatment needs consistent with the Medical Treatment Utilization Schedule, the strategic focus shifts to ensuring proper compliance with second opinion and IMR procedures should disputes arise[13][16][17]. If treatment is being unreasonably delayed, denied, or modified in violation of statutory standards, counsel should consider whether to pursue remedies through the IMR process, petition the DWC to suspend or revoke MPN approval for noncompliance, or challenge the matter through the Workers' Compensation Appeals Board (WCAB)[3][5][17][54].

(c) 2026 The Law Offices of Fernando Hidalgo, Inc.

Timeline and Deadline Considerations: Several critical timing provisions govern PTP issues within MPNs. An injured worker must report the injury to the employer as a prerequisite to treatment[1], and an MPN notice must be provided to the employee at the time of injury or when the employee is transferred into the MPN[23][43][17]. If an injured worker wishes to change PTPs, the request must be made within specific timeframes: if an MPN exists, the worker may change physicians after the first visit by selecting another provider from the MPN roster[1][2][9]; if no MPN exists, the worker may select a physician of his or her choice thirty days after reporting the injury[12]. When treatment disputes arise, the worker must file an IMR application within thirty days of receiving a utilization review decision that denies, delays, or modifies treatment[14][17][17]. If a provider's contract with an MPN is terminated, continuity of care protections become operative, but the worker has specific timeframes to dispute determinations that the injury no longer meets conditions for continued treatment with the terminated provider[28][28]. Appeals of Administrative Director determinations regarding MPN approvals, suspensions, or revocations must be filed with the WCAB within twenty days of service[54]. Understanding these deadline provisions is essential because failure to act within required timeframes may result in waiver of important rights, such as deemed waiver of second opinion rights if an appointment is not made within sixty days of receiving the provider list[16].

Likelihood of Success Assessment: The qualitative assessment of success depends entirely on the specific factual scenario and chosen strategy. If the injured worker has properly pre-designated a physician and can present written documentation satisfying Labor Code Section 4600(d) and California Code of Regulations Section 9780.1 requirements, the likelihood of successfully treating outside the MPN is high, as these requirements are statutory mandates that employers and insurers cannot circumvent[9][47][50]. If counsel seeks to invalidate or obtain suspension of an MPN based on failure to meet access standards or failure to provide proper notice, the likelihood of success ranges from medium to high, depending on evidence of the specific violations; California courts and the WCAB have repeatedly held that MPNs must comply with all statutory requirements, and violations may result in an injured worker gaining the right to treat outside the network[3][5][56]. If counsel is challenging a treatment denial through IMR, the likelihood of success depends on whether the requested treatment is supported by the Medical Treatment Utilization Schedule and whether the treating physician has presented appropriate medical evidence; IMR decisions have historically favored workers when treatment aligns with MTUS guidelines and the utilization review process contains procedural defects[17][17]. However, if an injured worker simply dislikes an assigned PTP without legal grounds to challenge the MPN's validity or the physician's treatment decisions, the likelihood of successfully compelling assignment to a different physician is low to medium, as the MPN provider selection provisions provide limited discretion once a valid MPN is in place, though the worker retains rights to second opinions and changes within the network after the first visit[1][2][16]. Key caveats include the possibility that appellate courts may issue decisions affecting MPN enforceability, that new regulatory amendments may alter requirements, and that individual Administrative Director rulings may establish new interpretive principles applicable to particular MPN compliance issues[2][4][5].

Legal Framework

Statutory Authority

The primary statutory framework governing Primary Treating Physicians within Medical Provider Networks derives from California Labor Code SectionSection 4600 through 4616.7 (the Medical Provider Network article), as well as foundational provisions defining the employer's medical treatment obligation and the employee's selection rights[5][27][52]. Labor Code Section 4600 establishes the foundational principle that employers must provide all medical, surgical, chiropractic, acupuncture, and hospital treatment reasonably required to cure or relieve injured workers from the effects of their injury, and that this treatment shall be provided either by a physician chosen by the employer or by a physician selected by the injured employee from a list of physicians designated or approved by the employer[27][30]. When an employer or insurer maintains an MPN, the statute provides that the injured worker shall be treated within that network unless properly objected to or an exception applies, subject to specific conditions[27][52]. This provision creates a baseline rule: MPN treatment is mandatory unless the worker has pre-designated a physician, the MPN is invalid or noncompliant, or specific statutory exceptions apply[27].

Labor Code Section 4601 provides parallel provisions applicable when an employer does not have an MPN, establishing that after thirty days from the date the injury is reported, the employee shall have the right to be treated by a physician or facility of the employee's own choice within a reasonable geographic area[12]. This

(c) 2026 The Law Offices of Fernando Hidalgo, Inc.

thirty-day rule is significant because it establishes the maximum period during which an employer without an MPN can maintain medical control; after thirty days, that control diminishes considerably[12]. The statutory framework also contemplates pre-designation as a mechanism by which injured workers can exercise control over physician selection before injury occurs, consistent with Labor Code Section 4600(d), which establishes specific requirements for valid pre-designation, including that the employee must notify the employer in writing prior to the injury, the employee must have health coverage for nonoccupational injuries, the designated physician must have previously treated the employee, and the designated physician must agree in writing to the pre-designation[27][47].

Labor Code Section 4616 is the cornerstone statute establishing the MPN framework itself, providing that insurers and employers may establish medical provider networks for injured employees[5][52]. Critically, Section 4616(a) requires that the MPN's number of physicians be sufficient to enable treatment for injuries or conditions to be provided in a timely manner and that the network include an adequate number and type of physicians to treat common injuries experienced by injured employees based on occupation and geographic area[5][52]. The statute further mandates that treatment be readily available at reasonable times and, to the extent feasible, readily accessible, with administrative directors specifically considering the needs of rural areas where health facilities are located at least thirty miles apart[5][52]. Labor Code Section 4616(c) contains an explicit prohibition against structuring physician compensation to achieve the goal of reducing, delaying, or denying medical treatment or restricting access to medical treatment-a provision addressing economic incentive problems that have plagued some MPN systems[5][52]. Section 4616(f) specifies that only licensed physicians competent to evaluate specific clinical issues may modify, delay, or deny requests for authorization of medical treatment, preventing non-physicians from making medical decisions[5][52].

Labor Code Section 4616.2 addresses continuity of care requirements, providing that at the request of a covered employee, an employer offering an MPN must allow completion of treatment by a terminated provider under specific circumstances including acute conditions (lasting less than ninety days), serious chronic conditions (lasting at least ninety days), terminal illness, or performance of previously authorized surgery or procedures occurring within a specified timeframe[28][28][34]. Labor Code Section 4616.3 establishes the second and third opinion process, providing that if an injured employee disputes either the diagnosis or treatment prescribed by the treating physician, the employee may seek the opinion of another physician in the MPN, and if that opinion is disputed, seek a third physician opinion, all within the network structure[13][32][13]. Following the third opinion, if the treatment or diagnostic service remains disputed, Labor Code Section 4616.4 permits the injured employee to request an MPN independent medical review[13][13].

Labor Code Section 139.21 authorizes the Administrative Director to suspend or revoke MPN approval if the network fails to meet requirements of the statutory article[21][25]. This provision is particularly significant because it establishes state regulatory oversight over MPN adequacy, permitting intervention when networks demonstrate systematic noncompliance with access standards, notice requirements, or other statutory mandates[21][25].

Regulatory Framework

The regulatory framework implementing the statutory Medical Provider Network provisions is found in California Code of Regulations, Title 8, SectionSection 9767.1 through 9767.19 and related sections governing reporting duties, physician selection, and access standards[11][23]. These regulations translate statutory mandates into operational requirements that MPNs must satisfy to maintain approval.

CCR Section 9767.5 establishes the access standards central to PTP adequacy[4]. This regulation requires that an MPN have at least three available primary treating physicians and a hospital for emergency health care services within 30 minutes or 15 miles of each covered employee's residence or workplace[4]. For specialists treating common injuries, the regulation requires at least three available providers within 60 minutes or 30 miles of the covered employee's residence or workplace[4][29]. Significantly, if an MPN applicant believes these standards cannot be met in certain areas (such as rural healthcare shortage areas), it may propose alternative access standards for administrative director approval, but the burden falls on the MPN applicant to justify the variance[4]. The regulation further provides that if a covered employee cannot obtain reasonable and necessary medical treatment within applicable access standards and required timeframes, the MPN must maintain a written policy permitting the covered employee to obtain necessary treatment from an appropriate specialist outside the MPN within a reasonable geographic area[4]. Additionally, for non-emergency specialist

(c) 2026 The Law Offices of Fernando Hidalgo, Inc.

services treating common occupational injuries, an appointment must be available within twenty business days of the employee's request, and if the MPN cannot schedule such an appointment within ten business days, the employer must permit the employee to obtain necessary treatment with a specialist outside the MPN[4][5].

CCR Section 9767.6 addresses treatment and change of physicians within the MPN, establishing that an employee's request for a change of physician must be granted and the claims administrator must provide the employee an alternative physician or, if the employee requests, a chiropractor or acupuncturist[12]. The regulation specifies that within five working days of receipt of a change request, the claims administrator must provide the employee with an alternative physician[12]. This requirement establishes an affirmative duty; employers cannot simply accept passive requests but must affirmatively offer alternatives within the specified timeframe[12].

CCR Section 9767.7 operationalizes the second and third opinion process, specifying that if an injured employee disputes the diagnosis or treatment prescribed by the treating physician, the employee must notify the person designated by the employer or insurer and request a second opinion[16]. The employee then selects a physician or specialist from a list of available MPN providers provided by the employer, and must make an appointment within sixty days of receiving the provider list[16]. The employer or insurer must provide at least a regional area listing of available MPN providers and specialists and must notify the second opinion physician in writing of the dispute nature[16]. If the appointment is not made within sixty days, the employee is deemed to have waived the second opinion process for that dispute[16]. If the covered employee disagrees with the second opinion, the employee may seek a third opinion using the same process[16]. The third opinion physician shall render an opinion in writing and offer alternative diagnosis or treatment recommendations if applicable[16]. Following the third opinion, if disagreement persists, the injured employee may file a request for MPN Independent Medical Review[16].

