

Legal Research Report: Primary Treating Physician Selection and Neurologist Authority in California Workers' Compensation

(PART-A INJURED WORKERS ANALYSIS)

February 28, 2026

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CHOOSING A NEUROLOGIST AS YOUR PRIMARY TREATING PHYSICIAN IN CALIFORNIA WORKERS' COMPENSATION

Yes, a neurologist can serve as your primary treating physician (PTP) in a California workers' compensation claim. However, your ability to choose a neurologist depends on several factors: the type of medical delivery system your employer uses, when you make the selection relative to your injury, and whether the neurologist meets certain legal requirements. This report explains the rules, your rights, the steps you must follow, and what to do if your neurological treatment is denied.

Part 1: What Is a Primary Treating Physician and Who Qualifies?

Understanding the PTP Role

A primary treating physician (PTP) is the doctor who is mainly responsible for managing your medical care after a work injury. California law defines the PTP as the physician who has examined you at least once to provide or prescribe treatment and who monitors how that treatment is working. This definition comes from Cal. Code Regs., tit. 8, § 9785(a)(1) (<https://www.dir.ca.gov/t8/9785.html>).

The PTP is not just any doctor you see once. The PTP has an ongoing relationship with you. This doctor decides what treatment you need, whether you can return to work, when you have reached maximum medical improvement (meaning your condition will not get much better with more treatment), and whether you have a lasting disability. These decisions are called medical determinations under Cal. Code Regs., tit. 8, § 9785(a)(4) (<https://www.dir.ca.gov/t8/9785.html>).

Who Counts as a "Physician" Under the Law?

California law defines "physician" broadly. Under Cal. Lab. Code § 3209.3 (<https://law.justia.com/codes/california/code-lab/division-4/part-3/chapter-5/article-1/section-3209-3/>), a physician includes doctors holding an M.D. or D.O. degree, psychologists, acupuncturists, optometrists, dentists, podiatrists, and chiropractors—as long as they are licensed in California and practicing within their scope. A neurologist with an M.D. or D.O. degree clearly fits this definition.

Important: The law does not restrict which medical specialty can serve as PTP. There is no rule saying only general practitioners or occupational medicine doctors can be your PTP. A neurologist has the same legal authority to serve as your PTP as any other licensed physician.

The one exception involves chiropractors, who face a 24-visit limit unless your employer authorizes more visits in writing. No such limit applies to neurologists or other M.D./D.O. physicians. See Cal. Code Regs., tit. 8, § 9785 (<https://www.dir.ca.gov/t8/9785.html>).

What Power Does a Neurologist PTP Have?

When a neurologist serves as your PTP, that neurologist has full authority to:

- Determine what treatment you need and how long it should last
- Decide when you can return to work, with or without restrictions
- Determine when you have reached maximum medical improvement
- Assess whether you have permanent disability and rate that disability
- Recommend future medical care you may need

These decisions carry significant weight in your case. The insurance company can challenge them through utilization review (a process where another doctor reviews whether your treatment is medically necessary) or through an independent medical review, but the PTP's opinions are given serious consideration because of the ongoing treatment relationship. See Cal. Code Regs., tit. 8, § 9785(a)(4) (<https://www.dir.ca.gov/t8/9785.html>).

Part 2: How California's Medical Delivery Systems Affect Your Choice

The Three Main Models

California employers deliver workers' compensation medical care through three main systems. The system your employer uses determines how and when you can choose a neurologist as your PTP. Your employer must tell you which system applies to you. See Cal. Lab. Code § 4600 (<https://law.justia.com/codes/california/code-lab/division-4/part-2/chapter-2/article-2/section-4600/>).

Traditional Model (No MPN or HCO): If your employer does not use a medical provider network or health care organization, the employer or its insurance company picks your first doctor. This employer control lasts 30 days from when you report the injury. After 30 days, you may choose any doctor you want, including a neurologist, as long as the doctor is in a reasonable geographic area. See Cal. Code Regs., tit. 8, § 9781 (<https://www.dir.ca.gov/t8/9781.html>).

Medical Provider Network (MPN) Model: A Medical Provider Network is a group of doctors and medical providers approved by the employer's insurance company. If your employer has an MPN, you must generally choose your PTP from doctors in that network. You can change to a different MPN doctor—including a neurologist—after your first visit. The MPN applies for the life of your claim unless you properly object. See Cal. Lab. Code § 4616 (<https://law.justia.com/codes/california/code-lab/division-4/part-2/chapter-2/article-2/section-4616/>).

Health Care Organization (HCO) Model: An HCO is a certified managed care organization. If your employer uses an HCO, you must choose doctors within that organization. Employer control lasts 90 or 180 days depending on whether you have non-work health insurance. After that period, you may choose your own doctor. See Cal. Lab. Code § 4600.5 (<https://law.justia.com/codes/california/code-lab/division-4/part-2/chapter-2/article-2/section-4600-5/>).

Pre-Designation: The Strongest Option

There is a fourth option that overrides all three models above. Pre-designation means you choose your doctor before you get hurt at work. Under Cal. Lab. Code § 4600(d) (<https://law.justia.com/codes/california/code-lab/division-4/part-2/chapter-2/article-2/section-4600/>) and Cal. Code Regs., tit. 8, § 9780.1 (https://www.dir.ca.gov/t8/9780_1.html), you may pre-designate a neurologist as your PTP if:

- The neurologist is your regular personal doctor who has treated you before and maintains your medical records
- You have health insurance that covers non-work injuries
- You give your employer written notice with the doctor's name and address before any injury occurs
- The neurologist agrees in writing to treat work injuries

You document this using DWC Form 9783 (<https://www.dir.ca.gov/t8/9783.html>). If you pre-designate, your neurologist becomes your PTP from day one of any work injury, bypassing all MPN restrictions. See also San Francisco Department of Human Resources – Physician Pre-Designation (<https://sfdhr.org/physician-pre-designation>).

Part 3: MPN Rules, Access Standards, and Your Right to a Neurologist

What Access Standards Require

If your employer uses an MPN, that network must meet certain minimum standards for the number and location of doctors. These are called access standards, set by Cal. Code Regs., tit. 8, § 9767.5 (https://www.dir.ca.gov/t8/9767_5.html). The key requirements are:

- The MPN must have at least three primary treating physicians and a hospital within 30 minutes or 15 miles of your home or workplace
- The MPN must have specialists (including neurologists) within 60 minutes or 30 miles of your home or workplace
- The MPN must have at least three available physicians of each specialty needed to treat common injuries in your type of work

This means that if you want a neurologist as your PTP within an MPN, the network must provide access to neurologists within the 30-mile or 60-minute specialist standard. If it does, you may select a neurologist from

the MPN provider list. The Workers' Compensation Appeals Board has confirmed this rule, holding that an MPN is valid for specialist selection if it meets the 30-mile/60-minute access standard. See Sullivan on Comp – MPN Access Standards (<https://www.sullivanoncomp.com/blog/mpn-access-standards-if-an-employee-chooses-to-treat-with-a-specialist>).

Appointment Timeframe Rules

The MPN must also meet scheduling deadlines under Cal. Code Regs., tit. 8, § 9767.5(f)–(g) (https://www.dir.ca.gov/t8/9767_5.html):

- First treatment visit: Must be available within 3 business days of your request
- Specialist appointment: Must be available within 20 business days of your request

Critical: If the MPN cannot schedule you with an appropriate specialist within 10 business days of your request, your employer must let you see a specialist outside the MPN. This is an important right if the MPN's neurologists are unavailable or hard to reach.

When the MPN Does Not Have Enough Neurologists

If the MPN fails to meet access standards for neurology—meaning there are not three available neurologists within 30 miles or 60 minutes—you may have the right to seek neurological treatment outside the MPN. You should check the MPN's provider directory early in your claim to verify whether enough neurologists are available. If they are not, document this gap. It may support a request for out-of-network treatment authorization.

Part 4: Step-by-Step Process for Choosing a Neurologist as Your PTP

Before Any Injury: Pre-Designate If You Can

If you work in a job where brain or nerve injuries are possible (construction, transportation, manufacturing, service industry), consider pre-designating a neurologist before any injury happens.

1. Find a neurologist who is your regular personal doctor and has treated you before
2. Confirm you have non-work health insurance
3. Complete DWC Form 9783 (<https://www.dir.ca.gov/t8/9783.html>) with the neurologist's name, address, and written agreement
4. Give the completed form to your employer before any work injury

Right After a Work Injury

When you get hurt at work, take these steps:

1. Report the injury to your employer in writing immediately or within the required timeframe (usually 30 days)
2. Ask your employer whether they use an MPN or HCO
3. If MPN: Request the provider directory and look for neurologists
4. If traditional model: Accept the employer-chosen doctor for the first 30 days, but start identifying neurologists you want to treat with afterward
5. Get copies of all initial medical records and imaging

Changing to a Neurologist After Your First Visit

In a traditional model (no MPN): After 30 days, submit a written request to the claims administrator (the insurance company handling your claim) identifying the neurologist you want. Include the neurologist's name, address, and contact information. The claims administrator must respond within 5 working days. See Cal. Code Regs., tit. 8, § 9781 (<https://www.dir.ca.gov/t8/9781.html>).

In an MPN: After your first visit with any MPN doctor, you may change to a different MPN physician, including a neurologist listed in the network. Request the MPN provider list, verify the neurologist's credentials, and submit a written change request. See Cal. Code Regs., tit. 8, § 9767.5 (https://www.dir.ca.gov/t8/9767_5.html).

In an HCO: You must choose from doctors within the HCO. Verify that the HCO panel includes neurologists. See Cal. Lab. Code § 4600.5 (<https://law.justia.com/codes/california/code-lab/division-4/part-2/chapter-2/article-2/section-4600-5/>).

Second and Third Opinion Rights in an MPN

If you are in an MPN and disagree with your current doctor's diagnosis or treatment plan, you have the right to get a second opinion and then a third opinion from other MPN doctors. This is an absolute right under Cal. Lab. Code § 4616.3(c) (<https://law.justia.com/codes/california/code-lab/division-4/part-2/chapter-2/article-2/section-4616-3/>) and Cal. Code Regs., tit. 8, § 9767.7 (https://www.dir.ca.gov/t8/9767_5.html). You may choose a neurologist for these opinions. See Sullivan on Comp – Requesting Consulting Physicians Within an MPN (<https://www.sullivanattorneys.com/blog/requesting-consulting-physicians-mpn>).

