

The California Workers' Compensation QME Panel Process and Objection Framework: A Legal Analysis

(PART-A INJURED WORKERS ANALYSIS)

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THE CALIFORNIA WORKERS' COMPENSATION QME PANEL PROCESS AND OBJECTION FRAMEWORK

This report explains how the Qualified Medical Evaluator (QME) panel process works in California workers' compensation cases. A QME is a doctor certified by the state to give an independent medical opinion when you and the insurance company disagree about your injury, your disability level, or your treatment. This report covers the rules you must follow, what happens if those rules are broken, and how to protect your rights throughout the process.

Important: Recent court decisions have made the rules for QME panels very strict. Even small mistakes — like leaving out one digit of a claim number — can cancel a panel request and force you to start over. Read this report carefully and follow each step exactly.

Part 1: What Is the QME Panel Process and Why Does It Matter?

Overview

The QME panel process is the main way California resolves medical disagreements in workers' compensation cases. When you and the insurance company cannot agree on key medical questions, a neutral doctor (the QME) examines you and writes a report that the judge relies on to decide your case.

When the QME Process Is Triggered

The QME process begins when there is a medical dispute — a disagreement between you and the insurance company about a medical issue in your case. Common disputes include whether your injury is work-related (called causation), whether you have reached maximum medical improvement (meaning your condition will not get better with more treatment), what your permanent disability rating is (a number that measures how much your injury limits you permanently), whether you need future medical care, and what work restrictions you should have. These disputes are governed by Cal. Lab. Code §§ 4060–4062 (https://leginfo.legislature.ca.gov/faces/codes_displayText.xhtml?lawCode=LAB&division=4.&title=&part=2.&chapter=1.&article=) and related statutes.

Why This Process Matters to You

The QME's report becomes the primary evidence the Workers' Compensation Appeals Board (WCAB) — the state agency that decides workers' compensation disputes — uses to determine your benefits. This includes your disability payments, your right to ongoing medical treatment, and any future care you may need. A favorable QME report can significantly improve your claim outcome. A poor one can reduce or eliminate benefits you deserve.

Two Different Paths: Represented vs. Unrepresented

The process works differently depending on whether you have a lawyer. If you have an attorney, your case follows Cal. Lab. Code § 4062.2 (<https://leginfo.legislature.ca.gov/faces/codesdisplayText.xhtml?lawCode=LAB&division=4.&title=&part=2.&chapter=1.&article=>). If you do not have an attorney, your case follows Cal. Lab. Code § 4062.1 (<https://leginfo.legislature.ca.gov/faces/codesdisplayText.xhtml?lawCode=LAB&division=4.&title=&part=2.&chapter=1.&article=>). Both paths result in a three-doctor panel, but the selection and striking rules differ. Parts 4 and 5 of this report explain each path in detail.

Your Three Main Options

You have three main options when a medical dispute arises:

- Option A — Agreed Medical Evaluator (AME): You and the insurance company agree on one doctor to examine you. This is faster but requires cooperation from the other side.
- Option B — QME Panel (with an attorney): Your attorney requests a three-doctor panel, and each side removes one name, leaving one doctor to evaluate you. This gives your attorney strategic control over which medical specialty is selected.
- Option C — QME Panel (without an attorney): You receive a three-doctor panel and pick one doctor yourself within 10 days. If you do not pick in time, the insurance company chooses for you.

Part 2: Legal Framework — Key Statutes

Overview

Several California statutes control how the QME process works. Understanding these laws helps you know your rights at each step.

Compensability Disputes — Cal. Lab. Code § 4060

Cal. Lab. Code § 4060

(https://leginfo.legislature.ca.gov/faces/codes_displayText.xhtml?lawCode=LAB&division=4.&title=&part=2.&chapter=1.&article=) governs disputes about whether your injury happened at work. When the insurance company denies your claim or questions whether your injury is work-related, this statute gives you the right to request a QME evaluation to resolve the disagreement. The employer may also request an examination within 90 days of receiving your claim form.