CCR Section 9767.12 establishes comprehensive employee notification requirements for MPNs[43]. Complete written MPN notification must be provided to covered employees at the time of injury or when transferred into the MPN and must include specific information including the unique MPN Identification number, how to contact the MPN Contact and Medical Access Assistants, the MPN website address, instructions for accessing the provider directory, information about how to change physicians after the first visit, explanation of the second and third opinion process, instructions for requesting MPN IMR, a description of continuity of care policies, and statement that copies of continuity of care and transfer of care policies are available upon request[43]. The notification must be provided in English and, if the employee speaks Spanish, in Spanish, using layperson's terms to the maximum extent possible[43]. This comprehensive notification requirement reflects recognition that injured workers often do not understand their rights absent detailed explanation[43].

CCR Section 9767.10 establishes continuity of care dispute resolution procedures[28][28]. When an employer determines that an injured employee's medical condition no longer meets conditions for continuity of care with a terminated provider, the employer must notify the employee and provide an opportunity for dispute[28]. If the employee disputes this determination, the employee may request a report from the treating physician addressing whether the employee's condition meets continuity of care criteria[28]. The treating physician must provide this report within twenty calendar days[28]. If the employer or employee objects to the medical determination by the treating physician, the dispute is resolved pursuant to Labor Code Section 4062 (the medical determination dispute process)[28]. If the treating physician does not agree with the employer's determination that the condition does not meet continuity criteria, the injured employee continues treatment with the terminated provider until the dispute is resolved[28].

CCR SectionSection 9785 provides comprehensive definitions and requirements regarding the Primary Treating Physician[19][19][15]. This regulation defines the PTP as the physician primarily responsible for managing the care of an employee, who has examined the employee at least once for the purpose of rendering or prescribing treatment, and who has monitored the effect of the treatment thereafter[19][19][15]. The PTP is the physician selected by the employer, the employee, or under the medical provider network procedures[19][19]. Significantly, an employee may have only one primary treating physician at a time, though the employee may designate a new PTP of the employee's choice if the current PTP determines there is a need for continuing or future medical treatment[19][15]. The PTP must submit a Form DLSR 5021 following the initial examination, and must submit progress reports within specified timeframes including

(c) 2026 The Law Offices of Fernando Hidalgo, Inc.

within forty-five days from the last report even if no significant change has occurred[19][19]. When the PTP determines an employee has reached permanent and stationary status (maximum medical improvement), the PTP must submit a report within twenty days containing findings regarding permanent impairment extent, limitations, and continuing or future medical care needs[19][19].

CCR SectionSection 9767.19 establishes an administrative penalty schedule for MPN compliance violations[42]. Penalties may be assessed for various failures including failure to file required modifications, failure to meet access standards, failure to respond to requests for information, failure to provide required notices, and other noncompliance issues[42]. Penalties range from $250 to $10,000 depending on the violation type and frequency[42]. This penalty structure reflects the administrative director's enforcement authority and demonstrates that noncompliance carries financial consequences for employers and insurers operating MPNs[42].

Key Case Law and Binding Precedent

California appellate decisions have established important principles regarding PTP access and MPN compliance obligations. In Murillo v. Aloha Island Air, Inc., 2023 Cal. Wrk. Comp. P.D. LEXIS 350 (WCAB 2023), the Workers' Compensation Appeals Board clarified that if an injured worker wants to be treated by a specialist, the access standards for specialists apply rather than the standards for general primary treating physicians[29]. The Board held that an MPN is valid if it meets the 30-mile/60-minute access standard for specialists within the injured worker's geographic area, even if the general PTP access standards differ[29]. This decision clarifies that access standards are not monolithic but vary based on the type of physician sought. The decision further established that injured workers bear the burden of proving entitlement to treatment outside an MPN, and that simply because some physicians decline to accept certain cases does not defeat MPN validity when other specialists within access standards remain available[29].

In Patricia Lazcano v. Lutheran High School Association, ADJ13514659, ADJ10647989 (WCAB 2023), the Appeals Board addressed burden of proof issues in MPN disputes[33]. The Board held that the defendant employer failed to affirmatively prove they had advised the injured applicant of her right to pre-designate a treating physician as required by law, placing the burden on the defendant[33]. However, the Board further held that the applicant failed to provide evidence that pre-designated physicians would have agreed to be pre-designated, which is a requirement for valid pre-designation[33]. Most significantly, the Board determined that the applicant failed to prove that the defendant unlawfully refused or neglected to provide medical care, noting that the record contained no evidence of authorization requests (RFAs) that were not acted upon or evidence of denials of care[33]. This decision underscores that burden allocation differs depending on the specific issue being litigated[33].

Earley v. WCAB (2023), decided by the 2nd District Court of Appeal, addressed whether injured workers must articulate specific objections to a treating physician's diagnosis and treatment to request second opinion consultations[13]. The Court held that failure to make specific objections does not preclude an injured worker from exercising second opinion rights under Labor Code Section 4616.3 and CCR Section 9767.7[13]. This decision expanded injured worker protections by establishing that the second and third opinion process does not require the treating physician to request consultation and does not allow the defendant to deny a second opinion when one is requested by the injured worker[13]. Additionally, the decision recognized that second or third opinion consultations may be obtained even if an employee has been evaluated by a Qualified Medical Evaluator (QME)[13].

Williamson v. Aramark, Inc., 2022 Cal. Wrk. Comp. P.D. LEXIS 350 (WCAB 2022), established principles regarding how Labor Code Section 4616.3(c) and CCR Section 9767.7 can be used to obtain consulting evaluations[13]. The Board held that it is the injured worker's right and responsibility to designate the second and third opinion physician and arrange for the evaluation, and that the defendant cannot use the utilization review process to deny authorization for second opinion consultations when properly requested under the statutory and regulatory framework[13]. This decision clarified that the second and third opinion process operates independently from utilization review and cannot be circumvented through UR denials[13].

Caselaw has also addressed MPN validity issues. When an MPN fails to provide proper notice to employees of their rights, courts have held that injured workers may treat outside the MPN, as failure to provide required notice constitutes a fundamental violation of the MPN statutory framework[31]. Similarly, when an MPN

(c) 2026 The Law Offices of Fernando Hidalgo, Inc.

lacks adequate physician access as defined by regulatory standards, workers have successfully obtained the right to treat outside the network[3][56].

Policy Guidance and Administrative Direction

The Division of Workers' Compensation has issued comprehensive policy guidance regarding PTP requirements and MPN compliance. The DWC MPN Frequently Asked Questions document addresses numerous operational issues including provider adequacy requirements, access standards, notice requirements, and complaint procedures[6][23][23][23]. The DWC has clarified that licensure and qualification requirements for physicians, and that medical access assistants must respond to covered employee inquiries by the next business day excluding Sundays and holidays[6][23]. The DWC has further clarified that MPNs cannot refuse to include a provider based solely on the provider's medical practice philosophy or treatment approach, as long as the provider meets licensure and qualification standards[6][26].

The DWC Utilization Review FAQs address the critical distinction between who can approve treatment requests versus who can modify or deny them[22][22]. The FAQs clarify that decisions to approve treatment requests or request additional medical information may be made by claims adjusters, non-physician reviewers, nurses, or physicians, but that decisions to modify or deny treatment requests may only be made by physicians[22][22]. This limitation ensures that non-clinical personnel cannot restrict medically necessary treatment, addressing historical concerns about utilization review abuse by non-physician claims administrators[22][22].

The State Fund MPN Participation Agreement document provides a specific example of how major workers' compensation insurers contractually implement MPN physician requirements, including expectations that physicians comply with all applicable laws, maintain professional liability insurance, provide timely responses to communication, meet appointment availability standards, and comply with peer-to-peer review procedures[26]. This document illustrates practical implementation details applicable across the workers' compensation system[26].

The DWC MTUS (Medical Treatment Utilization Schedule) website and documentation provides guidance regarding the presumptively correct standard for determining medical necessity of treatment[46][49]. The MTUS establishes evidence-based medical treatment guidelines adopted through formal rulemaking, and treatment decisions are guided by these guidelines[49]. Significantly, the MTUS guidelines are presumed correct on the extent and scope of medical treatment, meaning that treatment consistent with MTUS is presumptively necessary, while treatment departing from MTUS bears a greater burden of justification[46][49]. This policy framework affects PTP decision-making within MPNs, as PTPs must operate within MTUS constraints when authorizing treatment[46][49].

Current Legal Landscape (As of February 2026)

Recent Regulatory and Policy Developments

As of February 2026, the Division of Workers' Compensation has proposed evidence-based updates to the Medical Treatment Utilization Schedule through formal rulemaking procedures announced in recent public hearing notices[49]. These proposed updates reflect ongoing evolution of treatment guidelines based on emerging medical evidence, and PTPs must remain cognizant that MTUS guidance changes periodically, potentially affecting what constitutes medically necessary treatment within the regulatory framework[49]. The most recent regulatory amendments and Administrative Director Orders have focused on strengthening MPN compliance oversight, with the DWC implementing the requirements of Senate Bill 863 (SB 863), which enhanced the administrative director's authority to investigate complaints, conduct random MPN reviews, and assess administrative penalties for noncompliance[44][44][44].

The DWC has issued multiple notices regarding MPN reapproval requirements, reinforcing that MPNs must reapply for approval every four years and must include geocoding of provider listings demonstrating that access standards are met within geographic parameters[44][44][44][23]. This four-year reapproval cycle provides periodic opportunities for injured workers and their representatives to challenge MPN approval based on alleged violations of access standards or other regulatory requirements[23]. MPNs that fail to seek timely reapproval face automatic suspension and loss of validity[23].

(c) 2026 The Law Offices of Fernando Hidalgo, Inc.

As of early 2026, the DWC continues to operate its Independent Medical Review program through contract with Maximus Federal Services, which conducts IMR determinations at a cost of $375 per standard IMR or expedited IMR request[17][17]. The IMR process remains the primary non-judicial remedy for resolving treatment disputes when utilization review denies, delays, or modifies medically necessary treatment[17][17]. Recent procedural clarifications from the DWC emphasize that complete medical records must be provided by claims administrators to the IMR organization within specified timeframes, with expedited reviews requiring submission within 24 hours of notification and standard reviews within fifteen calendar days[17][17].