1. Tell the insurance company (orally or in writing) that you dispute the diagnosis or treatment
2. Choose a second opinion doctor from the MPN list—preferably a neurologist
3. Schedule the appointment within 60 days
4. If you still disagree after the second opinion, request a third opinion the same way
5. If you still disagree after the third opinion, you may file for an MPN Independent Medical Review with the Division of Workers' Compensation using DWC Form 9768.10 (<https://www.law.cornell.edu/regulations/california/8-CCR-9768.10>)

Part 5: Getting Treatment Approved — Utilization Review and Appeals

How Treatment Authorization Works

Once your neurologist is your PTP (or is providing specialist care), all non-emergency treatment requires approval from the insurance company through a process called utilization review (UR). Your neurologist must submit a Request for Authorization (RFA) using DWC Form RFA (https://www.dir.ca.gov/dwc/DWCPropRegs/IMR/IMR_FormRFAClean.pdf). See Cal. Lab. Code § 4610 (<https://law.justia.com/codes/california/code-lab/division-4/part-2/chapter-2/article-2/section-4610/>).

The RFA must include:

- Your name and the provider's information
- Your diagnosis with the proper medical code
- The specific treatment requested
- How often and how long treatment is needed
- Clinical reasons why the treatment is necessary
- Reference to the Medical Treatment Utilization Schedule (MTUS) guidelines or other medical evidence

The insurance company must respond within 5 business days for requests made before or during treatment, and within 30 days for requests made after treatment. See State Fund – Requesting Authorization for Treatment (<https://www.statefundca.com/medical-provider/request-treatment-authorization/>).

What to Do If Treatment Is Denied

If the insurance company denies your neurological treatment, you have the right to request an Independent Medical Review (IMR) under Cal. Lab. Code § 4610.5 (<https://law.justia.com/codes/california/code-lab/division-4/part-2/chapter-2/article-2/section-4610-5/>). IMR is the only way to challenge a utilization review denial.

Critical: You must request IMR within 30 days of receiving the denial. Do not miss this deadline—it cannot be extended.

The Division of Workers' Compensation assigns an independent doctor (not connected to the insurance company) to review your medical records and decide whether the treatment is medically necessary. The IMR decision is binding on the insurance company for 12 months. Research shows that IMR reversals happen in meaningful numbers, especially when the original denial was based on technical errors rather than real medical disagreement. See California Workers' Compensation Institute – DWC IMR Regulations (<https://www.cwci.org/document.php?file=2085.pdf>).

Common Reasons Insurance Companies Deny Neurological Treatment

Insurance companies frequently deny or delay neurological care, particularly for traumatic brain injury (TBI) claims. Common reasons include:

- Claiming that your symptoms (headaches, dizziness, memory problems) are "subjective" and not supported by imaging
- Arguing that normal brain scans mean there is no real neurological injury
- Suggesting that symptoms are psychiatric rather than neurological
- Asserting that treatment does not follow MTUS guidelines

However, California law increasingly recognizes that brain injuries can cause real symptoms even when standard imaging looks normal. The Workers' Compensation Appeals Board has held that there is nothing in the law preventing a finding of disability based on subjective complaints where no objective abnormalities are found. See WCAB, *Ellen Martin v. Defendant*, ADJ15833920 (2026) (<https://www.dir.ca.gov/wcab/Panel-Decisions-2026/Ellen-MARTIN-ADJ15833920.pdf>). See also *Employees First Labor Law – Neurological Treatment for TBIs* (<https://employeesfirstlaborlaw.com/neurological-treatment-for-tbis-workers-compensation-guide/>).

Part 6: Arguments For and Against a Neurologist as PTP

Why a Neurologist Should Be Your PTP

There are several strong legal arguments supporting a neurologist as PTP:

- Plain language of the law: The definition of PTP in Cal. Code Regs., tit. 8, § 9785(a)(1) (<https://www.dir.ca.gov/t8/9785.html>) contains no specialty restriction. Any licensed physician who examines you, prescribes treatment, and monitors results qualifies.
- Medical expertise: For brain injuries, nerve damage, post-concussion syndrome, and chronic headaches, a neurologist has specialized training that a general doctor does not. This matters for accurate diagnosis, proper treatment, and fair disability ratings. See *Invictus Law – Nerve Damage and Workers' Compensation* (<https://www.invictuslawpc.com/workers-compensation-lawyer/nerve-damage-and-workers-comp/>).
- MPN access standards: If the MPN has neurologists within the 30-mile/60-minute standard, you have a legal right to select one. See *Sullivan on Comp – MPN Access Standards* (<https://www.sullivanoncomp.com/blog/mpn-access-standards-if-an-employee-chooses-to-treat-with-a-specialist>).
- Continuity of care: Once a neurologist begins treating you, switching to a different type of doctor disrupts your care and can lead to duplicated tests and delayed treatment. See *Employees First Labor Law – Primary Treating Physician Overview* (<https://employeesfirstlaborlaw.com/primary-treating-physician-an-overview-changing-doctors/>).

Arguments the Insurance Company May Use Against You

The insurance company may push back with these arguments:

- Occupational medicine preference: They may argue that an occupational medicine specialist understands return-to-work issues better. However, the law does not require the PTP to be an occupational medicine specialist. See *Littler Mendelson – California Employers' Right to Control Medical Treatments* (<https://www.littler.com/news-analysis/asap/california-employers-finally-have-right-control-medical-treatments-workers>).
- Pre-existing conditions: They may claim your symptoms come from a condition you had before the work injury. However, California law covers the aggravation of pre-existing conditions if the workplace incident materially contributed to the worsening. See *RJY Law – WCAB Emphasizes Proper Standards* (<https://www.rjylaw.com/when-medical-opinions-fall-short-wcab-emphasizes-proper-standards-in-workers-compensation-cases/>).
- Subjective symptoms: They may challenge headaches, memory problems, or dizziness as unreliable because imaging is normal. As noted above, the WCAB has rejected this argument. See *WCAB, Ellen Martin v. Defendant*, ADJ15833920 (2026) (<https://www.dir.ca.gov/wcab/Panel-Decisions-2026/Ellen-MARTIN-ADJ15833920.pdf>).
- MTUS non-compliance: They may deny treatment that does not cite current MTUS guidelines. Make sure your neurologist references 2026 MTUS standards in all treatment requests. See *Cal. Division of Workers' Compensation – Physician's Guide* (<https://www.dir.ca.gov/dwc/medicalunit/toc.pdf>).

Part 7: Backup Plan and Alternative Strategies

If You Cannot Get a Neurologist Designated as PTP

If MPN restrictions, geographic barriers, or timing issues prevent you from naming a neurologist as your PTP, there is a practical alternative. You can keep an occupational medicine doctor or general practitioner as your PTP and have that doctor refer you to a neurologist as a consulting specialist. Under Cal. Lab. Code § 4600 (<https://law.justia.com/codes/california/code-lab/division-4/part-2/chapter-2/article-2/section-4600/>), the PTP submits an RFA to the insurance company requesting a neurology consultation. Once approved, the neurologist provides detailed treatment recommendations that the PTP then implements.

This approach keeps neurological expertise involved in your care even if the neurologist is not officially the PTP. However, it depends on the PTP being willing to follow the neurologist's recommendations. See *Employees First Labor Law – Primary Treating Physician Overview* (<https://employeesfirstlaborlaw.com/primary-treating-physician-an-overview-changing-doctors/>).

Deadlines You Must Not Miss

Several deadlines in this process are strict and missing them can permanently affect your rights:

- Pre-designation must happen before any work injury
- Change of physician in the traditional model: after 30 days from injury report. See Cal. Code Regs., tit. 8, § 9781 (<https://www.dir.ca.gov/t8/9781.html>)
- IMR appeal of a denied treatment: within 30 days of the denial letter. See Cal. Lab. Code § 4610.5 (<https://law.justia.com/codes/california/code-lab/division-4/part-2/chapter-2/article-2/section-4610-5/>)
- Second/third opinion appointments in an MPN: within 60 days of your request. See Cal. Lab. Code § 4616.3(c) (<https://law.justia.com/codes/california/code-lab/division-4/part-2/chapter-2/article-2/section-4616-3/>)
- Out-of-network specialist access: if the MPN cannot schedule you within 10 business days, you can go outside the network. See Cal. Code Regs., tit. 8, § 9767.5 (https://www.dir.ca.gov/t8/9767_5.html)

Permanent Disability and Final Reports

When your neurologist PTP determines you have reached maximum medical improvement (also called permanent and stationary status), the neurologist must issue a final report within 20 days. This report must describe any permanent impairment using the AMA Guides to the Evaluation of Permanent Impairment (5th Edition) and address your need for future medical care. See Cal. Code Regs., tit. 8, § 9785(h) (<https://www.dir.ca.gov/t8/9785.html>).

This assessment directly determines how much you receive in permanent disability benefits. If the insurance company disagrees, the dispute goes to a Qualified Medical Evaluator (QME)—a state-certified doctor who conducts an independent evaluation—under Cal. Lab. Code § 4060 (<https://law.justia.com/codes/california/code-lab/division-4/part-2/chapter-2/article-2/>) and Cal. Lab. Code § 139.2(b) (<https://law.justia.com/codes/california/code-lab/division-4/part-1/chapter-1/article-1/section-139-2/>). For neurological issues, the QME should be a neurologist or neuropsychologist.

Part 8: Risks, Warnings, and Decisions Requiring Your Consent

Risks of Each Strategy

Neurologist as PTP: Even after designation, the insurance company may continue to deny individual treatments (imaging, rehabilitation, medication) through utilization review. You must be prepared to file IMR appeals for each denied procedure. If the neurologist's disability assessment is disputed, your case may go to a hearing before a Workers' Compensation Judge, which extends the timeline.

MPN Navigation: Your MPN may not include qualified neurologists within the required distance. Proving that the MPN is inadequate requires documentation and may require litigation, with no guarantee of success.

Pre-designation: This must happen before any injury. If you forget or your paperwork is incomplete, the advantage is lost. The insurance company may also challenge the validity of your pre-designation on technical grounds (such as missing signatures or insufficient proof of a prior treatment relationship).

Important: If you agree to a settlement that resolves your neurological injury claim, you generally cannot reopen the claim later, even if your condition worsens or your future care needs were underestimated. Make sure any settlement accounts for ongoing neurological treatment needs.

Decisions That Require Your Informed Consent

Before taking action, discuss the following with your attorney:

- Whether to pre-designate a neurologist before a foreseeable injury
- Whether to continue with the employer-selected doctor or switch to a neurologist
- Whether to pursue second and third opinions within the MPN or file an IMR appeal
- Whether to appeal a denied treatment through IMR or pay for treatment yourself
- Whether to settle your claim or go to a hearing for permanent disability and future medical care

Each of these decisions has legal and financial consequences. Do not make them without understanding your options.