Permanent Disability and Future Care — Cal. Lab. Code § 4061

Cal. Lab. Code § 4061

(https://leginfo.legislature.ca.gov/faces/codes_displayText.xhtml?lawCode=LAB&division=4.&title=&part=2.&chapter=1.&article=) covers disputes about your permanent disability rating, whether you have reached maximum medical improvement, how much of your disability is from the work injury versus other causes (called apportionment), and whether you need future medical care. When your treating doctor writes a report about these issues, either side may object and request a QME evaluation.

Medical Treatment Disputes — Cal. Lab. Code § 4062

Cal. Lab. Code § 4062

(https://leginfo.legislature.ca.gov/faces/codes_displayText.xhtml?lawCode=LAB&division=4.&title=&part=2.&chapter=1.&article=) applies when there is a disagreement about whether medical treatment is necessary. If the insurance company denies, delays, or modifies treatment your doctor recommended, you may object and request a QME evaluation. Special expedited procedures exist for spinal surgery disputes under § 4062(b).

QME Procedures for Unrepresented Workers — Cal. Lab. Code § 4062.1

Cal. Lab. Code § 4062.1

(https://leginfo.legislature.ca.gov/faces/codes_displayText.xhtml?lawCode=LAB&division=4.&title=&part=2.&chapter=1.&article=) sets the rules when you do not have an attorney. Either you or the claims administrator may submit a form requesting a three-member QME panel. You have 10 days to choose one doctor from the panel. If you do not choose in time, the insurance company may choose for you.

QME Procedures for Represented Workers — Cal. Lab. Code § 4062.2

Cal. Lab. Code § 4062.2

(https://leginfo.legislature.ca.gov/faces/codes_displayText.xhtml?lawCode=LAB&division=4.&title=&part=2.&chapter=1.&article=) sets the rules when you have an attorney. Your attorney and the insurance company must first try to agree on a single doctor (an AME). If they cannot agree, either side may request a three-doctor QME panel. Each side then strikes (removes) one name, and the remaining doctor evaluates you.

Communications with QMEs — Cal. Lab. Code § 4062.3

Cal. Lab. Code § 4062.3

(https://leginfo.legislature.ca.gov/faces/codes_displayText.xhtml?lawCode=LAB&division=4.&title=&part=2.&chapter=1.&article=) prohibits ex parte communication — one-sided contact with the QME. All medical records and documents sent to the QME must also be sent to the other side at least 20 days in advance. Both sides must receive identical information. Violations may result in a replacement QME panel.

Apportionment — Cal. Lab. Code §§ 4663 and 4664

Cal. Lab. Code § 4663

(<https://leginfo.legislature.ca.gov/faces/codesdisplayText.xhtml?lawCode=LAB&division=4.&title=&part=2.&chapter=1.&article=>) requires the QME to determine what percentage of your disability resulted from the work injury versus other causes such as pre-existing conditions or age-related wear. Cal. Lab. Code § 4664

(<https://leginfo.legislature.ca.gov/faces/codesdisplayText.xhtml?lawCode=LAB&division=4.&title=&part=2.&chapter=1.&article=>) prevents workers from receiving more than 100% permanent disability for a single body region over their lifetime.

Part 3: Legal Framework — Key Regulations

Overview

California's regulations fill in the procedural details that the statutes leave open. These rules are found in the California Code of Regulations (CCR), Title 8 and are enforced strictly by the WCAB.

Panel Requests — Cal. Code Regs. tit. 8, § 30

Cal. Code Regs. tit. 8, § 30 (<https://www.dir.ca.gov/t8/30.html>) explains exactly how to request a QME panel. For represented cases (injuries on or after January 1, 2005), you must submit your request online using QME Form 106 at the DWC website (<https://www.dir.ca.gov/dwc/medicalunit/OnlineQMEForm106/OnlineQMEForm106PanelRequest.html>). The form requires your complete claim number, date of injury, treating physician's name, specialty requested, and the date of your objection. The system generates a panel immediately. You must then serve (deliver) a printed copy of the request, panel list, and all supporting documents on the other side within one working day, with proof of service.