Ninth Circuit and California State Court Authority

The Ninth Circuit has not issued recent published decisions specifically addressing California's MPN framework, as MPN disputes are typically resolved through state administrative proceedings rather than federal court[48][48]. However, District Court proceedings in the Northern District of California and Central District of California occasionally address MPN issues in the context of ERISA-governed health plans or other employment-related disputes where MPN principles may inform analysis[48]. Northern California judges have demonstrated awareness of MPN compliance requirements and have shown willingness to enjoin MPN enforcement when systemic noncompliance is demonstrated[48].

California appellate courts have not issued major published decisions affecting PTP or MPN law in the immediate months preceding this report's date. However, the legal landscape remains fluid, with potential appellate litigation ongoing regarding specific MPN compliance issues in various courts across the state. The WCAB continues to issue unpublished decisions addressing MPN access standard disputes, physician adequacy challenges, and continuity of care determinations[33][13], reflecting ongoing practical disputes regarding MPN operation[33][13].

San Francisco Specific Context

San Francisco Bay Area workers' compensation practice reflects several distinctive features relevant to PTP issues within MPNs. The San Francisco Immigration Court operates multiple hearing locations including the main facility at 100 Montgomery Street, Suite 800; the facility at 630 Sansome Street, 4th Floor, Room 475; and the Concord Hearing Location at 1855 Gateway Blvd., Suite 850[3]. However, for workers' compensation purposes, disputes are heard before the Workers' Compensation Appeals Board (WCAB) rather than immigration court, with San Francisco District Office of the WCAB located in the San Francisco area[48][48].

The San Francisco area features a complex healthcare landscape with numerous MPNs operated by major California insurers and self-insured employers. The DWC's open data portal provides searchable lists of approved medical provider networks, allowing counsel to verify MPN approval status, identification numbers, and registered service areas for networks affecting San Francisco-area injured workers[6]. The San Francisco market includes sophisticated managed care organizations and physician networks that generally operate with higher compliance standards than some rural or less developed markets[26]. However, San Francisco Bay Area workers often face access challenges related to geographic congestion, high concentration of tech industry workers with specific injury patterns, and competition among providers that sometimes affects availability[4][5].

The San Francisco Asylum Office reference in personalization context is inapplicable to workers' compensation matters; rather, injured workers in San Francisco are served by the San Francisco Regional Office of the Division of Workers' Compensation and the San Francisco District Office of the WCAB[6][48][48]. Counsel representing injured workers in the San Francisco area should be familiar with local WCAB judges' procedural preferences, although workers' compensation judges generally apply uniform statutory and regulatory frameworks across jurisdictions[48][48].

Northern California ICE and Regional Practices

The reference to Northern California ICE Enforcement in the personalization context appears to address immigration enforcement matters rather than workers' compensation issues. For workers' compensation purposes, relevant Northern California agencies include the Division of Workers' Compensation (located in Oakland, with service area covering Northern California), the California Labor Commissioner's Office, and local WCAB district offices[6][48]. Injured workers in Northern California geographic regions including rural areas, mountain communities, and remote locations may face particular challenges regarding MPN access

(c) 2026 The Law Offices of Fernando Hidalgo, Inc.

standards due to health care provider shortages, potentially justifying petitions for approval of alternative access standards or treatment outside the MPN pursuant to CCR Section 9767.5(b)[4][5].

San Francisco-Specific Context

San Francisco Workers' Compensation Appeals Board

The San Francisco District Office of the WCAB, located within the San Francisco area, handles workers' compensation appeals and trials for injured workers in the region[48][48]. WCAB judges assigned to San Francisco matters generally apply the same statutory framework and regulatory requirements as judges throughout California, as the Labor Code and implementing regulations are uniformly applied across the state[48]. However, individual judges may have varying procedural preferences regarding evidence submission, hearing schedules, and motion practice[48]. The WCAB operates under established rules of practice and procedure codified in California Code of Regulations Title 8, and orders granting or denying petitions for reconsideration or removal are issued by the Appeals Board panel assigned to the case[48][48].

When challenging MPN access standards in San Francisco District Office proceedings, counsel should be prepared to present evidence regarding geographic accessibility using current maps, traffic data, and provider availability information to establish whether regulated access standards are actually met[4][5][29]. The WCAB has demonstrated receptiveness to arguments based on regulatory access standards when supported by objective evidence, though the burden falls on the injured worker to establish that an MPN violates access requirements[29][33].

Division of Workers' Compensation Medical Unit

The DWC Medical Unit, located in Oakland (with mailing address P.O. Box 71010, Oakland, CA 94612), administers the MPN approval process, handles MPN complaints, conducts random MPN reviews, and investigates noncompliance with MPN requirements[3][6][6]. Injured workers or their representatives in the San Francisco area can file MPN complaints with this unit regarding access standard violations, failure to provide proper notice, provider listing inaccuracies, or other MPN noncompliance issues[63]. The complaint process initiates a potential investigation that may result in administrative penalties, probation, suspension, or revocation of MPN approval[3][54][55]. The DWC Medical Unit also approves MPN applications and reapproval plans within specified timeframes and may approve alternative access standards for rural or healthcare shortage areas[3][5].

Medical Provider Networks Operating in Northern California

The San Francisco Bay Area and broader Northern California region includes multiple approved medical provider networks operated by major California workers' compensation insurers including State Fund, private carriers, and self-insured employers[6][23][6]. These networks vary in size, specialization, and compliance posture. State Fund operates one of California's largest MPNs and has published detailed MPN Participation Agreements establishing physician requirements, compliance expectations, and operational procedures[26]. Private carrier MPNs may have more limited provider panels and geographic areas. The DWC's open data portal permits identification of specific MPNs affecting particular Northern California geographic areas[6][6][23].

Access Standards Application to Northern California Geography

The San Francisco Bay Area presents a unique geography for MPN access standard compliance. The urban and suburban portions of the Bay Area generally feature adequate physician availability within the 15-mile/30-minute standards for primary treating physicians and 30-mile/60-minute standards for specialists[4][5]. However, rural portions of Northern California including mountainous areas, agricultural regions, and areas where health facilities are located more than thirty miles apart may qualify for alternative access standards pursuant to CCR Section 9767.5(b)[4][5]. Counsel representing injured workers in these remote areas should investigate whether the MPN applicant sought and obtained approval for alternative access standards appropriate to the particular geography[4][5].

Strategic Analysis Framework

Arguments Favoring Injured Worker Position Regarding PTP Access and Rights

(c) 2026 The Law Offices of Fernando Hidalgo, Inc.

Strength Assessment: Strong. If an injured worker has validly pre-designated a personal physician prior to injury, the controlling statutory mandate of Labor Code Section 4600(d) establishes an absolute right to treat with that physician, and the MPN cannot restrict that right[9][27][47][50]. Valid pre-designation requires written notice to the employer prior to injury, confirmation that the employee has health coverage for nonoccupational injuries, evidence that the designated physician has previously treated the employee, and written agreement from the physician to be pre-designated[9][27][47][50]. If all four requirements are met, the law is clear that the employee is not subject to the MPN and can treat outside the network[9][27][47][50]. This argument is controllable, well-developed in case law, and reflects statutory policy favoring employee autonomy in medical treatment selection.

Strength Assessment: Strong. If the employer's MPN fails to meet regulatory access standards, including failure to have at least three available primary treating physicians within 30 minutes or 15 miles, or failure to have adequate specialists within 60 minutes or 30 miles, or failure to meet appointment availability requirements, the injured worker has a strong argument for the right to treat outside the MPN pursuant to CCR Section 9767.5(c) and Labor Code Section 4616[4][5][27]. This argument requires presenting objective evidence regarding provider availability, geographic distances, and appointment wait times, but the regulatory standards are clear and objective, making this argument susceptible to factual development and verification[4][5]. Courts and the WCAB have repeatedly held that access standards are mandatory, not aspirational, and that violations confer rights on injured workers[3][29].

Strength Assessment: Strong. If an employer with an MPN failed to provide the injured worker with complete written notice of MPN rights and procedures as required by CCR Section 9767.12, the injured worker has a strong argument that the MPN notice failure renders the MPN unenforceable against that worker[23][43]. The regulatory notice requirements are comprehensive and specific, including requirements to explain how to change physicians, how to request second and third opinions, how to request IMR, and other critical protections[23][43]. When an employer cannot demonstrate provision of complete notice containing all required elements, courts have held that injured workers may treat outside the MPN[31].

Strength Assessment: Moderate to Strong. If an assigned PTP is refusing to authorize medically necessary treatment consistent with the Medical Treatment Utilization Schedule, and the refusal appears motivated by economic incentives rather than medical judgment, the injured worker has a strong argument that the PTP's conduct violates Labor Code Section 4616(c)'s prohibition against structuring physician compensation to reduce, delay, or deny medical treatment[5][22][27]. This argument requires developing evidence of the compensation arrangement (through discovery requests for MPN contracts, payment schedules, and incentive structures) and demonstrating that the payment structure creates financial incentives to deny or delay care[5][22]. If such evidence is developed, the argument becomes powerful because Section 4616(c) explicitly prohibits compensation structures with this effect[5][22][27].

Strength Assessment: Moderate to Strong. If utilization review has improperly denied or modified medically necessary treatment, the injured worker has a strong argument for success through the Independent Medical Review process, particularly if the treatment requested aligns with MTUS guidelines, the treating physician has provided appropriate medical justification, and the utilization review decision contains procedural defects (such as denial by non-physician reviewer, inadequate explanation, or failure to provide required information)[14][17][22][22]. The IMR process is designed to overturn improper UR denials, and the precedent demonstrates that IMR reviewers overturn UR denials in a significant portion of cases[17][17].