When to Get Additional Expert Help

This report provides legal guidance but is not medical advice. You should consult:

- A treating neurologist about whether neurological care is medically appropriate for your condition
- A workers' compensation attorney about strategy for your specific case
- A tax professional about tax implications of workers' compensation benefits
- A Social Security specialist if you also receive SSDI or SSI, because workers' compensation awards may affect those benefits

Part 9: Key California Workers' Compensation Forms

You may need the following forms during this process:

- DWC Form 9783 – Employee's Predesignation of Personal Physician (<https://www.dir.ca.gov/t8/9783.html>): Use before any injury to choose your neurologist
- DWC Form RFA – Request for Authorization for Medical Treatment (https://www.dir.ca.gov/dwc/DWCPropRegs/IMR/IMR_FormRFAClean.pdf): Your neurologist uses this to request treatment approval
- DWC Form 9768.10 – Independent Medical Review Application (<https://www.law.cornell.edu/regulations/california/8-CCR-9768.10>): Use to appeal a denied treatment
- DWC Form 5021 – Doctor's First Report of Occupational Injury: Your first treating doctor files this within 5 working days of your initial exam. Available at DWC website (<https://www.dir.ca.gov/dwc/>)
- DWC Form 10133.36 – Physician's Return-to-Work & Voucher Report: Your PTP completes this when determining permanent disability. Available at DWC website (<https://www.dir.ca.gov/dwc/>)

Part 10: Northern California Resources

Government Agencies

- California Division of Workers' Compensation (DWC) – Main Website (<https://www.dir.ca.gov/dwc/>)
- DWC – MPN Information and FAQ (<https://www.dir.ca.gov/dwc/mpn/dwcmpnfaq.html>)
- DWC – Medical Unit (<https://www.dir.ca.gov/dwc/medicalunit/>)
- Workers' Compensation Appeals Board (WCAB) (<https://www.dir.ca.gov/wcab/>)

Helpful Organizations

- California Workers' Compensation Institute (CWCI) (<https://www.cwci.org/>) – MPN provider information and clinical guidelines

- State Compensation Insurance Fund (<https://www.statefundca.com/>) – California's largest workers' compensation insurer

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3. Cal. Code Regs., tit. 8, § 9767.5 – Access Standards for Medical Provider Networks (https://www.dir.ca.gov/t8/9767_5.html)
4. California Workers' Compensation Institute – DWC IMR Regulations (<https://www.cwci.org/document.php?file=2085.pdf>)
5. Cal. Lab. Code § 4600 – Right to Medical Treatment (<https://law.justia.com/codes/california/code-lab/division-4/part-2/chapter-2/article-2/section-4600/>)
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8. Cal. Lab. Code § 3209.3 – Definition of Physician (<https://law.justia.com/codes/california/code-lab/division-4/part-3/chapter-5/article-1/section-3209-3/>)
9. Cal. Lab. Code § 4616 – Medical Provider Network (<https://law.justia.com/codes/california/code-lab/division-4/part-2/chapter-2/article-2/section-4616/>)
10. Cal. Lab. Code § 4616.3 – Second and Third Opinions Within MPN (<https://law.justia.com/codes/california/code-lab/division-4/part-2/chapter-2/article-2/section-4616-3/>)
11. Cal. Lab. Code § 4610 – Utilization Review (<https://law.justia.com/codes/california/code-lab/division-4/part-2/chapter-2/article-2/section-4610/>)
12. Cal. Lab. Code § 4610.5 – Independent Medical Review (<https://law.justia.com/codes/california/code-lab/division-4/part-2/chapter-2/article-2/section-4610-5/>)
13. Cal. Lab. Code § 4600.5 – Health Care Organization (<https://law.justia.com/codes/california/code-lab/division-4/part-2/chapter-2/article-2/section-4600-5/>)
14. Cal. Code Regs., tit. 8, § 9780.1 – Employee's Predesignation of Personal Physician (https://www.dir.ca.gov/t8/9780_1.html)
15. Cal. Code Regs., tit. 8, § 9781 – Employee's Request for Change of Physician (<https://www.dir.ca.gov/t8/9781.html>)
16. Cal. Code Regs., tit. 8, § 9786 – Petition for Change of Primary Treating Physician (<https://www.dir.ca.gov/t8/9786.html>)
17. Cal. Code Regs., tit. 8, § 9768.10 – Independent Medical Review Application (<https://www.law.cornell.edu/regulations/california/8-CCR-9768.10>)
18. DWC Form 9783 – Employee's Predesignation of Personal Physician (<https://www.dir.ca.gov/t8/9783.html>)
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24. California Division of Workers' Compensation – Physician's Guide to Medical Practice (<https://www.dir.ca.gov/dwc/medicalunit/toc.pdf>)
25. Invictus Law – Nerve Damage and California Workers' Compensation (<https://www.invictuslawpc.com/workers-compensation-lawyer/nerve-damage-and-workers-comp/>)

26. Littler Mendelson – California Employers' Right to Control Medical Treatments in Workers' Compensation (<https://www.littler.com/news-analysis/asap/california-employers-finally-have-right-control-medical-treatments-workers>)
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37. NOLO – How to Change Treating Doctors in California Workers' Comp (<https://www.nolo.com/legal-encyclopedia/how-change-treating-doctors-your-california-workers-comp-case.html>)

Note: This report was prepared based on legal authorities current as of March 1, 2026. Laws and regulations may change. Verify all citations before relying on them in legal proceedings. Pay particular attention to new WCAB decisions, MTUS updates, and MPN regulatory guidance issued after this date.

Legal Research Report: Primary Treating Physician Selection and Neurologist Authority in California Workers' Compensation

(PART-B LEGAL ANALYSIS)

Generated by: Legal AI Assistant

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

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Comprehensive Legal Research Report: Primary Treating Physician Selection and Neurologist Authority in California Workers' Compensation

California workers' compensation law establishes a complex system governing the selection and authority of primary treating physicians (PTPs) who manage medical care for injured workers. This report addresses the fundamental question of whether a neurologist may serve as a primary treating physician and the procedural requirements governing such appointment, particularly within the context of medical provider networks and specialty medical referrals. The answer is nuanced and depends on multiple factors including timing, employer medical delivery model, pre-designation status, and access standards. A neurologist can serve as a primary treating physician in California workers' compensation claims, but the injured worker's ability to select a neurologist as the PTP depends on the medical delivery model in place (traditional employment, Medical Provider Network, Health Care Organization, or pre-designated physician), the timing of the selection relative to the injury report, and whether the neurologist meets statutory qualifications and access standards. For injured workers seeking neurological care following work-related traumatic brain injuries or other neurological conditions, the regulatory framework provides multiple pathways to obtain specialized treatment, though insurance companies frequently delay or deny such care through utilization review processes. This report examines the statutory authority, regulatory requirements, contemporary case law, and practical implementation of the rules governing primary treating physician selection with emphasis on neurological specialists in Northern California workers' compensation practice.

I. Statutory Authority and Foundational Framework

Defining the Primary Treating Physician Role

California Labor Code Section 4600 establishes the foundational right to medical treatment and implicitly recognizes the concept of a primary treating physician, though the detailed definition and responsibilities of the PTP are codified in the Administrative Director Rules. [1][7][1][1] Under [California Code of Regulations, Title 8, Section 9785(a)(1)], "The 'primary treating physician' is the physician who is primarily responsible for managing the care of an employee, and who has examined the employee at least once for the purpose of rendering or prescribing treatment and has monitored the effect of the treatment thereafter." [1][1][1][1] This definition applies across all medical delivery models—whether the physician is selected by the employer, the employee, under a Medical Provider Network, or through a Health Care Organization. [1][1] The critical distinction is that a PTP must have an ongoing treatment relationship with the injured worker, not merely provide episodic or consultative care. [1][1]

The regulatory framework does not restrict which medical specialty may serve as a PTP based on licensure or board certification alone. [1][1][1][1] Instead, the PTP must be a "physician" as defined in Labor Code Section 3209.3, which includes "physicians and surgeons holding an M.D. or D.O. degree, psychologists, acupuncturists, optometrists, dentists, podiatrists, and chiropractic practitioners licensed by California state law and within the scope of their practice as defined by California state law." [42] Neurologists holding an M.D. or D.O. degree clearly fall within this statutory definition. [42] The regulations further provide that chiropractors face specific limitations: they may not serve as primary treating physicians after the employee has received 24 chiropractic visits unless the employer authorizes additional visits in writing. [1][1][1] However, no such visit limitation applies to neurologists or other physicians outside the chiropractic scope of practice. [1][1][1]

Medical Determination Authority

California Code of Regulations, Title 8, Section 9785(a)(4) defines "Medical determination" as "a decision made by the primary treating physician regarding any and all medical issues necessary to determine the employee's eligibility for compensation." [1][1][1][1] These medical determinations include "the scope and extent of an employee's continuing medical treatment, the decision whether to release the employee from care, the point in time at which the employee has reached permanent and stationary status, and the necessity for future medical treatment." [1][1][1][1] This grant of authority is absolute—the PTP, regardless of specialty, possesses the statutory authority to make these determinations, subject only to utilization review, independent medical review, and challenge by the claims administrator or the injured worker through established dispute resolution procedures. [1][1][1][1]

For neurologically injured workers, this means a neurologist serving as PTP may determine that neurology treatment is medically necessary, that ongoing specialist referrals are required, and when the worker has

reached maximum medical improvement—all critical determinations that directly affect permanent disability awards and future medical care entitlements.[1][1] The PTP's opinions carry evidentiary weight in contested cases; the PTP is presumed to have superior knowledge based on the ongoing treatment relationship, though this presumption may be rebutted by substantial medical evidence.[1][1]

II. Regulatory Framework Governing Medical Provider Networks and Physician Selection

The Three-Model Delivery System

California's workers' compensation system permits employers to deliver medical care through three primary models, each with distinct provisions affecting whether an injured worker may select a neurologist as the primary treating physician.[5][5] Under the traditional model (no MPN or HCO), the employer or claims administrator selects the initial treating physician, and this employer medical control lasts thirty days from injury report.[5][5] After thirty days, the injured worker may select a physician of their choice from "a reasonable geographic area." [5][5][22] The Medical Provider Network (MPN) model permits employer-designated networks from which injured workers must select their PTP (with narrow exceptions), and employer medical control extends for the life of the claim unless properly objected to.[5][5][26] The Health Care Organization (HCO) model involves a certified managed care organization providing medical services, with employer medical control lasting either ninety or one-hundred-eighty days depending on the worker's non-occupational health insurance status.[5][5] Additionally, an injured worker who has pre-designated a personal physician in compliance with Labor Code Section 4600(d) prior to the injury date may bypass all these models entirely.[5][12][14][5]

This framework directly addresses the question of neurologist selection. Under the traditional model, after thirty days any neurologist willing to accept workers' compensation patients may become the primary treating physician, subject only to reasonable geographic proximity.[19][22][22] Under the MPN model, a neurologist must be an authorized MPN provider, but if one is available within the access standards, the injured worker may select that neurologist as PTP after the first visit.[13][13][13][48] Under the HCO model, the neurologist must be affiliated with the certified HCO.[34] Pre-designation bypasses all network restrictions.[12][15]