Critical: Any inaccuracy — including a single missing digit in the claim number — may make the entire panel request invalid under current WCAB rules.

Replacement Requests — Cal. Code Regs. tit. 8, § 31.5

Cal. Code Regs. tit. 8, § 31.5 (https://www.dir.ca.gov/t8/31_5.html) lists 16 specific reasons you may request a replacement QME or a new panel. These include situations where the QME cannot schedule within 60 days, has a conflict of interest, does not practice in the right specialty, or failed to issue a report on time. Part 7 of this report covers these grounds in detail.

Information Exchange — Cal. Code Regs. tit. 8, § 35

Cal. Code Regs. tit. 8, § 35 (<https://www.dir.ca.gov/t8/35.html>) implements the rules against one-sided communication with the QME. You must serve all documents on the opposing party 20 days before sending them to the QME. Non-medical records like surveillance video require 10 days' advance notice. All communications must be in writing and sent to both sides simultaneously. Oral contact with the QME is only allowed for scheduling.

Report Service — Cal. Code Regs. tit. 8, § 36

Cal. Code Regs. tit. 8, § 36 (<https://www.dir.ca.gov/t8/36.html>) specifies how QME reports must be delivered. For represented cases, the QME uses Form 122 (Declaration of Service) and serves the report on you, your attorney, and the claims administrator. For unrepresented cases, the QME uses Form 111 (Findings Summary Form).

Report Deadlines — Cal. Code Regs. tit. 8, § 38

Cal. Code Regs. tit. 8, § 38 (<https://www.dir.ca.gov/t8/38.html>) requires QMEs to issue their report within 30 calendar days of your evaluation. The QME may request up to 30 additional days for good cause (such as waiting for test results) by submitting Form 112 at least 5 days before the deadline. If the QME misses the deadline without an approved extension, you may request a replacement.

Conflicts of Interest — Cal. Code Regs. tit. 8, § 41.5

Cal. Code Regs. tit. 8, § 41.5 (<https://www.dir.ca.gov/t8/41.5>) defines situations where a QME has a conflict of interest — a relationship or financial connection that could affect their impartiality. Examples include family relationships, owning 5% or more of a business connected to one party, or earning 5% or more of income from referrals by one party. QMEs must disclose conflicts within five business days using Form 123.

Part 4: QME Process for Represented Workers (With an Attorney)

Overview

If you have a lawyer, your case follows a specific nine-step process under Cal. Lab. Code § 4062.2 (https://leginfo.ca.gov/faces/codes_displayText.xhtml?lawCode=LAB&division=4.&title=&part=2.&c

hapter=1.&article=). This process gives your attorney strategic opportunities but requires exact compliance with every rule.

Step 1: Written Objection

Your attorney writes a letter to the insurance company identifying the specific medical findings your side disputes and why. Under *Hazen v. Porterville Unified School District*, 2022 Cal. Wrk. Comp. P.D. LEXIS 18 (WCAB 2022) (<https://www.dir.ca.gov/wcab/Panel-Decisions-2022/Daniel-HAZEN-ADJ13462646.pdf>), the objection must be specific. A vague statement like "I disagree with the doctor's report" is not enough. The objection must identify exactly which findings are disputed.

Step 2: Mandatory Waiting Period

No one may request a QME panel until at least 10 days plus 5 days for mailing (total of 15 days) after the objection is mailed, as required by Cal. Code Regs. tit. 8, § 30 (<https://www.dir.ca.gov/t8/30.html>) and Cal. Lab. Code § 4062.2(b) (https://leginfo.legislature.ca.gov/faces/codes_displayText.xhtml?lawCode=LAB&division=4.&title=&part=2.&chapter=1.&article=). This waiting period gives both sides time to try to resolve the dispute or agree on an AME.

Step 3: Attempt to Agree on an AME

The law requires both sides to first try to agree on a single Agreed Medical Evaluator (AME). If agreement is reached, the AME conducts the evaluation without a panel. If the parties cannot agree within a reasonable time (usually a few days to a week), either side may proceed to request a QME panel.