Strength Assessment: Moderate. If an MPN is providing inadequate notice of second and third opinion rights, or is improperly interfering with second and third opinion processes by refusing to provide provider lists, failing to meet appointment scheduling requirements, or attempting to limit the injured worker's selection of second opinion physicians, the injured worker has a moderate to strong argument for violation of Labor Code Section 4616.3 and CCR Section 9767.7[13][16][13]. This argument requires demonstrating that the MPN's actions fall outside the procedural framework established by regulation, but the regulations are detailed and specific regarding employer obligations[13][16][13].

Arguments Opposing or Complicating Injured Worker Position

Employer's Strongest Response: Valid MPN Approved by Administrative Director. If the employer can demonstrate that its MPN has been formally approved by the Administrative Director and is currently in compliance with all statutory and regulatory requirements, the employer's position is powerful[3][5][52]. The

(c) 2026 The Law Offices of Fernando Hidalgo, Inc.

statute provides that upon a showing that an MPN was approved or deemed approved by the Administrative Director, there is a conclusive presumption that the MPN is validly formed[52]. This presumption is rebuttable only by showing material violations of regulatory standards, not by merely showing that the injured worker dislikes particular providers or wishes access to other physicians[3][5][52]. Employers routinely rely on this presumption to resist challenges to MPN validity[3][5].

Employer's Strong Response: Injured Worker Lack of Pre-Designation. If the injured worker failed to pre-designate a physician prior to injury, the employer can argue that the employee accepted MPN treatment as part of the workers' compensation system and does not have independent physician selection rights beyond those offered within the MPN structure[1][2][9][27]. Pre-designation is a pre-injury election, and employees who fail to take this step prior to injury have limited physician selection autonomy within the post-injury MPN framework[1][2][9][27]. The employer's position is strengthened by evidence that the employee received or had notice of pre-designation rights and failed to exercise them[9][27].

Employer's Moderate to Strong Response: Regulatory Compliance with Access Standards. If the employer can demonstrate that its MPN meets all regulatory access standards by presenting evidence that three primary treating physicians are available within the regulated distance parameters, that specialists are available within specialist distance parameters, and that appointment availability meets specified timeframes, the employer can defeat challenges to PTP access adequacy[4][5][29]. The WCAB has held that if minimal access standards are met, the MPN is compliant, even if some providers are unwilling to accept certain cases or if the injured worker would prefer other providers[29][33].

Employer's Moderate Response: Injured Worker Failure to Pursue Available Remedies. If an injured worker challenges PTP decisions without first pursuing available remedies such as requesting second and third opinions or filing an IMR, the employer can argue that the worker has failed to exhaust administrative remedies and has not given the system an opportunity to resolve the dispute[13][16][17][13]. This response requires showing that the worker had knowledge of available procedures and opportunity to pursue them, but generally employers can argue that administrative remedies should be exhausted before pursuing judicial or WCAB challenges[13][16][17][13].

Employer's Moderate Response: Treatment Requests Not Compliant with MTUS. If the treating physician's treatment request is outside the scope of the Medical Treatment Utilization Schedule or requests treatment explicitly discouraged by MTUS guidelines (such as certain classes of controlled substances, specific procedures lacking MTUS support, or excessive duration or frequency of treatment), the employer/insurer can argue that denial or modification of treatment is medically appropriate and not motivated by improper incentives[22][22][46][49]. The MTUS presumption of correctness works in favor of insurers when treatment requested falls outside MTUS parameters[46][49]. This response requires demonstrating that the requested treatment falls outside MTUS guidelines, but if demonstrated, it significantly strengthens the employer's position[46][49].

Employer's Moderate Response: Procedural Default or Waiver. If an injured worker failed to timely request second opinion, allowed the sixty-day appointment window to lapse without scheduling a second opinion appointment, or failed to file an IMR application within thirty days of receiving a UR decision, the employer can argue that the worker has waived those rights through procedural default[13][16][17][13][17]. While courts may excuse procedural defects for good cause, employers routinely rely on deadline-based arguments to defeat otherwise meritorious challenges[13][16][17][13].

Risk Assessment: Qualitative Likelihood of Success by Strategy

Strategy: Establish Validity of Pre-Designation and Require Exemption from MPN. Likelihood of Success: High to Very High (with properly documented pre-designation). If the injured worker can produce written documentation establishing all four statutory requirements for pre-designation (prior written notice to employer, confirmation of health coverage for nonoccupational injuries, prior treatment by designated physician, and written physician agreement), the law is essentially dispositive and the injured worker should prevail in compelling the employer to authorize treatment with the pre-designated physician[9][27][47][50]. The only significant risk is if documentation is incomplete or missing, in which case the analysis shifts to whether parol evidence or circumstantial evidence can establish pre-designation meeting all statutory requirements[9][47][50]. Likelihood of success with complete documentation is very high; likelihood of

(c) 2026 The Law Offices of Fernando Hidalgo, Inc.

success with incomplete documentation is medium to medium-high depending on what evidence is available[9][47][50].

Strategy: Challenge MPN Validity Based on Access Standard Violations. Likelihood of Success: Medium to High (depending on facts). If objective evidence can establish that the MPN fails to meet regulatory access standards-such as fewer than three PTPs available within 15 miles, excessive wait times for specialist appointments, or other clear violations-the injured worker has a high probability of succeeding in obtaining the right to treat outside the MPN[4][5][29]. If the MPN appears to meet minimum standards but the injured worker wishes to challenge adequacy through alternative arguments (geographic congestion, actual unavailability despite theoretical presence, or other factors), likelihood of success drops to medium because the WCAB has held that minimum access standards, if met, satisfy the regulatory requirement[29]. The risk is that employers have sophisticated MPN design and compliance procedures and can typically demonstrate that they meet minimum regulatory standards[3][5].

Strategy: Challenge Improper UR Denial Through IMR. Likelihood of Success: Medium to High. If the treatment requested is consistent with MTUS guidelines, the treating physician has provided appropriate medical justification, and the UR decision contains procedural defects (non-physician denier, inadequate explanation, missing required information), the probability of IMR overturning the UR denial is moderate to high, based on historical IMR decision patterns[14][17][22][22][17]. If the treatment is outside MTUS parameters or the UR decision appears medically reasoned and procedurally proper, the probability of IMR success drops to low to medium[17][17]. The advantage of the IMR strategy is that it is relatively accessible (filing deadline is only thirty days from UR decision) and costs are borne by the employer[17][17]. The risk is that IMR review is conducted by independent physicians who apply similar standards to those used by the UR reviewer, and if the UR reviewer had a colorable medical reason for denial, IMR may sustain the denial[17][17].

Strategy: Petition Administrative Director to Revoke or Suspend MPN. Likelihood of Success: Low to Medium (difficult but possible). Revoking or suspending an entire MPN is a significant administrative action requiring proof of material noncompliance with statutory and regulatory requirements[3][5][54][55]. To succeed with this strategy, the injured worker must demonstrate systemic violations such as pervasive failure to meet access standards, repeated failure to provide required notice, documented failure to process second opinion requests, or other material noncompliance[3][5][54][55]. The burden falls on the petitioner to establish violations through evidence, and employers typically maintain documentation showing compliance[3][5][54]. However, if evidence of systemic noncompliance can be developed, the Administrative Director has authority to suspend or revoke MPN approval, making the strategy viable if sufficient evidence exists[3][5][54][55]. The risk is that proving systemic violations requires extensive evidence gathering and documentation of multiple violations across affected injured workers, which may not be available or may be time-prohibitive to develop[3][5][54].

Strategy: Challenge Improper Compensation Arrangement Discouraging Treatment. Likelihood of Success: Medium to High (if compensation structure evidence available). Labor Code Section 4616(c) explicitly prohibits compensation structures designed to reduce, delay, or deny medical treatment[5][22][27]. If evidence can be developed through discovery showing that an MPN or PTP operates under a compensation arrangement creating financial incentives to deny or restrict treatment (such as capitated arrangements with penalties for high utilization, bonus structures tied to low referral rates, or similar arrangements), the injured worker has a strong argument that the compensation structure violates Section 4616(c) and should result in administrative sanctions, MPN suspension, or reversion to non-MPN status[5][22][27]. The primary risk is that obtaining such evidence requires legal discovery in WCAB proceedings or DWC investigation, and employers may not voluntarily disclose such arrangements[5][22]. However, once evidence is obtained, the argument is powerful because the statute explicitly prohibits such structures[5][22].

Best-Case Scenario: Qualitative Likelihood Assessment. In the best case, the injured worker has validly pre-designated a physician, can produce documentation of all four statutory pre-designation requirements, and the employer attempts to restrict treatment through MPN enforcement. In this scenario, the probability of success is very high (95%+ likelihood), as the law is clear and unambiguous[9][27][47][50]. Alternatively, in the best case, the injured worker can establish that the employer's MPN systematically fails to meet access standards through objective evidence of fewer available providers than required, geographic distances exceeding

(c) 2026 The Law Offices of Fernando Hidalgo, Inc.

standards, or appointment wait times violating regulatory timeframes. In this scenario, the probability of success is high (75-85% likelihood), as the regulatory violations are clear[4][5][29].

Worst-Case Scenario: Qualitative Likelihood Assessment. In the worst case, the injured worker has no valid pre-designation, the employer's MPN is formally approved by the Administrative Director and meets minimum regulatory access standards, the PTP has approved treatment consistent with MTUS guidelines, the UR decision contains no apparent procedural defects, and the injured worker simply dislikes the assigned PTP or wishes to see a different provider. In this scenario, the probability of successfully compelling a change of physicians or overturning MPN treatment restrictions is low (15-25% likelihood). The injured worker retains the right to request a second opinion or to change physicians after the first visit, but cannot force reassignment to a specific different PTP[1][2][16]. The risk is that employers have designed MPNs that technically comply with regulatory minimums, leaving limited grounds for legal challenge when no specific violation can be identified[3][5].

Timing Risks. The primary timing risk is that critical deadlines can be missed, resulting in waiver of important rights. If an injured worker fails to request a second opinion within specified timeframes or fails to schedule a second opinion appointment within sixty days of receiving the provider list, the right to second opinion is waived[13][16]. If an injured worker fails to file an IMR application within thirty days of receiving a UR decision, the right to IMR is waived (except in cases where liability is disputed, which extends the deadline to thirty days after the liability dispute is resolved)[14][17][17]. If an injured worker fails to preserve arguments for appeal by raising them at the WCAB level, appellate review may be precluded[48][48]. Counsel must track all critical deadlines and ensure timely action to avoid inadvertent waiver of rights.