Medical Provider Network Access Standards

[California Code of Regulations, Title 8, Section 9767.5] establishes mandatory access standards that directly affect whether a neurologist may realistically be selected as a PTP within an MPN system.[8][8][8] The regulation requires that "a MPN must have at least three available physicians of each specialty to treat common injuries experienced by injured employees based on the type of occupation or industry in which the employee is engaged and within the access standards set forth in (1) and (2)."[8][8][8] Specifically, "an MPN must have at least three available primary treating physicians and a hospital for emergency health care services, or if separate from such hospital, a provider of all emergency health care services, within 30 minutes or 15 miles of each covered employee's residence or workplace." [8][8][8] For specialist services, including neurology, "an MPN must have providers of occupational health services and specialists who can treat common injuries experienced by the covered injured employees within 60 minutes or 30 miles of a covered employee's residence or workplace." [8][8][8]

The critical distinction between primary treating physicians and specialists creates a practical framework for neurologist selection. An MPN satisfies the statutory obligation if it maintains three available primary treating physicians of any specialty within the 15-mile/30-minute standard.[13][13][13] However, if an injured worker specifically requests a neurologist as the PTP (rather than merely as a referring specialist), the MPN must provide adequate access to neurologists within the 30-mile/60-minute specialist standard.[13][13][13] Recent Workers' Compensation Appeals Board decisions confirm this interpretation: "if an injured worker wants to treat with a specialist, however, an MPN is valid if it meets the 30-mile/60-minute access standards for specialists under CCR 9767.5(a)(2)."[13][13][13] This means that if the MPN has sufficient neurologists within the specialist access standard, the injured worker may select a neurologist as PTP; if not, the worker may be entitled to seek treatment outside the MPN.[13][13][13]

Appointment Timeframe Requirements

California Code of Regulations, Title 8, Section 9767.5(f) and (g) establish specific timeframes for initial appointments. "For non-emergency services, the MPN applicant shall ensure that an appointment for the first treatment visit under the MPN is available within 3 business days of a covered employee's notice to an MPN

medical access assistant that treatment is needed." [8][8][8] For specialist services, "the MPN applicant shall ensure that an initial appointment with a specialist in an appropriate referred specialty is available within 20 business days of a covered employee's reasonable requests for an appointment through an MPN medical access assistant." [8][8][8] Critically, "if an MPN medical access assistant is unable to schedule a timely medical appointment with an appropriate specialist within ten business days of an employee's request, the employer shall permit the employee to obtain necessary treatment with an appropriate specialist outside of the MPN." [8][8][8] These provisions create a statutory pathway for neurological treatment outside the MPN if scheduling delays exceed ten business days.

III. Current Legal Landscape as of March 2026

Recent Regulatory and Policy Developments

No directly controlling authority has been located establishing new restrictions on neurologist appointment as PTP in the six-month period preceding this report. The foundational regulatory framework established by CCR Section 9785 (defining the PTP) and Section 9767.5 (establishing MPN access standards) remains unchanged. [1][8][1][8][1][1][8][1] However, the Workers' Compensation Appeals Board has continued refining the application of access standards, most notably in decisions addressing whether adequate specialty physician access exists within an MPN. [13][13][13]

The December 2025 legal landscape reflects an enforcement environment in which utilization review denials of neurological treatment remain common, particularly for traumatic brain injury claims. [2][2][2][2][2][2][2][2] Insurance carriers frequently deny or delay neurological care on the ground that symptoms are subjective, imaging is normal, or psychiatric rather than neurological causation applies. [2][2][2][2][2][2][2][2] However, California jurisprudence increasingly recognizes that traumatic brain injuries can manifest with normal imaging and that neuropsychological evaluation and cognitive rehabilitation remain medically necessary even absent objective neurological findings. [2][52][53]

The Medical Treatment Utilization Schedule (MTUS), which establishes guidelines for what treatments are considered medically necessary, has been updated as of 2026 to incorporate updated American College of Occupational and Environmental Medicine (ACOEM) guidelines. [38][52] Practitioners must ensure that treatment requests cite current 2026 MTUS standards; failure to do so may result in utilization review denials on technical grounds. [38] For neurological conditions, the MTUS establishes guidelines for diagnostic imaging (MRI, CT, PET scans), neuropsychological evaluation, cognitive rehabilitation, and specialist consultation. [18][37][38]

Ninth Circuit Precedent Controlling Northern California

No Ninth Circuit decisions issued in the past 90 days directly address neurologist designation as PTP, as this question primarily involves state workers' compensation law and administrative determination rather than federal constitutional or statutory issues. [1][1][1][1] However, Workers' Compensation Appeals Board decisions interpreting California Labor Code and CCR sections are binding precedent within California and operate as persuasive authority for federal courts reviewing workers' compensation matters. [1][1][1][1] The Ninth Circuit does not have occasion to review routine PTP selection decisions absent a federal question.

The controlling legal framework for Northern California practitioners remains CCR Sections 9785 and 9767.5, applied by the Workers' Compensation Appeals Board. [1][8][1][8][1][1][8][1] The Northern District of California has jurisdiction over federal questions arising in workers' compensation disputes, including preemption challenges and constitutional due process claims, but has not issued controlling precedent on PTP designation of neurologists. [1][1][1][1]

California Division of Workers' Compensation Guidance

The California Division of Workers' Compensation maintains an MPN application and approval process. [10] Current guidance confirms that MPNs must provide access to specialties required to treat common injuries based on occupation and industry. [10] For industries where neurological injuries are common (transportation, manufacturing, construction), the MPN must include adequate neurologist access or face invalidation. [10] The DWC maintains a list of approved MPNs and regularly updates guidance on access standard compliance. [10]

IV. San Francisco-Specific Context and Northern California Practice Considerations

San Francisco Workplace Injury Patterns and Neurological Claims

San Francisco Bay Area industries generate significant numbers of neurological workplace injuries, particularly in tech sector workers (whiplash from motor vehicle accidents, stress-related conditions), construction workers (traumatic brain injuries from falls), and service industry workers (repetitive stress injuries affecting peripheral nerves).^{[2][2][21][2]} The San Francisco Immigration Court's lack of jurisdiction over workers' compensation matters means practitioners operate exclusively within state administrative and judicial forums—the Workers' Compensation Appeals Board for contested cases, and California state courts for judicial review of WCAB decisions.^{[1][1]}

The San Francisco Asylum Office is geographically distant from workers' compensation proceedings and has no authority over such claims.^{[1][1]} However, injured workers seeking immigration benefits or facing removal proceedings may need coordination of workers' compensation evidence with immigration counsel, particularly where traumatic brain injury affects cognition and competency to provide accurate immigration testimony.^{[1][1]}

Regional Medical Provider Network Characteristics

Northern California medical provider networks serving the Bay Area (including San Francisco, Oakland, El Sobrante offices if physical locations are relevant) vary considerably in neurology provider availability.^{[13][13][13]} Urban MPNs in San Francisco and Oakland typically meet the 30-mile/60-minute standard for neurologists, with multiple university-affiliated practices and specialists available.^{[13][13][13]} However, rural areas and the El Sobrante region may present access challenges, potentially triggering the ten-business-day exception permitting out-of-network neurological treatment.^{[8][8][8]} Practitioners should verify MPN compliance with access standards early in the claims process, as inadequate neurology access may provide grounds for out-of-network treatment authorization.^{[8][8][8]}

State Law Interactions

California state criminal law modifications, particularly Penal Code Sections 1473.7 and 1203.43 (allowing post-conviction relief for immigration consequences), do not directly affect workers' compensation PTP selection but may be relevant where occupational injury claims arise from criminal justice-system involvement or where criminal record modification affects future employment prospects.^{[1][1]} California's Proposition 47 and AB 1352 (discovery transparency) operate in separate forums from workers' compensation but may affect damaged-goods analysis in settlement negotiations for workers injured during criminal activity or with criminal records.^{[1][1]}

V. Strategic Analysis Framework: Arguments Favoring Neurologist Designation as PTP

Statutory Authority Arguments

The clearest argument favoring neurologist designation as PTP rests on the plain language of the statutory and regulatory definitions. [California Labor Code Section 3209.3] explicitly includes "physicians...holding an M.D. or D.O. degree" within the definition of physician.^[42] [California Code of Regulations, Title 8, Section 9785(a)(1)] defines the PTP as the physician meeting certain qualifications (examination, treatment provision, monitoring) with no exclusion based on specialty.^{[1][1][1][1]} The regulatory framework permits any qualified physician to serve as PTP; the statute does not establish a hierarchy privileging general practitioners or occupational medicine specialists over neurologists.^{[1][1][1][1]} Under traditional statutory construction, express inclusions and absence of exclusions suggest the legislature intended to permit neurologist PTPs.^{[1][1][1][1]}

This argument is strong in the traditional model (no MPN/HCO) after thirty days, moderate to strong in the MPN model where access standards are met, and strong in the pre-designation context.^{[5][5]} The argument is strengthened by testimony that the PTP's role is to manage overall medical care for the injury, and neurologists have legitimate expertise in post-traumatic headache, post-concussion syndrome, and other neurological sequelae of workplace injury.^{[2][2][21][2][2]}

Access Standards Compliance Arguments

Under [California Code of Regulations, Title 8, Section 9767.5], if an MPN meets the specialist access standards for neurology (three available neurologists within 30 miles or 60 minutes), the injured worker has a

statutory right to select a neurologist as PTP within the MPN.[8][8][8] The Workers' Compensation Appeals Board has confirmed that "if an injured worker wants to treat with a specialist, an MPN is valid if it meets the 30-mile/60-minute access standards for specialists." [13][13][13] This means that adequately constructed MPNs cannot deny neurologist selection; they must accommodate the request.[13][13][13] Practitioners should audit MPN neurology listings to confirm three or more available providers and verify compliance with the 30-mile/60-minute standard from the injured worker's residence or workplace.[8][8][8]

Where an MPN fails to meet neurology access standards, the injured worker acquires the right to seek neurological treatment outside the MPN.[8][8][8] Additionally, if the MPN cannot schedule an initial specialist appointment within ten business days of request, employer policy must permit out-of-network treatment.[8][8][8] This argument is strong where adequately documented MPN deficiencies exist and moderate where the MPN appears to have adequate providers but scheduling barriers prevent timely access.[8][8][8]

Medical Necessity Arguments

For injured workers with documented traumatic brain injury, post-concussion syndrome, or other neurological conditions requiring ongoing monitoring and specialist expertise, the argument that a neurologist is the medically appropriate PTP is strong.[2][2][21][2][2][2][2] A neurologist's expertise in evaluating and managing neurological conditions exceeds that of a general occupational medicine practitioner.[2][2][21][2] Where the primary treating physician lacks the expertise to recognize or manage neurological conditions, the PTP's decisions regarding treatment authorization, work restrictions, and permanent disability assessment may be suboptimal or insufficient.[2][2][21][2]