Step 4: Online Panel Request

Your attorney submits QME Form 106 (<https://www.dir.ca.gov/dwc/medicalunit/OnlineQMEForm106/OnlineQMEForm106PanelRequest.html>) online. The form requires complete and accurate information including the claim number, date of injury, treating physician's name, specialty requested, and date of objection. The system immediately generates a list of three QME doctors.

Important: The party who submits the panel request first controls which medical specialty appears on the panel. This is a significant strategic advantage.

Steps 5–9: Service, Striking, Scheduling, Evaluation, and Report

Within one working day of generating the panel, your attorney must print and serve the panel list and all supporting documents on the opposing party with proof of service, as required by Cal. Code Regs. tit. 8, § 30(b)(1)(C) (<https://www.dir.ca.gov/t8/30.html>). Within 10 days of service, each side strikes (removes) one QME name from the panel. The remaining doctor becomes your evaluator. That doctor schedules your appointment, conducts the evaluation, and issues a report within 30 calendar days under Cal. Code Regs. tit. 8, § 38 (<https://www.dir.ca.gov/t8/38.html>).

Part 5: QME Process for Unrepresented Workers (Without an Attorney)

Overview

If you do not have an attorney, your case follows a simpler process under Cal. Lab. Code § 4062.1 (https://leginfo.legislature.ca.gov/faces/codes_displayText.xhtml?lawCode=LAB&division=4.&title=&part=2.&chapter=1.&article=). You have more direct control over choosing your doctor, but you also face risks if you miss deadlines or do not understand which specialty is best for your injury.

How the Process Works

When a medical dispute arises, either you or the claims administrator may request a QME panel. The claims administrator must provide you with QME Form 105 within 10 days of learning about the dispute. The DWC Medical Unit then assigns a three-doctor panel based on doctors who practice near your home, as described in DWC QME information materials (<https://www.dir.ca.gov/dwc/medicalunit/faqiw.html>).

You then have 10 days to choose one of the three doctors on the panel. There is no strike process — you simply pick one doctor.

Critical: If you do not choose a doctor within 10 days, the insurance company may choose for you. This could result in a doctor who is less favorable to your case.

After You Choose

The selected QME schedules your appointment, conducts the evaluation, and issues a report within 30 calendar days using Form 111 (<https://www.dir.ca.gov/dwc/FORMS/QMEForms/QMEForm111.pdf>) (Findings Summary Form). This report is served on both you and the claims administrator.

What Happens If You Later Hire an Attorney

Under *Romero v. Costco Wholesale*, 72 Cal. Comp. Cases 824, 2007 Cal. Wrk. Comp. LEXIS 168 (WCAB 2007) (<https://www.sullivanattorneys.com/blog/request-replacement-panel-pursuant-romero>), if you received a QME panel as an unrepresented worker but have not yet been examined by any doctor on that panel, and you then hire an attorney, you may request a new panel under the represented-worker rules of § 4062.2. This gives your attorney the ability to select a different medical specialty that may be more favorable to your case. However, the new panel must follow all represented-worker procedures, including the 15-day waiting period and the strike process.

Part 6: Objection Requirements and Procedures

Overview

Before you can request a QME panel, you must first properly object to a medical determination you disagree with. The way you write your objection matters — vague objections may be rejected entirely.

Your Objection Must Be Specific

The WCAB in *Hazen v. Porterville Unified School District*, 2022 Cal. Wrk. Comp. P.D. LEXIS 18 (WCAB 2022) (<https://www.dir.ca.gov/wcab/Panel-Decisions-2022/Daniel-HAZEN-ADJ13462646.pdf>) ruled that objections must clearly identify which specific medical findings you disagree with and why.

Example of an objection that will NOT work:

"I disagree with the physician's findings and results."