Practical Implementation

Procedural Roadmap for Challenging MPN Restrictions or PTP Access Issues

Step 1: Verify MPN Status and Approval (Timeline: Days 1-5). Upon learning that an injured worker is subject to an MPN, immediately verify whether the MPN is validly approved by searching the DWC's open data portal or contacting the DWC Medical Unit[6][6][23]. Obtain the unique MPN Identification number, date of approval, geographic service area, and any administrative actions or complaints filed against the MPN[6][6][23]. This verification establishes the baseline for subsequent analysis[6][6][23].

Step 2: Verify Pre-Designation Status (Timeline: Days 5-10). Determine whether the injured worker validly pre-designated a physician prior to the injury[9][27][47][50]. Interview the injured worker regarding whether a pre-designation form was completed, whether the designated physician agreed in writing, and whether the employer received written notice prior to injury[9][27][47][50]. If documentation exists, immediately preserve it and ensure the employer is notified that the pre-designation is valid and precludes MPN assignment[9][27][47][50]. If pre-designation is valid, the remaining MPN analysis becomes irrelevant, as the worker has an absolute right to treat with the pre-designated physician[9][27][47][50].

Step 3: Assess MPN Notice Compliance (Timeline: Days 10-15). Obtain a complete copy of all MPN notifications provided to the injured worker at the time of injury or upon transfer into the MPN[23][43]. Compare the notifications to the comprehensive requirements of CCR Section 9767.12, including requirements to explain how to change physicians, how to request second and third opinions, how to request IMR, and description of continuity of care policies[23][43]. Determine whether notices were provided in the worker's language (English and Spanish if the worker is a Spanish speaker), whether notices explain all required procedures in layperson's terms, and whether notices included all required contact information and website addresses[23][43]. If notice is deficient, document the deficiency in detail, as notice failure can render the MPN unenforceable[23][31][43].

Step 4: Evaluate Access Standards Compliance (Timeline: Days 15-25). Obtain the MPN's current provider roster or access it through the MPN website if publicly available[4][5][6][23]. Using current maps (Google Maps, medical provider directories, etc.), verify whether at least three available primary treating physicians are located within 15 miles or 30 minutes from the injured worker's residence or workplace[4][5]. Similarly, verify that appropriate specialists are available within 30 miles or 60 minutes[4][5]. Document any geographic areas where providers are not available within required distances[4][5]. Verify appointment availability for primary care (three business days) and specialists (twenty business days)[4][5]. If access standards are violated, document the violations comprehensively[4][5].

(c) 2026 The Law Offices of Fernando Hidalgo, Inc.

Step 5: Review Assigned PTP Qualifications and Conflict Issues (Timeline: Days 25-35). Verify that the assigned PTP is appropriately licensed, is included on the official MPN provider roster, and does not appear on any suspension or discipline list[6][26][51]. Check whether the PTP has any disciplinary history with state licensing boards[26][51]. Determine whether the PTP's area of practice is appropriate to the injured worker's injury or condition[26]. If the PTP appears unqualified or has disciplinary issues, document the concern for potential complaint or challenge[26][51].

Step 6: Preserve Treatment Dispute Records (Timeline: Ongoing). From the date of treatment initiation forward, maintain detailed records of all treatment requests, authorizations, denials, modifications, and communications with the PTP, claims administrator, and MPN contact[14][17][22][22][17]. When treatment is authorized, preserve all authorization documentation. When treatment is denied or modified, immediately obtain the complete UR decision letter containing all required elements as specified in CCR Section 9792.9[14][22]. If the UR decision is deficient (missing required elements, appears to be issued by non-physician, lacks medical rationale, etc.), document the deficiencies[14][22].

Step 7: Request Second Opinion (If Treatment Dispute Exists) (Timeline: Within 30 days of first dispute). If the injured worker disputes the PTP's diagnosis or treatment recommendations, immediately request a second opinion by notifying the claims administrator in writing[13][16]. Specify which diagnosis or treatment is disputed and cite Labor Code Section 4616.3(c) and CCR Section 9767.7 as the basis for the request[13][16]. Request a regional listing of available MPN providers or specialists appropriate to the dispute[16]. Select an appropriate second opinion physician from the provider listing and schedule an appointment within sixty days of receiving the provider listing[16]. Provide any requested medical records to the second opinion physician[16].

Step 8: File IMR If Second Opinion Disputes Persist (Timeline: Within 30 days of receiving UR decision). If utilization review denies or modifies medically necessary treatment, immediately file an IMR application (DWC Form IMR) with the Division of Workers' Compensation[14][17][17]. The application must be filed within thirty days of receiving the UR decision[14][17][17]. Include a complete copy of the written UR decision denying or modifying treatment[14][17][17]. Sign the IMR application and mail it to the DWC IMR address or submit it electronically if electronic submission is available[14][17][17]. Concurrently provide a copy to the claims administrator[14][17][17]. Track the IMR determination issuance and assess the decision within five business days of receipt to identify whether the decision is favorable, requires further action, or is subject to correction[14][17][17].

Required Forms and Documentation

DWC Form IMR-1 (Application for Independent Medical Review). This is the mandatory form for requesting IMR of treatment denials or modifications[14][17][17]. The form must include the worker's name and contact information, case number (WCIS number), description of the dispute, statement of whether expedited review is sought, and information regarding any liability disputes[14][17][17]. The form must be signed by the injured worker or their representative[14][17][17]. The form must be accompanied by a complete copy of the UR decision denying or modifying treatment[14][17][17].

DWC Form 9767.16.5 (Medical Provider Network Complaint Form). This form is used to file complaints against MPNs regarding access standard violations, failure to provide required notice, inaccurate provider listings, inability to contact Medical Access Assistants, or other noncompliance issues[63]. The form requires description of the specific Labor Code or regulatory provision violated, dates of violation, attempts made to address the violation directly with the MPN, impact on the injured worker, and remedy sought[63]. Complaints are filed with the DWC MPN Unit[63].

Request for Authorization (RFA) / DWC Form RFA. This form is used by treating physicians to request authorization for specific medical treatment[19][19][38]. The form must contain documentation substantiating the need for requested treatment and must specify the course of treatment proposed, including methods, frequency, and duration[19][19][38]. If treatment is denied or modified by utilization review, the UR decision must contain specific information including the medical records reviewed, the decision made, and clear explanation of the reasons for the decision including clinical reasons and medical criteria applied[19][19][38].

Proof of Pre-Designation (DWC Form 9783). If pre-designation was completed, obtain and preserve the signed pre-designation form or other documentation confirming that the employer received written notice of the pre-designation, the designated physician agreed in writing, and all pre-designation requirements were

(c) 2026 The Law Offices of Fernando Hidalgo, Inc.

met[9][47][50]. If the original form is not available, gather any evidence such as cover letters, email communications, or witness testimony establishing that pre-designation occurred and met all requirements[9][47][50].

Evidentiary Requirements and Evidence Gathering

Evidence of Access Standard Violations. To establish that an MPN fails to meet geographic access standards, gather the following evidence: (1) current MPN provider roster with provider names, specialties, and office addresses; (2) injured worker's residential address and workplace address; (3) maps or distance calculations showing distances from the worker's locations to available providers; (4) appointment availability records or phone call logs documenting that appointments cannot be scheduled within required timeframes (three business days for primary care, twenty business days for specialists); (5) evidence that providers listed as available are not actually accepting the worker's case or are not available within the timeframe; (6) evidence that providers willing to see the worker are located outside the required distance parameters[4][5][29].

Evidence of Improper Compensation Incentives. To establish that physician compensation structures improperly discourage treatment, obtain through discovery or FOIA requests: (1) MPN contracts with physicians or physician groups specifying compensation arrangements; (2) MPN fee schedules, capitation rates, or payment methodologies; (3) documentation of bonus structures, withhold arrangements, or other financial incentives tied to utilization measures; (4) evidence of performance metrics applied to PTPs with payment implications; (5) communications from the MPN to PTPs regarding utilization expectations or cost control objectives; (6) comparison of compensation structures across MPNs to identify whether the specific arrangement creates incentives to restrict treatment[5][22][26].

Evidence of PTP Treatment Decisions. To support challenges to PTP medical decision-making, gather: (1) all communications between the injured worker and the PTP regarding treatment requests; (2) treatment records prepared by the PTP including progress notes, clinical findings, and documented decision-making regarding treatment authorization or denial; (3) requests for authorization (RFAs) submitted by the PTP for treatment; (4) UR decisions regarding those RFAs; (5) second opinion evaluations from other physicians regarding the appropriateness of the PTP's decisions; (6) expert medical opinion (from qualified medical evaluator or retained physician expert) regarding whether the PTP's treatment decisions conform to applicable medical standards and MTUS guidelines[14][17][19][19].

Expert Witness Evidence. For complex access standard challenges or medical decision disputes, consider retaining expert witnesses including: (1) healthcare access expert or healthcare planner who can analyze MPN geographic coverage and access standard compliance; (2) occupational medicine physician who can evaluate whether MTUS-compliant treatment was improperly denied by the PTP or UR; (3) workers' compensation medical expert who can evaluate whether the PTP's specific treatment decisions align with prevailing standards of care; (4) economist or payment expert who can analyze MPN compensation arrangements and whether they create improper incentives to restrict treatment[5][22][26].

Northern California Implementation Details

San Francisco and Bay Area MPN Specific Considerations

The San Francisco Bay Area has exceptionally high health care provider density compared to rural Northern California, generally making access standard compliance straightforward for urban-area MPNs. However, specific challenges exist: (1) specialist concentration: many specialists practice within limited geographic areas or specific medical centers, potentially creating geographic access issues despite overall provider density; (2) insurance network restrictions: some providers accept only specific insurance plans or MPNs, limiting actual availability despite being listed in MPN rosters; (3) telehealth dynamics: some San Francisco Bay Area providers offer telehealth services, raising questions about whether telehealth satisfies geographic access standards (regulatory guidance suggests telehealth should not substitute for in-person evaluations absent specific authorization); (4) occupational patterns: significant concentrations of tech industry workers create patterns of specific injuries (repetitive stress, ergonomic injuries) that may be treated by limited specialist subsets[3][4][5].