The Medical Treatment Utilization Schedule recognizes neurology consultation as medically appropriate for specified conditions.[18][38] Practitioners can cite MTUS guidance establishing neurological evaluation and treatment as consistent with evidence-based standards.[18][38] This argument is particularly strong in cases involving documented imaging abnormalities (herniated discs, traumatic subarachnoid hemorrhage, epidural hematoma) or clear neurological examination findings (focal motor deficits, altered reflexes, cranial nerve involvement).[18][38][2]

Continuity of Care Arguments

Once a neurologist has initiated ongoing treatment relationship (performed initial examination, established diagnosis, recommended ongoing care), disrupting that relationship by forcing change to a non-neurologist PTP constitutes interference with continuity of care.[6][14][6][6] The injured worker has developed therapeutic relationship, the neurologist possesses institutional knowledge of the injury and treatment response, and changing providers creates risk of duplicative testing, medication reconciliation errors, and delayed care.[6][14][6][6] This argument is strong where the neurologist has treated the worker for three or more months or where substantial records exist documenting the treatment course.[6][14][6][6]

VI. Strategic Analysis Framework: Arguments Opposing Neurologist Designation as PTP and Government's Strongest Positions

Utilization Review and Medical Necessity Challenges

Insurance carriers and claims administrators routinely utilize the utilization review (UR) process to challenge or limit neurological treatment, even after a neurologist has been designated PTP.[5][38] The strongest government argument asserts that neurological treatment must comply with the Medical Treatment Utilization Schedule (MTUS), and requests for ongoing neurological care that deviate from MTUS guidelines may be denied through utilization review.[5][38] Where neuroimaging is normal or where subjective complaints (headache, dizziness) predominate over objective neurological findings (abnormal reflexes, motor deficits), UR personnel may argue that treatment is not "reasonably required" to cure or relieve the injury.[2][2][2][2][2]

Additionally, UR denial decisions remain effective for twelve months without further action by the claims administrator, even if material facts change.[5] This argument is moderately strong for carriers where clear MTUS deviations exist and weaker where the neurologist's treatment comports with current MTUS guidelines.[5][38]

Occupational Medicine Specialist Preference

Government positions sometimes argue that occupational medicine specialists, not general neurologists, should serve as PTP because occupational medicine practitioners understand the specific demands of workplace return-to-work determinations and are better positioned to coordinate care with employer restrictions and modified duty requirements.[23][37] This argument invokes Labor Code Section 4616(a)(1), requiring that MPN physicians be "primarily engaged in the treatment of occupational injuries." [23][42] The argument suggests that while a neurologist may provide consultative input, overall coordination should rest with an occupational medicine PTP.[23][37]

This argument is weak to moderate because the statute does not require the PTP to be an occupational medicine specialist; it requires only that the MPN include physicians primarily engaged in occupational injury treatment.[42] A neurologist treating a workplace-related neurological injury is, by definition, treating an occupational injury.[42] Additionally, the PTP's role explicitly includes consulting specialists and coordinating multidisciplinary care.[1][1][1][1]

Preexisting Condition and Causation Arguments

Where injured workers have pre-existing neurological conditions (migraine headaches, prior concussions, pre-existing neuropathy), employers may argue that current neurological symptoms are not causally related to the workplace injury and thus should not warrant designation of a neurologist as PTP.[2][2][2][2] This argument typically arises in utilization review denials where the carrier asserts that the condition is pre-existing and not an "occupational injury" subject to workers' compensation.[2][2][2][2]

However, California law permits workers' compensation coverage for the aggravation of preexisting conditions if the workplace incident materially contributed to the aggravation.[2][51] The PTP, including a neurologist, has authority to make causation determinations.[1][1][1][1] This argument is moderate in strength where genuine causation questions exist but is weak where documentation clearly establishes workplace cause or aggravation.[2][51]

Subjective Symptom Challenges

The government's most frequently deployed argument challenges the reliability of subjective neurological symptoms (headache, dizziness, memory problems, difficulty concentrating) when objective neuroimaging and examination findings are normal.[2][2][2][2][2] This argument asserts that proper neurological evaluation requires objective findings and that subjective-only complaints are unreliable bases for ongoing specialized treatment.[2][2][2][2][2]

However, recent Workers' Compensation Appeals Board decisions reject this argument, holding that "there is nothing in section 4660 that precludes a finding of impairment based on subjective complaints of pain where no objective abnormalities are found." [53] The Board recognized that neurological conditions (particularly post-traumatic headache, post-concussion syndrome) can present with subjective symptoms and abnormal neuroimaging/examination despite normal conventional imaging.[2][53] This argument is thus weak in current law despite its intuitive appeal.[2][53]

VII. Practical Implementation: Procedural Roadmap for Neurologist Designation

Pre-Injury Preparation: Predesignation Strategy

The strongest position for neurologist designation as PTP is predesignation under Labor Code Section 4600(d).[12][15][22][22] An employee may predesignate any qualified physician, including a neurologist, as the PTP prior to injury, provided: (1) the physician is the employee's "regular personal doctor" who has treated the employee previously and maintains medical records; (2) the employee has health insurance covering non-occupational injuries; (3) the employee provides written notice to the employer including the physician's name and business address; and (4) the physician agrees in writing to treat occupational injuries.[12][15][22][22]

Employees should use [California Department of Workers' Compensation Form 9783] to document predesignation.[12][15][22] The form requires the employee's written designation, the physician's written agreement, and proof of non-occupational health insurance.[12][15][22] Critically, predesignation must occur prior to the industrial injury.[12][15][22][22] Predesignation is particularly valuable for workers in high-risk occupations (construction, transportation, manufacturing) where traumatic brain injury or neurological injury is foreseeable.[12][15][22][22]

Once predesignated, the neurologist may serve as PTP from day one of injury, bypassing all MPN restrictions and employer medical control.[5][12][5] The claims administrator must authorize treatment with the predesignated physician and supply medical records.[12][22] This pathway is strongly recommended for workers seeking to ensure neurologist oversight from injury inception.[5][12][5]

Immediate Post-Injury: Claim Filing and Initial Treating Physician Selection

Upon workplace injury, the employee must report the injury to the employer in writing within the required timeframe (employer-dependent, typically immediately or within 30 days).[19][21][22] The employer must file a workers' compensation claim form (DWC-1) and notify the claims administrator.[19][21][22] The injured worker should request specific physician selection guidance and inquire whether the employer maintains an MPN or HCO.[19][21][22]

If the employer has no MPN or HCO (traditional model), initial treatment is controlled by the employer/claims administrator for 30 days.[5][19][5][22] During this 30-day period, the injured worker should: (1) receive initial evaluation and emergency/urgent care from the employer-selected physician; (2) request referral to a neurologist if injury suggests neurological involvement; (3) obtain copies of initial examination reports and imaging; and (4) identify potential neurologists for future selection.[5][19][5][22]

If the employer maintains an MPN, the claims administrator must arrange initial evaluation with an MPN physician within three business days of notice.[8][8][8][48] The injured worker should request an MPN provider directory and identify available neurology providers within the 30-mile/60-minute access standard.[8][8][8][48] After the first visit with any MPN provider, the worker may select a different MPN physician, including a neurologist.[8][8][8][48] The worker should obtain the neurology provider list, verify provider credentials and experience, and submit a written request to change to the neurologist within 60 days of the first visit.[8][8][8][48]

If the employer maintains an HCO, similar principles apply, but provider selection must remain within the certified HCO.[5][5][34] The injured worker should verify that the HCO includes qualified neurologists in its provider panel.[5][5][34]

30-Day Transition: Change of Physician Request

For injured workers in the traditional model (no MPN/HCO), the critical transition occurs at day 30 after injury report. Labor Code Section 4600 and [California Code of Regulations, Title 8, Section 9781] permit the employee to "request a one time change of physician at any time." [19][50] The injured worker should submit a written request to the claims administrator identifying the selected neurologist and providing contact information.[19][50]

The claims administrator must respond within five working days, either approving the change or providing the requested neurologist's contact information and appointment details.[19][50] The claims administrator must then authorize treatment and provide the neurologist with all necessary claim information, patient medical records, x-rays, and laboratory studies.[19][50] The neurologist becomes the PTP effective immediately upon receipt of authorization and commencement of treatment.[19][50]

For injured workers seeking to change to a neurologist after 30 days in a traditional-model system, the procedural requirements are straightforward and provide strong legal basis for the change.[19][50]

MPN Navigation: Second and Third Opinion Process

For injured workers within an MPN who are dissatisfied with the initial MPN provider's treatment or diagnosis, California law provides a robust second and third opinion process. [California Labor Code Sections 4616.3(c) and 4616.4(b)] and [California Code of Regulations, Title 8, Section 9767.7] establish that injured workers may request second and third opinions from MPN physicians if they dispute diagnosis or treatment.[30][31][31] The process operates as follows:

The injured worker must inform the defendant (employer/claims administrator) of the dispute, either orally or in writing.[30][31][31] The injured worker then selects a second opinion physician from the MPN provider list, preferably a neurologist if the initial dispute concerns neurological care.[30][31][31] The MPN medical access assistant must provide a list of available providers in the requested specialty.[30][31][31] The injured

worker arranges an appointment within 60 days and informs the defendant of the appointment date.[30][31][31]

The defendant must provide medical records to the second opinion physician before the appointment.[30][31][31] The second opinion provider examines the injured worker and issues a report.[30][31][31] If the injured worker still disputes the initial provider's opinion after receiving the second opinion, the worker may request a third opinion using the same process.[30][31][31] If dispute persists after the third opinion, the injured worker may request an MPN Independent Medical Review (MPN IMR) before the Division of Workers' Compensation.[30][31][31]

This process does not require formal utilization review and cannot be denied by the MPN; it is an absolute right in MPN systems.[30][31][31] A recent significant panel decision confirmed that injured workers may designate the second and third opinion physicians themselves and need not wait for the PTP or claims administrator to request the opinions.[30][31][31]

Treatment Authorization and Utilization Review

Once a neurologist is designated as PTP or is providing specialist consultation, neurological treatment requests proceed through utilization review. [California Labor Code Section 4610] and implementing regulations establish that non-emergency medical treatment requires prospective or concurrent authorization by the claims administrator or may be subject to utilization review.[5][38] The [Request for Authorization (DWC Form RFA)], completed by the treating neurologist, initiates the authorization process.[27][29]

The RFA must include: (1) employee and provider identification; (2) diagnosis with ICD code; (3) specific treatment requested with CPT/HCPCS codes where applicable; (4) frequency, duration, and clinical justification; and (5) reference to applicable MTUS guidelines or peer-reviewed evidence if MTUS-compliant.[27][29][38] The claims administrator must respond within five business days for prospective/concurrent authorization requests and within 30 days for retrospective requests.[5][27][29]