Example of an objection that WILL work:

"I object to the treating physician's determination that I have reached maximum medical improvement with no permanent impairment. I continue to experience significant pain and functional limitations. I also object to the finding that no future medical care is needed. I request a QME evaluation to address causation, permanent impairment rating, and need for continuing medical care."

Deadlines for Objections

The deadlines depend on whether you have an attorney:

- With an attorney: You must object within 20 days of receiving the medical report, per Cal. Lab. Code § 4062 (https://leginfo.legislature.ca.gov/faces/codes_displayText.xhtml?lawCode=LAB&division=4.&title=&part=2.&chapter=1.&article=).
- Without an attorney: You must object within 30 days of receiving the report.

Extensions are possible for good cause or by mutual agreement.

Do Not Wait Too Long

Although the law does not set an absolute deadline for objections, the WCAB has held that objections must be made within a reasonable time. In *Benson v. City of San Diego* (WCAB), the Board found that waiting four months was generally unreasonable unless the employer engaged in delay tactics. The longer you wait to object, the greater the risk your objection will be denied.

Written Requirement

Your objection must be in writing and served on the opposing party. Keep a copy in your file — the objection letter is the document that starts the 15-day waiting period before a panel can be requested.

Part 7: Grounds for Panel Replacement

Overview

Sometimes a QME on your panel cannot or should not evaluate you. Cal. Code Regs. tit. 8, § 31.5 (https://www.dir.ca.gov/t8/31_5.html) lists 16 specific grounds for requesting a replacement QME or an entirely new panel.

Most Common Replacement Grounds

- Wrong specialty: A QME on the panel does not actually practice in the requested specialty.
- Scheduling problems: The QME cannot schedule your appointment within 60 days. If no QME on the panel can schedule within 120 days, you may request a new panel.
- Conflict of interest: The QME has a disqualifying financial, personal, or professional relationship with one of the parties, as defined by Cal. Code Regs. tit. 8, § 41.5 (<https://www.dir.ca.gov/t8/41.5>).
- QME is your treating doctor: A QME who is currently or was recently your treating physician has a conflict.
- QME unavailable: The QME is ill, retired, or relocated and cannot participate.
- Late report: The QME failed to complete the report within 30 days without an approved extension under Cal. Code Regs. tit. 8, § 38 (<https://www.dir.ca.gov/t8/38.html>).
- Inappropriate specialty: The Medical Director determines the chosen specialty does not match the medical issue in dispute.
- Panel is stale: The panel was issued more than 24 months ago and no QME has examined you.
- QME refuses to evaluate: The QME refuses to provide a complete evaluation as required by law.

How to Request a Replacement

Submit the appropriate replacement form to the DWC Medical Unit, specifying which ground under § 31.5 applies, and attach supporting documentation. While the replacement is pending, deadlines for scheduling and evaluation are paused (tolled). Doctors who were previously struck from your original panel cannot appear on the replacement panel.

Part 8: The Agreed Medical Evaluator (AME) Alternative

Overview

An Agreed Medical Evaluator (AME) is a doctor that both your attorney and the insurance company agree to use instead of going through the QME panel process. This option is only available if you have an attorney.

How the AME Process Works

Your attorney and the insurance company's representative discuss potential doctors and, if they agree on one, that doctor evaluates you outside the formal DWC panel system. The AME does not need to be a DWC-certified QME, although many are. Both sides negotiate the evaluation scope and timeline directly with the doctor.

Advantages of Using an AME

- Faster resolution — no waiting for panel issuance or strike periods
- Both sides trust the doctor — reducing disputes about the report later
- More flexibility — the AME may spend more time on the evaluation and address additional issues
- Settlement influence — because both sides chose the doctor, both are more likely to accept the findings

Disadvantages of Using an AME

- Requires agreement — the insurance company may refuse to agree on a doctor you prefer

- No specialty advantage — unlike the QME panel, where the requesting party picks the specialty, the AME requires compromise
- Higher cost — AMEs receive a 1.35 fee multiplier under the Medical-Legal Fee Schedule (<https://www.dir.ca.gov/t8/9795.html>), meaning the evaluation costs more (typically paid by the claims administrator)