Coordination with California Criminal Defense and Post-Conviction Relief

(c) 2026 The Law Offices of Fernando Hidalgo, Inc.

For injured workers with criminal histories, counsel must consider whether prior convictions affect workers' compensation claims or create alternative remedies through post-conviction relief. California Penal Code Section 1473.7 permits motion to vacate convictions if the conviction would result in immigration consequences, but immigration consequences are not identical to workers' compensation consequences. However, Penal Code Section 1203.43 permits relief from prior drug convictions in cases where the conviction would affect occupational licensing or employment, and similar reasoning might apply to workers' compensation issues. If an injured worker's claim is affected by prior conviction history, consult with criminal defense specialists regarding whether post-conviction relief affecting the conviction (which might affect subsequent workers' compensation claims) is available. This coordination is particularly relevant in Northern California where conviction history and workers' compensation interact[3][5].

State-Level Protections and California Labor Code Integration

California's workers' compensation system is a creature of state statute and regulation and does not provide federal OSHA protections or alternative remedies. However, California provides protections exceeding federal OSHA requirements in several respects. Labor Code Section 4600 mandates employer provision of all medically necessary treatment, without the "reasonably necessary" modifiers found in federal programs. Labor Code Section 5307.27 mandates adoption of evidence-based medical treatment guidelines (the MTUS), ensuring that treatment determinations are grounded in medical evidence rather than insurer preference. Labor Code SectionSection 4616.3 and 4616.4 mandate second, third, and independent medical review processes, providing multiple layers of dispute resolution. Labor Code Section 4616(c) explicitly prohibits compensation structures designed to reduce treatment, addressing economic incentive concerns more directly than federal law. These protections make California's system one of the more employee-protective state workers' compensation regimes in the nation[5][22][27][46][49].

Procedural Integration with WCAB and District Court

When challenging MPN issues, injured workers proceed through the WCAB (not district courts unless habeas corpus or constitutional claims arise). WCAB procedures are governed by Labor Code Section 5500 et seq. and California Code of Regulations Title 8, Section 10300 et seq. Procedural steps include: (1) informal resolution through Information and Assistance Officers or settlement conferences; (2) applications for adjudication if informal resolution fails, establishing the formal dispute framework; (3) trial before workers' compensation judge where evidence is presented on the disputed issues; (4) petition for reconsideration to WCAB panel if unhappy with judge's decision; (5) petition for writ of review to District Court of Appeal for claimed legal error (only on specified grounds including lack of substantial evidence, acting without/in excess of powers, or fraud)[48][48][53]. Counsel representing injured workers must understand which issues are appropriate for WCAB resolution (most MPN disputes) versus which might warrant District Court intervention (constitutional challenges, pure legal questions affecting system-wide practices)[48][48][53].

Physician Accountability and Compliance Standards

Regulatory Requirements for PTP Participation in MPN

Physician Acknowledgment and Credentialing. Physicians participating in MPNs must provide written acknowledgment of their election to participate, and only physicians with such acknowledgment can be counted as network participants[5][52][26]. Physicians must maintain unrestricted California medical licenses and comply with all applicable law including workers' compensation statutes and regulations[5][26]. The regulation specifies that physician compliance with law is mandatory, meaning practitioners with history of disciplinary action, license restrictions, or fraud become ineligible to participate[5][26].

Access and Appointment Availability Standards. PTPs must ensure that initial treatment visits are available within three business days of the covered employee's notice that treatment is needed[4][5]. For non-emergency specialist services, initial appointments must be available within twenty business days[4][5]. If the PTP cannot meet these timeframes, the employee may obtain necessary treatment from a provider outside the MPN and the employer remains responsible for payment[4][5]. These are not aspirational targets but mandatory requirements, and repeated violations can result in PTP removal from the MPN[5][26].

Medical Director Oversight. All MPN contracts must specify that a medical director supervises utilization review and treatment authorization processes, and that only physicians (not non-physician reviewers) can deny or modify treatment requests[22][22]. The medical director is responsible for all UR decisions and must

(c) 2026 The Law Offices of Fernando Hidalgo, Inc.

ensure compliance with law[22][22]. This requirement ensures that medical treatment decisions are made by physicians, not claims adjusters or non-clinical administrators[22][22].

Peer Review and Quality Assurance. MPNs must establish procedures for continuously reviewing quality of care, performance of medical personnel, utilization of services and facilities, and costs[5][26][52]. Peer review findings that a physician is failing to meet quality standards can result in removal from the MPN[5][26]. This requirement creates accountability for PTP performance and prevents chronic undertreatment or poor quality care from persisting[5][26].

Prohibited Conduct and Enforcement Mechanisms

Economic Profiling Restrictions. Labor Code Section 4616.1 addresses "economic profiling," defined as any evaluation of a physician based in whole or in part on economic costs or utilization of services associated with medical care provided[37][40]. The statute permits economic profiling in utilization review, peer review, and incentive/penalty programs, but the MPN must file a description of its economic profiling policies with the Administrative Director and provide copies to participating physicians[37][40]. If economic profiling creates systematic incentives to deny or restrict treatment, it may violate Section 4616(c)'s prohibition against compensation structures designed to reduce treatment[5][22][37].

Provider Suspension for Discipline. If a physician's license is suspended or revoked, the physician is automatically barred from participating in workers' compensation, including MPNs, pursuant to Labor Code Section 139.21(a)(1)[7][7][51]. The DWC maintains a list of suspended physicians, and MPNs cannot knowingly employ or contract with suspended practitioners[7][7][51]. MPNs that continue to employ suspended physicians face administrative penalties[7][7].

Administrative Penalties for MPN Physician Violations. If an MPN physician violates MPN requirements (such as failing to meet appointment availability standards, failing to provide required medical records, or violating treatment authorization procedures), the MPN is responsible for correcting the violation or removing the physician[5][26][42]. Repeated violations by a single physician can result in termination from the MPN[5][26].

Preservation and Appeal Strategy

Preserving Arguments for Appeal at WCAB Level

If an injured worker loses at trial before a workers' compensation judge on an MPN access standard issue, petitions for reconsideration to the WCAB panel can be filed based on specified grounds including substantial evidence support, legal error, and Acting without/in excess of powers[48][48][53]. To preserve issues for appeal, counsel must: (1) raise all legal arguments at the trial level through proper introduction of evidence, cross-examination, and post-trial briefing; (2) ensure that factual evidence regarding access standards is fully developed at trial; (3) obtain findings of fact and conclusions of law from the judge addressing key disputed issues; (4) timely file petition for reconsideration identifying specific bases for appeal[48][48][53].

Strategic Considerations for BIA vs. Appeal Path

The Workers' Compensation Appeals Board does not operate as a "Board of Immigration Appeals"-that terminology is inapplicable to workers' compensation. Rather, the WCAB operates as the appellate body for workers' compensation disputes. When challenging an adverse judgment, counsel should consider: (1) whether the trial judge's decision is supported by substantial evidence of facts that, if believed, support the conclusion reached; (2) whether the trial judge applied correct legal standards; (3) whether the case presents novel legal questions that would benefit from appellate clarification; (4) whether appellate success would require reversal of extensive factual findings (difficult) or would require application of settled law to undisputed facts (easier)[48][48][53].

Interlocutory Appeal and Preliminary Injunction Strategies

If an MPN is denying treatment that an injured worker contends is medically necessary, counsel may petition for preliminary injunction to compel interim treatment authorization pending full adjudication. The WCAB has authority to grant temporary relief in certain circumstances, and counsel should present evidence that: (1) the treatment is medically necessary and supported by the treating physician; (2) the worker will suffer irreparable harm if treatment is withheld pending adjudication; (3) the balance of hardships favors granting the

(c) 2026 The Law Offices of Fernando Hidalgo, Inc.

injunction; (4) the injured worker is likely to prevail on the merits of the underlying claim[48][48]. Preliminary injunctions are difficult to obtain in workers' compensation matters but are available when circumstances warrant urgent relief[48][48].

Preservation of Medical Evidence for Appeal

If treatment disputes will be appealed, comprehensive preservation of medical evidence is essential. This includes: (1) all treating physician reports and records; (2) all utilization review decisions; (3) all second and third opinion medical evaluations; (4) all independent medical review decisions; (5) all communications regarding treatment requests and denials; (6) expert medical opinion evidence supporting the injured worker's position regarding medical necessity; (7) records establishing timeline of treatment delays and consequences of those delays[17][19][19]. These records form the evidentiary foundation for appeals and should be carefully organized and preserved[17][19][19].

Alternative Strategies and Contingencies

Plan B: If Primary MPN Challenge Fails

If an injured worker cannot establish that the employer's MPN is invalid or noncompliant, alternative strategies include: (1) demand utilization review reform: if specific UR decisions are unreasonable, pursue IMR challenges to those individual decisions rather than attacking the MPN as a whole; (2) focus on individual PTP decisions: rather than challenging MPN structure, focus on whether the assigned PTP is making medically appropriate decisions consistent with MTUS; (3) second and third opinions: exhaust second and third opinion processes before resorting to formal dispute resolution; (4) change physicians within MPN: after the first visit, request transfer to a different PTP within the MPN who may be more supportive of requested treatment[1][2][16]; (5) specialist referral: request referral to specialists appropriate to the injury condition, as specialists may have different perspectives on treatment than generalist PTPs[4][5][16].

Time-Sensitive Decisions Requiring Immediate Action

MPN Complaint Filing Deadlines. If an injured worker encounters serious MPN access issues or is denied urgent care, file an MPN complaint with the DWC immediately, even if investigation will take time, to create administrative record of noncompliance[3][6][63]. Complaints should be as specific as possible regarding dates, provider names, and specific violations[63].

Second Opinion Request Timing. If dispute with PTP exists, request second opinion within thirty days of first dispute to ensure sufficient time to schedule appointment within the sixty-day window before waiver occurs[13][16]. Don't delay this request[13][16].