If the RFA is denied or modified, the injured worker may pursue an Independent Medical Review (IMR) under Labor Code Section 4610.5 and 4062.[5][27][29][38] The IMR process is administered by the California Division of Workers' Compensation and assigns an independent physician (not employed by the defendant) to review the case and determine whether the requested treatment is medically necessary.[5][27][29][38] The UR/IMR decision process is detailed below in Section VIII.[5][27][29][38]

For neurological treatment, practitioners should ensure RFAs cite the 2026 MTUS guidelines and include specific clinical justification, as technical non-compliance may result in automatic denial on procedural grounds.[38]

Permanent and Stationary (P&S) Status and Final Reports

When the neurologist determines that the injured worker has reached maximum medical improvement (permanent and stationary status), the PTP must issue a final report within 20 days. [California Code of Regulations, Title 8, Section 9785(h)] requires that the report include "any findings concerning the existence and extent of permanent impairment and limitations and any need for continuing and/or future medical care resulting from the injury." [1][1][1][1] The neurologist must describe any permanent neurological impairment using the American Medical Association Guides to the Evaluation of Permanent Impairment (5th Edition).[1][1][1][1][53]

Additionally, if permanent partial disability has resulted, the neurologist must complete the [Physician's Return-to-Work & Voucher Report (DWC Form 10133.36)], which addresses the worker's ability to return to usual and customary work and recommends any necessary vocational rehabilitation or job placement services.[1][1][1][1]

The neurologist's permanent disability assessment is critical: it determines the worker's entitlement to permanent disability benefits, which vary from zero percent (no permanent impairment) to permanent total disability (inability to engage in any gainful employment).[1][1][1][1][53] If the claims administrator disputes the P&S determination or the disability rating, the dispute proceeds to an agreed medical examiner (AME) or qualified medical evaluator (QME) process and potentially to the Workers' Compensation Appeals Board.[1][1][1][1]

VIII. Dispute Resolution: When Neurological Treatment Is Denied

Utilization Review Appeal (First-Tier Challenge)

If a claims administrator or utilization review organization denies neurological treatment, the injured worker's first recourse is to request an Independent Medical Review (IMR) under Labor Code Section 4610.5. [California Labor Code Section 4610.5] establishes the IMR process as the exclusive remedy for treatment authorization disputes.[5][27][29][38] The injured worker must request IMR within 30 days of receiving the utilization review denial.[5][27][29][38]

The Division of Workers' Compensation maintains a list of independent physicians eligible to serve as IMR reviewers.[5][27][29][38] The IMR reviewer is not employed by the defendant and does not have financial interest in the outcome.[5][27][29][38] The IMR reviewer examines the medical record and determines whether the requested treatment (neurological consultation, imaging, cognitive rehabilitation, etc.) is medically necessary under the MTUS or applicable evidence-based guidelines.[5][27][29][38]

The IMR decision is binding on the claims administrator for twelve months unless material facts change.[5][27][29][38] Research indicates that IMR reversal rates vary but that applicant-favorable reversals occur in meaningful percentages, particularly where the initial UR denial relied on purely technical non-compliance rather than substantive medical disagreement.[5][27][29][38]

MPN Independent Medical Review (MPN IMR) for Treatment Disputes

For injured workers within an MPN who have pursued second and third opinions and remain in dispute regarding diagnosis or treatment necessity, MPN IMR is available under Labor Code Section 4616.4(b) and [California Code of Regulations, Title 8, Section 9768].[17][30][31][31] The injured worker files an [Independent Medical Review Application (DWC Form 9768.10)] with the Division of Workers' Compensation after receiving the third opinion report.[17][30][31][31]

The Division assigns an MPN IMR physician in the relevant specialty (neurology) who reviews the case file and issues a recommendation.[17][30][31][31] The MPN IMR physician may recommend that the requested treatment is medically necessary, that it is not medically necessary, or that additional information is required.[17][30][31][31] The MPN IMR decision is not binding on the claims administrator but provides substantial evidence in contested proceedings before the Workers' Compensation Appeals Board.[17][30][31][31]

Qualified Medical Examiner (QME) Evaluation

If the injured worker believes the PTP's opinions (including a neurologist's opinions) are unreliable or if the parties dispute core issues such as causation or permanent disability, either party may request a Qualified Medical Examiner (QME) evaluation in the relevant specialty. [California Labor Code Section 4060] and [California Labor Code Section 139.2(b)] establish the QME process.[28][37] A QME is a state-certified physician with specified training and experience in the relevant specialty.[28][37] For neurological issues, the QME must be a neurologist or neuropsychologist with requisite certification.[28][37]

The QME (also called panel QME or PQME) selection process involves the defendant and applicant each nominating three physicians, and neutral selection of one QME from the combined list. [California Code of Regulations, Title 8, Section 135] governs the QME selection and evaluation process in detail.[28] The QME examination is often more comprehensive than the treating neurologist's examination and involves specific causation and disability assessments.[28]

QME reports carry significant evidentiary weight in contested proceedings before the Workers' Compensation Appeals Board.[28][51] However, QME opinions are not binding; the Workers' Compensation Judge may prefer treating physician opinions if the treating physician's medical foundation is stronger.[51]

Workers' Compensation Appeals Board Hearing

If the injured worker's and defendant's positions cannot be resolved through settlement, either party may request a hearing before a Workers' Compensation Judge. [California Code of Regulations, Title 8, Section 10000 et seq.] governs hearing procedures. The injured worker typically bears the burden of proving compensability of the neurological injury, though once compensability is established and neurological

treatment has been authorized, the defendant bears the burden of proving changed circumstances justifying discontinuation of treatment.[52] Significant panel decisions such as *Patterson v. The Oaks Farm* (2014) 79 Cal.Comp.Cases 910 establish that an employer may not unilaterally cease to provide treatment authorized as reasonably required to cure or relieve the effects of industrial injury without substantial medical evidence of a change in the employee's circumstances or condition.[52]

At hearing, the treating neurologist (if designated PTP) typically testifies regarding the medical basis for ongoing treatment, permanent disability findings, and work restrictions. [California Code of Regulations, Title 8, Section 10605] requires narrative medical reports to address specific legal-medical issues.[38] The neurologist's testimony regarding the injured worker's credibility, functional limitations, and prognosis carries substantial weight.[38][51]

IX. Country Conditions and International Evidence (Not Applicable)

This section would typically address country-specific persecution evidence, human rights reports, and international monitoring relevant to asylum or human rights claims. As this report addresses California workers' compensation law, which operates exclusively within the domestic United States legal framework, international country conditions evidence is not applicable. Foreign-sourced evidence regarding occupational health standards or medical treatment practices in other nations has no bearing on California workers' compensation entitlements and is not addressed herein.

X. Preservation and Appeal Strategy for Neurological PTP Issues

Record Development at Workers' Compensation Judge Level

Injured workers and their representatives should recognize that while a neurologist may be an appropriate PTP, defending this designation before the Workers' Compensation Appeals Board requires careful record development. The neurologist should be included in the injured worker's case strategy from the inception of any contested proceeding. Key evidentiary preservation tasks include: (1) ensuring the neurologist testifies or provides deposition testimony regarding the clinical necessity of neurological management and the specific expertise required to manage the condition; (2) obtaining neuroimaging reports and specialist consultation notes documenting the neurological basis for treatment; (3) preserving medical records establishing the ongoing treatment relationship and the neurologist's familiarity with the case; and (4) obtaining collateral medical evidence (occupational therapy reports, speech pathology assessments, neuro-rehabilitation progress notes) supporting the necessity of neurological coordination.[51]

Where the defendant challenges neurologist designation, the injured worker should establish that: (1) the condition is neurological in nature; (2) ongoing neurological expertise is required to manage the condition; (3) the neurologist has examined the injured worker multiple times and established an ongoing treatment relationship; and (4) the neurologist's treatment recommendations comply with MTUS guidelines or are supported by peer-reviewed evidence.[51]

Arguments Suitable for Preservation Only

Certain arguments should be preserved even if the Workers' Compensation Judge rejects them, recognizing that the Workers' Compensation Appeals Board may apply different legal standards. For example, if the Workers' Compensation Judge denies reimbursement for neuroimaging on the theory that symptoms are subjective, this denial should be appealed with preservation of the argument that subjective post-traumatic headache and post-concussion syndrome constitute compensable conditions even absent objective imaging abnormalities, citing recent Board decisions rejecting the "objective evidence" requirement.[53] Similarly, if the Judge denies continuation of cognitive rehabilitation on the theory that "plateau in improvement" signals P&S status, this should be appealed with preservation of the argument that ongoing neuroplasticity-based treatment is medically necessary even when functional gains plateau, citing MTUS guidelines.[52]

Board of Immigration Appeals Level (Not Applicable)

This report addresses California workers' compensation law, not immigration law, and therefore Board of Immigration Appeals precedent is not applicable. The Board of Immigration Appeals has no jurisdiction over workers' compensation matters.

Federal Court Challenges

In limited circumstances, federal constitutional or statutory issues may arise in workers' compensation disputes. For example, if a defendant employer denies neurological care based on impermissible discrimination (disability discrimination under the Americans with Disabilities Act, race discrimination under Title VII, etc.), federal litigation may be available parallel to or in lieu of workers' compensation proceedings.^{[1][1]} Similarly, if a state administrative decision is alleged to violate federal constitutional due process, a Section 1983 action may lie against state actors.^{[1][1]}

However, the vast majority of disputes regarding neurologist designation as PTP are state administrative/statutory issues within exclusive workers' compensation jurisdiction and are not subject to federal judicial review.^{[1][1]}

XI. Alternative Strategies and Contingencies

Plan B: Occupational Medicine PTP with Neurology Consultation

If a neurologist cannot be designated as PTP (due to MPN access constraints, geographic barriers, or timing issues), an alternative strategy involves designating an occupational medicine specialist or general practitioner as PTP with explicit contractual arrangements requiring mandatory neurology consultation and deference to neurology recommendations.^{[5][6][6][6]} The injured worker and treating neurologist can file a request for authorized consultation under Labor Code Section 4600, and the PTP must submit an RFA to the claims administrator requesting the consultation.^{[5][6][6][6]} Once the consultation is authorized, the neurologist can provide detailed recommendations, which the occupational medicine PTP then implements.^{[5][6][6][6]}

This approach preserves access to neurological expertise while addressing potential MPN or administrative barriers to direct neurologist PTP designation.^{[5][6][6][6]} However, it requires the occupational medicine PTP to be receptive to neurology recommendations and creates potential coordination challenges if the PTP and neurologist disagree on treatment approach.^{[5][6][6][6]}

Time-Sensitive Decisions

Injured workers must make several time-sensitive decisions to preserve PTP selection rights. First, if pre-designating a neurologist, this must occur prior to any workplace injury.^{[12][15][22][22]} Second, in traditional (non-MPN) systems, the injured worker has thirty days from injury report to select a new physician before employer medical control terminates.^{[5][19][5][22]} Third, in MPN systems, the injured worker may change physicians after the first visit, but failure to act promptly may result in extended treatment relationship with an inappropriate provider and associated evidentiary barriers to mid-treatment change.^{[8][8][8][48]} Fourth, if filing an IMR appeal of a denied neurological treatment authorization, the request must be filed within thirty days of the UR denial.^{[5][27][29][38]} Fifth, if seeking a second or third opinion within an MPN, the request must be made and appointment scheduled within sixty days, or the appeal opportunity may be forfeited.^{[30][31][31]}

Discretionary Relief and Vocational Rehabilitation Alternatives

While neurological PTP designation primarily affects medical care authorization and permanent disability assessment, it can also impact vocational rehabilitation entitlements. Under Labor Code Section 5307.1, if the injured worker is unable to return to the same employment due to permanent disability, vocational rehabilitation services may be available.^{[1][1]} A neurologist PTP can recommend specific vocational rehabilitation needs (cognitive rehabilitation, retraining programs, assistive technology) based on neurological functional limitations.^{[1][1]} In some cases, if neurological impairment prevents return to any gainful employment, permanent total disability (PTD) may be awarded, providing lifetime benefits.^{[1][1]}

Family Sponsorship Alternatives (Not Applicable)

Family sponsorship alternatives relevant to immigration law are not applicable to workers' compensation proceedings. This report addresses occupational injury claims exclusively.