AME vs. QME Comparison

Factor	AME	QME
Selection method	Both sides agree on one doctor	Three-doctor panel; each side strikes one
Specialty control	Requires compromise	Requesting party selects
Timeline	Flexible	Strict deadlines
Cost	Higher (1.35 multiplier)	Standard fee
Procedural complexity	Lower	High (strict compliance required)

Part 9: Strict Compliance Standards — Recent WCAB Decisions

Overview

Recent WCAB decisions have dramatically tightened the rules for QME panels. Courts no longer forgive procedural mistakes, even minor ones. You must follow every step perfectly.

The Lopez Decision (2023) — Service Must Be Timely and Complete

In *Lopez v. Rockstar Staffing, Inc.*, 2023 Cal. Wrk. Comp. P.D. LEXIS 199 (WCAB 2023) (<https://www.sullivanattorneys.com/blog/service-of-qualified-medical-evaluator-panels>), the insurance company requested a QME panel on January 9, 2023, but did not serve the panel documents on the applicant's attorney until January 13 — four days later, exceeding the one-working-day rule. The service also did not include the supporting documents submitted online. The WCAB ruled the panel was invalid on both grounds.

Important: Before this decision, courts sometimes excused late service if the other side was not harmed by the delay. Lopez eliminated that exception. The WCAB stated that the word "shall" in Cal. Code Regs. tit. 8, § 30(b)(1)(C) (<https://www.dir.ca.gov/t8/30.html>) means mandatory — no exceptions.

The Silveira Decision (2025) — Claim Numbers Must Be Exact

In *Silveira v. FedEx Ground Package System, Inc.*, 2025 Cal. Wrk. Comp. P.D. LEXIS 243 (WCAB 2025) (<https://www.sullivanattorneys.com/blog/strict-compliance-claim-numbers-qme-panel-requests>), the insurance company omitted a single digit from the claim number on the panel request. The WCAB ruled the panel was invalid, stating: "We believe that the better course is to require that parties strictly comply with the requirement in AD Rule 30 to provide a complete and correct claim number."

What This Means for You

Under current law:

- Claim numbers must be completely and accurately entered — even one missing digit cancels the panel.
- Panel documents must be served within one working day of generation — not two, not three.
- Supporting documents must be included with service — sending just the panel list is not enough.
- Proof of service must be completed and served at the same time.
- All required fields on Form 106 must be accurate — wrong dates, misspelled names, or missing information may trigger invalidity challenges.

Consequences of Errors

If your panel request is found invalid:

- You lose your specialty selection advantage — the other side may request a different specialty.
- The entire process restarts from the beginning — new objection, new waiting period, new request.
- Your claim is delayed — potentially by months.

- Additional litigation may be needed at the WCAB just to resolve the panel dispute.

Part 10: Strategic Considerations and Panel Selection

Overview

Choosing the right medical specialty for your QME panel can significantly affect the outcome of your case. The party who requests the panel first controls which specialty appears.

Specialty Selection for Injured Workers

Different medical specialties approach workers' compensation evaluations differently:

- Chiropractic — Chiropractors often find work-relatedness and assign higher impairment ratings, especially for soft-tissue or repetitive-stress injuries.
- Physical Medicine and Rehabilitation (Physiatry) — These doctors focus on functional ability and often support higher work restrictions and future care needs.
- Pain Management — These specialists recognize chronic pain as a real component of disability and may support higher ratings for pain-related conditions.
- Internal Medicine — For occupational diseases or toxic exposure cases, internists may be more receptive to causation arguments.

Less favorable specialties for injured workers generally include orthopedic surgery (tends toward more conservative ratings) and occupational medicine (sometimes perceived as favoring employers).

Important: These are general patterns, not rules. In cases involving clear structural injuries like fractures, an orthopedic surgeon may actually provide a higher rating than a chiropractor. Your attorney should evaluate which specialty best fits your specific injury.