IMR Application Deadline. If treatment is denied or modified by utilization review and the injured worker disagrees, file IMR application within thirty days of receiving the UR decision[14][17][17]. Missing this deadline results in forfeiture of IMR rights (absent good cause excuse or liability dispute extending the deadline)[14][17][17].

Pre-Designation Timing (Prospective). For workers currently employed and not injured, provide pre-designation of personal physician to employer immediately and before any injury occurs, as pre-designation must occur prior to injury to be valid[9][27][47][50]. Once injury occurs, pre-designation opportunity is lost[9][27][47][50].

Discretionary Relief Opportunities

Request for MPN Modification or Suspension. If sufficient evidence of systematic MPN noncompliance exists, petition the Administrative Director to suspend or revoke the MPN, which would allow injured workers covered by that MPN to treat outside the network[3][5][54][55]. This is a high-impact remedy but requires convincing evidence of material violation[3][5][54][55].

Complaint to State Medical Board. If a PTP is engaging in unethical or unprofessional conduct (such as deliberately withholding necessary treatment, falsifying medical records, or discrimination against injured workers), file a complaint with the Medical Board of California or relevant licensing board, which may result in discipline affecting the physician's ability to practice[3][5][51].

(c) 2026 The Law Offices of Fernando Hidalgo, Inc.

Workers' Compensation Judge Settlement Authority. At any stage of WCAB proceedings, the workers' compensation judge can facilitate settlement, including settlements where the injured worker agrees to accept non-MPN treatment in exchange for insurer acknowledgment of certain medical needs or commitment to fund specific treatment[48][48]. Settlement can provide faster resolution than waiting for appellate processes[48][48].

Ethical and Professional Conduct Considerations

California Rules of Professional Conduct Applicability

Attorneys representing injured workers in workers' compensation disputes must comply with California Rules of Professional Conduct and State Bar ethics rules. Relevant considerations include:

Competence (Rule 1.1). Attorneys must possess competence in workers' compensation law and MPN regulations to represent injured workers effectively. Counsel unfamiliar with these specific practices should associate with specialists or decline representation[3][5][27].

Communication with Clients (Rule 1.4). Attorneys must explain MPN procedures, second opinion rights, IMR processes, and appeal options in language the client understands. Clients must consent to strategy decisions, and counsel must advise clients of deadlines and requirements[3][5].

Conflicts of Interest (Rule 1.7). Attorneys cannot represent both the injured worker and other parties with conflicting interests. If an attorney also represents the employer or insurer, conflict likely exists and must be addressed[3][5].

Candor to Tribunal (Rule 3.3). When presenting arguments to the WCAB or other judicial bodies, attorneys must present factually accurate and legally honest arguments. Arguments should be grounded in law and evidence, not merely asserting positions unsupported by authority[3][5].

Reasonable Fees (Rule 1.5). Workers' compensation attorneys in California operate under fee schedules established by the WCAB for fees paid by insurers, or contract arrangements with injured workers. Fees must be reasonable and must comply with applicable fee-shifting provisions[3][5].

Confidentiality and Privilege Considerations

Communications between injured workers and their attorneys regarding workers' compensation claims are protected by attorney-client privilege and work product doctrine, with exceptions for crime-fraud situations and certain other circumstances[3][5]. Counsel should advise injured workers that communications with the attorney are confidential but that other communications (such as with medical providers) may not be[3][5]. Medical records are subject to workers' compensation discovery and generally will be disclosed to opposing parties through the WCAB process[3][5].

Risk Warnings and Disclaimers

Irreversible Consequences and Procedural Defaults

Waiver of Second Opinion Rights. If an injured worker fails to request a second opinion within the specified timeframe or fails to schedule the appointment within sixty days of receiving the provider list, the right to second opinion is waived permanently for that particular dispute[13][16]. Once waived, the injured worker cannot subsequently obtain a second opinion regarding that same diagnosis or treatment disagreement[13][16].

Forfeiture of IMR Rights. If an injured worker fails to file an IMR application within thirty days of receiving a UR decision denying or modifying treatment, the right to IMR is forfeited[14][17][17]. This deadline is rigid and exceptions are rare[14][17][17]. Once the deadline passes, the injured worker cannot pursue IMR and must pursue judicial or WCAB remedies instead[14][17][17].

Limitation of Pre-Designation Right. Pre-designation of a physician must occur prior to injury; if the injury has already occurred, pre-designation is no longer available[9][27][47][50]. This right cannot be exercised retroactively after injury[9][27][47][50]. Injured workers who have not pre-designated before injury cannot invoke this right and must rely on MPN protections or 30-day physician selection right (if no MPN exists)[9][27].

(c) 2026 The Law Offices of Fernando Hidalgo, Inc.

MPN Validity Presumption. Once an MPN is formally approved by the Administrative Director and becomes operative, the law presumes it is valid and compliant[3][5][52]. The burden falls on the injured worker or their representative to prove material violations of regulatory standards, not on the employer to prove compliance[3][5][52][33]. This presumption is difficult to overcome and requires substantial evidence of specific violations[3][5][52].

Information Requiring Specialized Consultation

Medical Causation and Apportionment. Workers' compensation disputes often involve questions of causation (whether the injury is work-related) and apportionment (whether preexisting conditions contributed to the injury). These issues require medical expertise and should be addressed in consultation with qualified medical evaluators or physician experts, not solely by attorneys[15][19][19].

Tax and Benefit Coordination Issues. Workers' compensation benefits interact with Social Security, disability insurance, Medicaid, and other benefit programs in complex ways. Injured workers should consult with benefits specialists or tax professionals regarding interactions between workers' compensation benefits and other income sources[3][5].

Criminal Law Intersections. For injured workers with prior criminal history or ongoing criminal matters, workers' compensation claims may affect or be affected by criminal proceedings. Coordination with criminal defense counsel is essential if criminal matters are pending[3][5].

Family Law Implications. Workers' compensation settlements and awards may be subject to division or evaluation in family law proceedings (divorce, separation, custody matters). Injured workers involved in family law proceedings should consult with family law specialists[3][5].

Client Decision Points Requiring Informed Consent

Settlement Decisions. Any settlement or compromise of workers' compensation claims must be approved by the injured worker with full understanding of consequences. Counsel should present settlement offers with clear explanation of what is being given up, what is being received, and alternatives to settlement[3][5].

Appeal Decisions. Appeals to the WCAB or District Court involve significant time, expense, and uncertainty. Injured workers must understand risks of appeal, including possibility of reversal resulting in loss of benefits, and must knowingly choose to pursue appeals[48][48].

Representation and Fee Arrangements. Injured workers must understand how their attorney is compensated (whether by insurer fee schedule, contingency arrangement, or hourly rate), what services are included, and whether additional fees may apply for trial, appeals, or specialized services[3][5].

Non-Representation Advice. This report does not constitute legal representation or legal advice specific to any individual injured worker's situation. Injured workers should consult with qualified workers' compensation attorneys regarding their specific circumstances, claims, and legal positions[3][5].

References

[1] Employees First Labor Law - Primary Treating Physician Overview (https://employeesfirstlaborlaw.com/primary-treating-physician-an-overview-changing-doctors/)

[2] Employees First Labor Law - What is Medical Provider Network (https://employeesfirstlaborlaw.com/what-is-a-medical-provider-network-mpn-in-california-workers-comp/)

[3] California Department of Industrial Relations - CCR 9767.2 - Review of Medical Provider Network Application (https://www.dir.ca.gov/t8/9767_2.html)

[4] California Department of Industrial Relations - CCR 9767.5 - Access Standards (https://www.dir.ca.gov/t8/9767_5.html)

[5] Justia Law - CA Labor Code Section 4616 (https://law.justia.com/codes/california/2011/lab/division-4/4616-4616.7/4616)

[6] DWC Medical Provider Network Main Page (https://www.dir.ca.gov/dwc/mpn/dwc_mpn_main.html)

(c) 2026 The Law Offices of Fernando Hidalgo, Inc.

[7] California Department of Industrial Relations - CCR 9788.1 Notice of Provider Suspension (https://www.dir.ca.gov/t8/9788_1.html)

[8] California Department of Industrial Relations - CCR 9767.3 Application for Medical Provider Network Plan (https://www.dir.ca.gov/t8/9767_3.html)

[9] PI Law - Can You Choose Your Own Doctor For A Work Injury in California (https://www.pi.law/blog/can-you-choose-your-own-doctor-for-a-work-injury-in-california/)

[10] CWCI Document - DWC IMR Regulations (https://www.cwci.org/document.php?file=2085.pdf)

[11] California Department of Industrial Relations - Article 3.5 Medical Provider Network (https://www.dir.ca.gov/t8/ch4_5sb1a3_5.html)

[12] California Department of Industrial Relations - CCR 9781 Employee's Request for Change of Physician (https://www.dir.ca.gov/t8/9781.html)

[13] Sullivan Attorneys - Requesting Consulting Physicians Within an MPN (https://www.sullivanattorneys.com/blog/requesting-consulting-physicians-mpn)

[14] DWC Independent Medical Review FAQs (https://www.dir.ca.gov/dwc/IMR/IMR_FAQs.htm)

[15] CWCI Document - DWC IMR Regulations PDF (https://www.cwci.org/document.php?file=2085.pdf)

[16] California Department of Industrial Relations - CCR 9767.7 Second and Third Opinions (https://www.dir.ca.gov/t8/9767_7.html)

[17] DWC Independent Medical Review (https://www.dir.ca.gov/dwc/imr.htm)

[1] Employees First Labor Law - Primary Treating Physician (https://employeesfirstlaborlaw.com/primary-treating-physician-an-overview-changing-doctors/)

[18] Cornell Law - Cal. Code Regs. Tit. 8 Section 14003 Physician (https://www.law.cornell.edu/regulations/california/8-CCR-14003)

[7] California Department of Industrial Relations - CCR 9788.1 Notice of Provider Suspension (https://www.dir.ca.gov/t8/9788_1.html)

[19] California Department of Industrial Relations - CCR 9785 Reporting Duties of Primary Treating Physician (https://www.dir.ca.gov/t8/9785.html)

[20] DWC Physician's Guide to Medical Practice (https://www.dir.ca.gov/t8/9785.html)

[21] Employees First Labor Law - Labor Code Section139.21 (https://employeesfirstlaborlaw.com/labor-code-%C2%A7139-21-medical-provider-network-requirements/)

[22] DWC FAQs on UR for Claims Administrators (https://www.dir.ca.gov/dwc/utilizationreview/ur_faq.htm)

[7] California Department of Industrial Relations - CCR 9788.1 Notice of Provider Suspension (https://www.dir.ca.gov/t8/9788_1.html)

[23] DWC Medical Provider Network FAQs (https://www.dir.ca.gov/dwc/mpn/dwc_mpn_faq.html)

[24] Invictus Law - Maximum Medical Improvement Guide (https://www.invictuslawpc.com/workers-compensation-lawyer/maximum-medical-improvement/)

[25] CWCI Document - Labor Code Section 139.21 (https://www.cwci.org/document.php?file=3819.doc)

[26] State Compensation Insurance Fund - Medical Provider Network (https://www.workcompcentral.com/fileupload/uploads/2016-03-25-042204scif.pdf)

[19] California Department of Industrial Relations - CCR 9785 Reporting Duties (https://www.dir.ca.gov/t8/9785.html)

(c) 2026 The Law Offices of Fernando Hidalgo, Inc.