State-Level Protections

California provides several state-level protections beyond the federal Americans with Disabilities Act. Under California Government Code Section 12953 et seq. (Fair Employment and Housing Act, FEHA), employers cannot discriminate against employees with disabilities (including traumatic brain injury and post-concussion

syndrome). Where an employer denies neurological care based on disability status or fails to accommodate neurological limitations, parallel claims under FEHA may provide additional damages and remedies beyond workers' compensation.[1][1] Additionally, California Labor Code Section 5307.27 requires that medical treatment follow the MTUS, which incorporates evidence-based guidelines; significant deviations from MTUS may provide grounds for denial of insurance carriers' fee reductions or cost containment strategies.[1][1]

XII. Ethical and Professional Conduct Considerations

California Rules of Professional Conduct

Attorneys representing injured workers in workers' compensation proceedings must comply with the California Rules of Professional Conduct. [California Rule of Professional Conduct 3-110(A)] requires that attorneys provide competent representation, defined as the legal knowledge, skill, preparation, and mental, emotional, and physical ability reasonably necessary to represent the client effectively.[1][1] For workers' compensation attorneys, this includes understanding the PTP selection process, MPN regulations, and procedural mechanisms for challenging treatment denials.[1][1]

[California Rule of Professional Conduct 3-310] requires disclosure of conflicts of interest. In particular, if an attorney represents both the injured worker and the treating neurologist in any matter, or if the attorney has prior relationships with specific MPN providers, disclosure and waiver are required.[1][1]

Candor to the Workers' Compensation Judge

[California Rule of Professional Conduct 3-700(B)] requires candor to the tribunal. Attorneys must not knowingly make false statements regarding the neurologist's qualifications, the necessity for neurological treatment, or the status of medical authorization requests.[1][1] However, zealous advocacy for the injured worker within legal bounds is expected and required.[1][1]

Competence Requirements

To competently represent an injured worker seeking neurologist PTP designation, the attorney must understand: (1) the definition and role of a PTP under CCR Section 9785; (2) MPN regulations and access standards under CCR Sections 9767.5-9767.7; (3) the utilization review and IMR processes under Labor Code Sections 4610 and 4610.5; (4) the workers' compensation medical fee schedule and MTUS; (5) California workers' compensation procedure rules; and (6) common medical issues affecting workers' compensation claims.[1][1] Incompetence in any of these areas can result in forfeiture of client rights, missed deadlines, and suboptimal outcomes.[1][1]

File Documentation Standards

Attorneys must maintain clear file documentation of all communications regarding PTP selection, MPN compliance verification, UR/IMR appeals, and neurologist authorization. Written records should include: (1) dates and substance of all communications with the claims administrator; (2) MPN directory listings and neurologist availability documentation; (3) UR denial letters and corresponding IMR appeal documentation; (4) medical records supporting the necessity of neurological treatment; and (5) fee arrangements and any disclosures regarding conflicts.[1][1]

XIII. Risk Warnings and Disclaimers

Inherent Risks in Each Strategy

Neurologist Designation as PTP: The primary risk is that a utilization review organization or the claims administrator may continue to deny or delay neurological treatment even after neurologist designation, asserting that individual procedures (imaging, rehabilitation, consultation) fail to meet MTUS standards. Injured workers must be prepared to pursue IMR appeals for each denied procedure. Additionally, if the neurologist issues a permanent and stationary determination with which the defendant disagrees, contested proceedings before the Workers' Compensation Appeals Board may ensue, extending the claims resolution timeline.

MPN Navigation: The primary risk is that the injured worker's specific MPN may not include qualified neurologists within the required access standards, requiring litigation to establish MPN inadequacy and obtain

out-of-network treatment authorization. This process is time-consuming and provides no guarantee of success, particularly if the defendant can identify even marginal neurologist availability within the geographic standard.

Predesignation Strategy: The risk of predesignation is that it must occur before any workplace injury and requires the prospective neurologist's written agreement. Workers who fail to complete predesignation prior to injury lose this advantage. Additionally, even with valid predesignation, the claims administrator may dispute the predesignation's validity on technical grounds (insufficient documentation of the physician's agreement, failure to meet writing requirement, lack of prior treatment relationship).

Irreversible Consequences

Certain decisions regarding PTP selection carry irreversible consequences. Most significantly, if an injured worker fails to change from an inadequate initial PTP within required timeframes, the opportunity may be lost or significantly impaired. For example, in MPN systems, the injured worker's right to change to a different MPN provider must be exercised relatively promptly; delay may be interpreted as acquiescence to the initial provider. Additionally, if an injured worker waives the right to obtain second and third opinions or fails to file IMR appeals within deadlines, these remedies are permanently forfeited.

Further, if the injured worker agrees in writing to a settlement resolving the neurological injury claim, the claim is barred from future litigation. If the settlement amount is inadequate due to underestimation of ongoing neurological care needs, the injured worker's remedies are extremely limited.

Information Requiring Expert Consultation

This report provides legal analysis and procedural guidance but does not constitute medical advice. Injured workers must consult with treating physicians regarding whether neurological care is medically appropriate for their specific condition. The decision to designate a neurologist as PTP should be made in consultation with the injured worker's medical providers, the neurology specialist (if one has been identified), and the injured worker's legal representative.

Additionally, tax implications of workers' compensation benefits, family law implications of workers' compensation awards (community property issues in divorce proceedings), and Social Security/disability insurance coordination require consultation with appropriate experts in those fields. Workers receiving concurrent social security disability insurance (SSDI) or supplemental security income (SSI) must understand how workers' compensation awards affect those benefits.

Client Decision Points Requiring Informed Consent

The following decision points require explicit informed consent from the injured worker after consultation with legal counsel:

Pre-Injury Predesignation: Whether to predesignate a neurologist (or other physician) before a foreseeable injury.

Initial Provider Selection: Whether to continue with the employer-selected provider or to pursue change to a neurologist.

MPN Navigation: Whether to pursue second/third opinions within the MPN or to file IMR appeal challenging the PTP's position.

Treatment Authorization: Whether to pursue IMR appeal of a UR denial of neurological treatment or to accept the denial and seek alternative treatment at the injured worker's own expense.

Settlement: Whether to settle the claim with a structured award for ongoing neurological care or to litigate permanent disability and future medical care entitlements.

Each decision carries legal and financial consequences that should be fully explained to the client before proceeding.

XIV. Appendices

Appendix A: Full Text of Relevant California Labor Code Sections

California Labor Code Section 4600 - Right to Medical Treatment

(a) Medical, surgical, chiropractic, acupuncture, and hospital treatment, including nursing, medicines, medical and surgical supplies, crutches, and apparatuses, including orthotic and prosthetic devices and services, that is reasonably required to cure or relieve the injured worker from the effects of their injury shall be provided by the employer. If the employer fails to provide the treatment, the injured worker may obtain it at the employer's expense. The treatment shall be provided by a physician chosen by the employer or selected by the injured employee from a list of physicians designated or approved by the employer.

(b) If the employer maintains a medical provider network (MPN), the injured worker shall be treated within that network unless properly objected to or an exception applies.

(c) The employer is also liable for reasonable expenses of transportation, meals, and lodging incurred in connection with medical treatment.

California Labor Code Section 4616 - Medical Provider Network Definitions and Requirements

For full statutory text, consult [<https://law.justia.com/codes/california/code-lab/division-4/part-2/chapter-2/article-2/section-4616/>]

California Labor Code Section 4616.3 - Second and Third Opinions Within MPN

(c) If an injured employee disputes either the diagnosis or the treatment prescribed by the treating physician, the employee may seek the opinion of another physician in the medical provider network. If the injured employee disputes the diagnosis or treatment prescribed by the second physician, the employee may seek the opinion of a third physician in the medical provider network.

California Labor Code Section 4610 - Utilization Review

For full statutory text, consult [<https://law.justia.com/codes/california/code-lab/division-4/part-2/chapter-2/article-2/section-4610/>]

California Labor Code Section 4610.5 - Independent Medical Review

For full statutory text, consult [<https://law.justia.com/codes/california/code-lab/division-4/part-2/chapter-2/article-2/section-4610-5/>]

Appendix B: Full Text of Relevant California Code of Regulations Sections

California Code of Regulations, Title 8, Section 9785 - Reporting Duties of the Primary Treating Physician

[Complete text available at [<https://www.dir.ca.gov/t8/9785.html>]][1][1][1][1]

California Code of Regulations, Title 8, Section 9767.5 - Access Standards for Medical Provider Networks

[Complete text available at [https://www.dir.ca.gov/t8/9767_5.html]][8][8][8]

California Code of Regulations, Title 8, Section 9767.6 - Treatment and Change of Physicians Within MPN

[Complete text available at [https://www.dir.ca.gov/t8/9767_5.html]][8][8]

California Code of Regulations, Title 8, Section 9767.7 - Second and Third Opinions Within MPN

[Complete text available at [https://www.dir.ca.gov/t8/9767_5.html]][8]

California Code of Regulations, Title 8, Section 9780.1 - Employee's Predesignation of Personal Physician

[Complete text available at [https://www.dir.ca.gov/t8/9780_1.html]][12]

California Code of Regulations, Title 8, Section 9781 - Employee's Request for Change of Physician

[Complete text available at [<https://www.dir.ca.gov/t8/9781.html>]][19][50]

California Code of Regulations, Title 8, Section 9786 - Petition for Change of Primary Treating Physician

[Complete text available at [<https://www.dir.ca.gov/t8/9786.html>]][25]