Timing Matters

The first party to submit the panel request selects the specialty. Your attorney should:

- Send the objection letter promptly
- Mark the 15-day waiting period on the calendar
- Submit the online Form 106 on day 16 or 17 — before the insurance company files first
- Have all documents prepared and ready for same-day service

Geographic Considerations

The DWC Medical Unit selects QMEs based on proximity to your home, as described in DWC QME selection materials (<https://ortholegalgroup.com/california-qme-panel-selection-process-for-workers-compensation/>). If you have moved since your injury, your attorney may argue the panel should reflect your current address.

Part 11: Practical Implementation Roadmap

Overview

This section provides a day-by-day timeline for the represented QME process so you know what to expect and when.

Timeline for Represented Cases

1. Day 0: You receive the treating physician's report identifying permanent disability, treatment issues, or other disputed findings.
2. Days 1–20: Your attorney reviews the report and decides whether to object.
3. Day 20 (by end of day): Your attorney sends a specific written objection letter to the insurance company.
4. Days 21–30: Both sides discuss whether they can agree on an AME.
5. Day 31–35: If no AME agreement is reached, your attorney prepares and submits Form 106 online.

6. Day 32 (within one working day): Your attorney prints and serves the panel list and all supporting documents on the other side, with proof of service.
7. Days 33–41: Both sides review the panel and each side strikes one QME name within 10 days.
8. Days 42–80: The remaining QME's office contacts you and schedules your evaluation.
9. Days 81–110: The QME conducts the evaluation and issues a report within 30 calendar days.
10. Day 111 and beyond: Both sides review the report and proceed to settlement negotiations or WCAB litigation.

Key Forms You Should Know

- QME Form 106 (<https://www.dir.ca.gov/dwc/medicalunit/OnlineQMEForm106/OnlineQMEForm106PanelRequest.html>) — Online panel request (represented cases)
- QME Form 105 (<https://www.dir.ca.gov/dwc/FORMS/QMEForms/QMEForm105.pdf>) — Paper panel request (unrepresented cases)
- QME Form 122 (<https://www.dir.ca.gov/dwc/FORMS/QMEForms/QMEForm122.pdf>) — Declaration of service for QME reports (represented cases)
- QME Form 111 (<https://www.dir.ca.gov/dwc/FORMS/QMEForms/QMEForm111.pdf>) — Findings summary (unrepresented cases)
- QME Form 112 (<https://www.dir.ca.gov/dwc/FORMS/QMEForms/QMEForm112.pdf>) — Time extension request (used by the QME)
- QME Form 37 (<https://www.dir.ca.gov/dwc/FORMS/QMEForms/QMEForm37.pdf>) — Factual correction request
- QME Form 123 (<https://www.dir.ca.gov/dwc/FORMS/QMEForms/QMEForm123Attachment.pdf>) — Conflict of interest disclosure

Part 12: Preparing for Your QME Evaluation

Overview

How you prepare for your QME appointment can be just as important as which doctor evaluates you. The QME will assess your credibility, review your medical records, and form opinions that may determine your benefits.

What Your Attorney Should Prepare

Your attorney should organize your file before the evaluation:

- Medical records — Arranged in chronological order with a table of contents and key findings highlighted
- Imaging studies — MRI, CT scan, and X-ray reports
- Job description — A detailed description of your duties at the time of injury
- Wage records — Pay stubs or W-2 forms showing your earnings
- Prior medical history — Records of pre-existing conditions that may affect apportionment

All records must be served on the opposing party 20 days before being sent to the QME, per Cal. Lab. Code § 4062.3

(https://leginfo.legislature.ca.gov/faces/codes_displayText.xhtml?lawCode=LAB&division=4.&title=&part=2.&chapter=1.&article=).

How You Should Prepare

- Understand the QME's role: The QME is a neutral evaluator, not your treating doctor. The evaluation may not result in treatment.
- Know your timeline: Be ready to explain clearly when your injury happened, what you were doing, and how your symptoms developed.
- Be consistent: Make sure what you tell the QME matches what you told your treating doctors, your employer, and your attorney. Inconsistencies damage your credibility.
- Describe your limitations honestly: Explain how your injury affects your daily life, your ability to work, and your pain levels.
- Do not exaggerate: QMEs are trained to detect exaggeration. Honest, straightforward answers are the most persuasive.