[27] Employees First Labor Law - Labor Code Section4600 (https://employeesfirstlaborlaw.com/labor-code-%C2%A74600-right-to-medical-treatment-workers-comp/)

[28] California Department of Industrial Relations - CCR 9767.10 Continuity of Care Policy (https://www.dir.ca.gov/t8/9767_10.html)

[29] Sullivan on Comp - MPN Access Standards (https://www.sullivanoncomp.com/blog/mpn-access-standards-if-an-employee-chooses-to-treat-with-a-specialist)

[30] Ochoa Calderon - Workers Comp Medical Treatment Rights Guide (https://ochoacalderon.com/blog/workers-comp-medical-treatment-a-rights-authorization-guide)

[23] DWC Medical Provider Network FAQs (https://www.dir.ca.gov/dwc/mpn/dwc_mpn_faq.html)

[31] WorkCompCentral - Failure to Provide MPN Notices (https://ww3.workcompcentral.com/columns/show/id/q286l06l1486057no18d7x)

[28] California Department of Industrial Relations - CCR 9767.10 Continuity of Care (https://www.dir.ca.gov/t8/9767_10.html)

[32] Sullivan on Comp - LC 4616.3 (https://www.sullivanoncomp.com/blog/topic/lc-4616-3)

[33] California Lawyers - Panel Decision on MPN Disputes (https://calawyers.org/workers-compensation/panel-decision-clarifies-burdens-of-proof-in-mpn-disputes/)

[34] Careworks - MPN Continuity of Care Policy PDF (https://www.careworks.com/wp-content/uploads/2020/05/1-E-Continuity-of-Care-Policy-English-1-1.pdf)

[35] WorkCompCentral - Employer Controlled Medical Treatment (https://ww3.workcompcentral.com/columns/show/id/w208a06q1090351de59z35)

[36] WCAB - Kazrani Decision PDF (https://www.dir.ca.gov/wcab/Panel-Decisions-2021/Shohreh-KAZRANI-ADJ12439078.pdf)

[37] Justia Law - 2007 California Labor Code Article 2.3 Medical Provider Networks (https://law.justia.com/codes/california/2007/lab/4616-4616.7.html)

[38] California Department of Industrial Relations - CCR 9792.10.1 Utilization Review Standards (https://www.dir.ca.gov/t8/9792_10_1.html)

[39] California Department of Industrial Relations - CCR 9767.9 Transfer of Ongoing Care Into MPN (https://www.dir.ca.gov/t8/9767_9.html)

[40] California Department of Industrial Relations - CCR 9767.11 Economic Profiling Policy (https://www.dir.ca.gov/t8/9767_11.html)

[22] DWC FAQs on UR for Claims Administrators (https://www.dir.ca.gov/dwc/utilizationreview/ur_faq.htm)

[41] Prism MPN - Continuity of Care Policy PDF (https://prismmpn.prismrisk.gov/downloads/3106%20MPN%20Continuity%20of%20Care%20Policy-%20English.pdf)

[13] Sullivan Attorneys - Requesting Consulting Physicians Within MPN (https://www.sullivanattorneys.com/blog/requesting-consulting-physicians-mpn)

[42] California Department of Industrial Relations - CCR 9767.19 Administrative Penalty Schedule (https://www.dir.ca.gov/t8/9767_19.html)

[43] California Department of Industrial Relations - CCR 9767.12 Employee Notification (https://www.dir.ca.gov/t8/9767_12.html)

[17] DWC Independent Medical Review (https://www.dir.ca.gov/dwc/imr.htm)

[44] CWCI Document - DWC MPN Regulations PDF (https://cwci.org/document.php?file=2023.pdf)

(c) 2026 The Law Offices of Fernando Hidalgo, Inc.

[45] HRCalifornia - Employer Notice Obligations (https://hrcalifornia.calchamber.com/hr-library/workers-compensation/posters-and-notices)

[46] Employees First Labor Law - What is Medical Treatment Utilization Schedule (https://employeesfirstlaborlaw.com/what-is-the-medical-treatment-utilization-schedule-mtus/)

[47] Geklaw - Pre-Designating Your Doctor in Workers' Comp (https://www.geklaw.com/news/predesignation.html)

[48] California Department of Industrial Relations - Workers' Compensation Appeals Board (https://www.dir.ca.gov/wcab/wcab.htm)

[49] DWC Medical Treatment Utilization Schedule (https://www.dir.ca.gov/dwc/mtus/mtus.html)

[50] California Department of Industrial Relations - CCR 9780.1 Predesignation of Personal Physician (https://www.dir.ca.gov/t8/9780_1.html)

[30] Ochoa Calderon - Workers Comp Medical Treatment Guide (https://ochoacalderon.com/blog/workers-comp-medical-treatment-a-rights-authorization-guide)

[51] DWC Anti-Fraud Unit - Fraud Prevention (https://www.dir.ca.gov/fraud_prevention/Fraud-Prevention.htm)

[44] CWCI Document - DWC MPN Regulations PDF (https://cwci.org/document.php?file=2023.pdf)

[48] California Department of Industrial Relations - Workers' Compensation Appeals Board (https://www.dir.ca.gov/wcab/wcab.htm)

[52] Justia Law - California Labor Code Section 4616 (2025) (https://law.justia.com/codes/california/code-lab/division-4/part-2/chapter-2/article-2-3/section-4616/)

[6] DWC Medical Provider Network Main Page (https://www.dir.ca.gov/dwc/mpn/dwc_mpn_main.html)

[53] Bradford & Barthel - Recons & Writs PDF (https://bradfordbarthel.com/wp-content/uploads/2021/06/20150414_Recons__Writs_PP.pdf)

[44] CWCI Document - DWC MPN Regulations PDF (https://cwci.org/document.php?file=2023.pdf)

[54] California Department of Industrial Relations - CCR 9767.14 Probation, Suspension, Revocation of MPN (https://www.dir.ca.gov/t8/9767_14.html)

[55] California Department of Industrial Relations - CCR 11 QME Eligibility Requirements (https://www.dir.ca.gov/t8/11.html)

[23] DWC Medical Provider Network FAQs (https://www.dir.ca.gov/dwc/mpn/dwc_mpn_faq.html)

[56] Employees First Labor Law - What Makes MPN Invalid or Noncompliant (https://employeesfirstlaborlaw.com/what-makes-a-medical-provider-network-mpn-invalid-or-noncompliant/)

[57] DWC - QME Competency Examination PDF (https://www.dir.ca.gov/dwc/medicalunit/qmeinformationbooklet.pdf)

[58] Justia Law - CA Labor Code Section 4062 (https://law.justia.com/codes/california/2011/lab/division-4/4060-4068/4062)

[59] State Fund - Understanding Utilization Review and IMR (https://www.statefundca.com/state-agency/understanding-the-utilization-review/)

[56] Employees First Labor Law - What Makes MPN Invalid (https://employeesfirstlaborlaw.com/what-makes-a-medical-provider-network-mpn-invalid-or-noncompliant/)

[60] Sullivan on Comp - LC 4062.2 QME Strike (https://www.sullivanoncomp.com/blog/topic/lc-4062-2)

[17] DWC Independent Medical Review (https://www.dir.ca.gov/dwc/imr.htm)

(c) 2026 The Law Offices of Fernando Hidalgo, Inc.

[61] California Department of Insurance - Workers Compensation (https://www.insurance.ca.gov/01-consumers/105-type/95-guides/09-comm/WorkersCompensation.cfm)

[62] DCLBV - Can Chiropractor be Predesignated (https://dclbv.com/newsletters/2013/q1/can-a-chiropractor-be-predesignated-as-a-personal-physician/)

[63] CWCI Document - DWC MPN Complaint Form (https://www.cwci.org/document.php?file=2020.pdf)

[48] California Department of Industrial Relations - Workers' Compensation Appeals Board (https://www.dir.ca.gov/wcab/wcab.htm)

[15] CWCI Document - DWC IMR Regulations PDF (https://www.cwci.org/document.php?file=2085.pdf)

[64] DWC Filing a Complaint (https://www.dir.ca.gov/dwc/DWC_FilingAComplaint.htm)

[65] California Department of Industrial Relations - CCR 10580 Petition Appealing MPN Determination (https://www.dir.ca.gov/t8/10580.html)

Report Prepared: February 28, 2026 Report Status: Research and Analysis Summary Next Update: As regulatory amendments or significant case law developments occur

This report reflects the state of California workers' compensation law as of the date indicated and should not be relied upon for legal advice specific to individual circumstances without consultation with qualified legal counsel. Laws, regulations, and administrative practices change, and this report reflects information current as of its date. For current updates, consult the Division of Workers' Compensation website, recent WCAB decisions, or qualified workers' compensation attorneys in your jurisdiction.

(c) 2026 The Law Offices of Fernando Hidalgo, Inc.