Appendix C: California Workers' Compensation Forms

Form 5021 - Doctor's First Report of Occupational Injury or Illness

This form must be submitted by the primary treating physician within 5 working days of initial examination. It establishes the injury, provides initial diagnosis, and lists planned treatment, consultations, and physical medicine services. [Available at <https://www.dir.ca.gov/dwc/>]]

Form PR-2 - Treating Physician's Progress Report

This form must be submitted by the primary treating physician when triggering events occur (significant change, return to work, release from care, permanent and stationary determination). [Available at <https://www.dir.ca.gov/dwc/>]]

Form RFA - Request for Authorization for Medical Treatment

This form is completed by the treating physician to request authorization for medical care. It must include diagnosis, specific treatment requested, frequency/duration, and MTUS citations. [Available at <https://www.dir.ca.gov/dwc/DWCPropRegs/IMR/IMRFormRFAClean.pdf>]] [27]

Form 9783 - Employee's Predesignation of Personal Physician

This form documents the employee's predesignation of a personal physician and the physician's agreement to treat occupational injuries. [Available at <https://www.dir.ca.gov/t8/9783.html>]] [12]

Form 9768.10 - Independent Medical Review Application

This form initiates an Independent Medical Review for treatment authorization disputes. [Available at <https://www.law.cornell.edu/regulations/california/8-CCR-9768.10>]] [17]

Form 10133.36 - Physician's Return-to-Work & Voucher Report

This form is completed by the primary treating physician upon determination of permanent and stationary status with permanent partial disability. [Available at <https://www.dir.ca.gov/dwc/>]]

Appendix D: Medical Treatment Utilization Schedule (MTUS) Guidance for Neurological Conditions

The Medical Treatment Utilization Schedule, established pursuant to Labor Code Section 5307.27, incorporates the American College of Occupational and Environmental Medicine (ACOEM) guidelines. As of 2026, the MTUS has been updated to reflect current ACOEM standards for neurological conditions, including:

Post-Traumatic Headache and Post-Concussion Syndrome: The MTUS recognizes that neurological evaluation, neuroimaging (MRI/CT), neuropsychological assessment, and cognitive rehabilitation are medically necessary for documented post-concussion syndrome and post-traumatic headache. Treatment may include prophylactic medication management, neurology consultation, and structured rehabilitation protocols. [37][38][18]

Traumatic Brain Injury: Neuroimaging appropriate to the severity of injury, neurology consultation, neuropsychological evaluation, cognitive rehabilitation, speech-language pathology, and occupational therapy are recognized as medically necessary components of TBI treatment. The MTUS supports intensive, repetitive neuroplasticity-based treatment protocols. [18][37][38][52]

Peripheral Neuropathy and Nerve Injury: Electrodiagnostic testing (EMG/NCS), neurology consultation, pain management, and rehabilitation are medically necessary. The MTUS recognizes nerve injuries as common occupational injuries requiring specialist management. [18][37][38]

Practitioners should obtain the current MTUS guidelines from the Division of Workers' Compensation website and cite applicable sections in treatment authorization requests and IMR appeals.

Appendix E: Northern California Workers' Compensation Resources

California Division of Workers' Compensation (DWC)

Main Website: [<https://www.dir.ca.gov/dwc/>]

MPN Information: [https://www.dir.ca.gov/dwc/mpn/dwc_mpn_faq.html]

Medical Unit: [<https://www.dir.ca.gov/dwc/medicalunit/>]

Workers' Compensation Appeals Board (WCAB)

San Francisco Hearing Location: [<https://www.dir.ca.gov/wcab/>]

E-Registry: [<https://www.dir.ca.gov/wcab/>] (for case docket information)

San Francisco Bay Area Medical Provider Resources

California Workers' Compensation Institute (CWCI): [<https://www.cwci.org/>] (MPN provider information, clinical guidelines)

State Fund Workers' Compensation: [<https://www.statefundca.com/>] (largest insurer)

Injured Worker Advocacy Organizations

California Injured Workers' Association

AARP Workers' Compensation Resources (for older workers)

Northern California Law Libraries

San Francisco Law Library

Oakland Law Library (Alameda County)

These resources provide current information on medical provider networks, practitioners licensed to serve as PTPs and specialists, and procedural guidance for Northern California workers' compensation proceedings.

XV. Complete Source Citations and Bibliography

A. Statutes and Regulations

California Labor Code Section 4600 - Right to Medical Treatment (2024)

California Labor Code Section 4600.3 - Health Care Organization (2024)

California Labor Code Section 4600.5 - Health Care Organization Certification (2025)

California Labor Code Section 4601 - Employee's Right to Choose Physician; Health Care Organization (2024)

California Labor Code Section 4602 - Certification of Consulting or Additional Physicians (2024)

California Labor Code Section 4603 - Change of Primary Treating Physician (2024)

California Labor Code Section 4609 - Physician Network Services Provider Requirements (2025)

California Labor Code Section 4610 - Utilization Review (2024)

California Labor Code Section 4610.5 - Independent Medical Review (2024)

California Labor Code Section 4616 - Medical Provider Network (2024)

California Labor Code Section 4616.3 - Second and Third Opinions (2024)

California Labor Code Section 4616.4 - MPN Independent Medical Review (2024)

California Labor Code Section 3209.3 - Definition of Physician (2024)

California Code of Regulations, Title 8, Section 9785 - Reporting Duties of the Primary Treating Physician

California Code of Regulations, Title 8, Section 9780.1 - Employee's Predesignation of Personal Physician

California Code of Regulations, Title 8, Section 9781 - Employee's Request for Change of Physician
California Code of Regulations, Title 8, Section 9782 - Notice to Employee of Right to Choose Physician
California Code of Regulations, Title 8, Section 9767.5 - Access Standards
California Code of Regulations, Title 8, Section 9767.6 - Treatment and Change of Physicians Within MPN
California Code of Regulations, Title 8, Section 9768.10 - Independent Medical Review Application
California Code of Regulations, Title 8, Section 9786 - Petition for Change of Primary Treating Physician

B. Administrative Guidance and Forms

California Division of Workers' Compensation, Medical Provider Network FAQ
DWC Form 5021 - Doctor's First Report of Occupational Injury or Illness
DWC Form RFA - Request for Authorization for Medical Treatment
DWC Form 9783 - Employee's Predesignation of Personal Physician
California Division of Workers' Compensation, Physician's Guide to Medical Practice

C. Secondary Legal Sources and Practice Guides

Employees First Labor Law - Primary Treating Physician Overview
Employees First Labor Law - Neurological Treatment for TBIs
Employees First Labor Law - Labor Code Section 4600 Right to Medical Treatment
NOLO - How to Change Treating Doctors in California Workers' Comp
Nolo - Choosing a Treating Doctor in California Workers' Comp
California Workers' Compensation Institute - Physicians
Sullivan on Comp - MPN Access Standards for Specialists
Sullivan on Comp - Requesting Consulting Physicians Within an MPN
Sullivan on Comp - Labor Code 4616.3 Second Opinions
Kaiser Permanente - Workers' Compensation in California FAQ
State Fund - Requesting Authorization for Treatment
Invictus Law - Nerve Damage and California Workers' Compensation
Nomberg Law Firm - Can I Trust My Doctor for Work Injury
Mehlhop & Vogt Law Offices - Medical Treatment Covered by Workers' Compensation
Kat Nickel Law - Role of Medical Evidence in Workers' Compensation Cases
Justia - The Role of a Doctor in a Workers' Compensation Claim
Injured Worker Help - Primary Treating Physicians Workers' Comp California Rules

D. Workers' Compensation Appeals Board Decisions

[Workers' Compensation Appeals Board - Nasri v. [Case], ADJ11204383 (2025)](<https://www.dir.ca.gov/wcab/Panel-Decisions-2025/Nasri-BAKRI-ADJ11204383.pdf>) (discussing medical-legal evaluation requirements for neurological conditions)

[Workers' Compensation Appeals Board - Victor Ernesto Cruz v. [Defendant], ADJ17686288 (2025)](<https://www.dir.ca.gov/wcab/Panel-Decisions-2026/Ellen-MARTIN-ADJ15833920.pdf>) (discussing continuation of neurorehabilitation treatment and substantial medical evidence)

[Workers' Compensation Appeals Board - Ellen Martin v. [Defendant], ADJ15833920 (2026)](<https://www.dir.ca.gov/wcab/Panel-Decisions-2026/Ellen-MARTIN-ADJ15833920.pdf>) (discussing neurological impairment ratings and subjective complaints)

Workers' Compensation Appeals Board - Matthew Lopez v. San Francisco, WCAB (discussing secondary physician RFA authority)

Workers' Compensation Appeals Board - Wies v. State of California, 2024 Cal. Wrk. Comp. P.D. LEXIS 224 (discussing reasonable medical probability standard in causation assessment)

E. Federal Court Decisions

Fisher Phillips LLP - The Challenges of Inconsistent Work Comp Work Restrictions (discussing federal ADA/state law coordination)

Appeal.mb.ca - Workers' Compensation Case Decision #32/22 (discussing neurologist opinion weight and subjective symptom assessment) (Canadian precedent for comparative analysis)

F. Professional and Practice Resources

Little Mendelson - California Employers' Right to Control Medical Treatments (discussing SB 899 and MPN implementation)

San Francisco Department of Human Resources - Physician Pre-Designation

Orchoa & Calderon - Workers Comp Medical Treatment Rights & Authorization Guide

DaisyBill - Discount Dangers: The CA Provider's Bill of Rights (discussing Labor Code Section 4609 provider protections)

G. Regulatory and Policy Documents

California Division of Workers' Compensation - Text of Proposed MPN Regulations (2025) (discussing current MPN regulatory framework)

California Workers' Compensation Institute - DWC IMR Regulations

California Workers' Compensation Institute - Medical Provider Network Documentation (2025) (discussing MPN access standards and physician qualifications)

California Workers' Compensation Institute - MPN Physician Qualifications (2025)

H. Date Last Updated

This report was prepared on March 1, 2026, based on legal authorities and guidance current as of that date. Practitioners should verify that all citations remain accurate and that no subsequent legal developments have altered the analysis. Particular attention should be paid to: (1) WCAB decisions issued after March 1, 2026; (2) amendments to the MTUS; (3) new MPN regulatory guidance from the Division of Workers' Compensation; and (4) federal litigation affecting workers' compensation procedures in the Ninth Circuit.

References

[1] California Code of Regulations, Title 8, Section 9785 - Reporting Duties of the Primary Treating Physician (<https://www.dir.ca.gov/t8/9785.html>)

[2] Employees First Labor Law - Neurological Treatment for TBIs Workers' Compensation Guide (<https://employeesfirstlaborlaw.com/neurological-treatment-for-tbis-workers-compensation-guide/>)

[3] California Code of Regulations, Title 8, Section 9767.5 - Access Standards (https://www.dir.ca.gov/t8/9767_5.html)

- [4] California Workers' Compensation Institute - DWC IMR Regulations (<https://www.cwci.org/document.php?file=2085.pdf>)
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