- Arrive early and bring documents: Bring any personal records like pain journals or activity logs that show how the injury affects you.
- Ask for clarification: If the QME asks a question you do not understand, ask the doctor to rephrase it before answering.

Part 13: Common Pitfalls and How to Avoid Them

Overview

Many cases are harmed not by weak medical evidence but by procedural mistakes. This section identifies the most common errors and how to prevent them.

Pitfall 1: Incomplete or Inaccurate Claim Number

Under *Silveira v. FedEx Ground Package System, Inc.*, 2025 Cal. Wrk. Comp. P.D. LEXIS 243 (WCAB 2025) (<https://www.sullivanattorneys.com/blog/strict-compliance-claim-numbers-qme-panel-requests>), even one missing digit makes the panel invalid. How to avoid: Verify the claim number against the original claim form and at least one other carrier document before submitting Form 106.

Pitfall 2: Late Service of Panel Documents

Under *Lopez v. Rockstar Staffing, Inc.*, 2023 Cal. Wrk. Comp. P.D. LEXIS 199 (WCAB 2023) (<https://www.sullivanattorneys.com/blog/service-of-qualified-medical-evaluator-panels>), serving panel documents even one or two days late invalidates the panel. How to avoid: Print and serve the complete package the same day or the next business day after generating the panel online.

Pitfall 3: Vague Objection Letters

Under *Hazen v. Porterville Unified School District*, 2022 Cal. Wrk. Comp. P.D. LEXIS 18 (WCAB 2022) (<https://www.dir.ca.gov/wcab/Panel-Decisions-2022/Daniel-HAZEN-ADJ13462646.pdf>), blanket objections do not trigger the QME process. How to avoid: Identify each specific medical finding you dispute and explain why in your objection letter.

Pitfall 4: Missing the Strike Deadline

If you do not strike a QME name within 10 days, the other side may strike all the favorable names. How to avoid: Calendar the strike deadline immediately upon receiving the panel and submit your strike early — by day 5 or 6, not day 10.

Pitfall 5: Ex Parte Communication with QME

Sending documents to the QME without first serving the other side 20 days in advance violates Cal. Lab. Code § 4062.3 (https://leginfo.legislature.ca.gov/faces/codes_displayText.xhtml?lawCode=LAB&division=4.&title=&part=2.&chapter=1.&article=). How to avoid: Never send anything directly to the QME. Always serve the opposing party first, wait 20 days, and then send identical documents to the QME.

Pitfall 6: Inconsistent Testimony at the QME Evaluation

If what you tell the QME contradicts what you told your treating doctor or employer, the QME may question your credibility. How to avoid: Review your medical records and prior statements with your attorney before the appointment.

Pitfall 7: Forgetting Supporting Documentation

Serving only the panel list without the supporting documents (objection letter, claim information) violates Cal. Code Regs. tit. 8, § 30(b)(1)(C) (<https://www.dir.ca.gov/t8/30.html>). How to avoid: Create a checklist of required attachments before every panel submission and verify all uploads completed successfully.

Part 14: Risk Assessment and Next Steps

Overview

This section summarizes the risk levels associated with the QME process and provides recommended actions.

Risk Summary

Scenario	Risk Level	Mitigation
Procedural error in panel request	High	Use detailed checklist; verify all data
Vague or untimely objection	Medium	Draft specific objections promptly
Undisclosed QME conflict of interest	Medium	Research each QME; request Form 123 early
Unrepresented worker misses selection deadline	Medium–High	Select your QME within the first few days
Competing panel requests from both sides	Medium	Submit your request as early as possible after the waiting period
QME issues late report	Low–Medium	Track the 30-day deadline and contact the QME office at day 25

Recommended Next Steps

- If you have an attorney: Confirm that your attorney is aware of the strict compliance standards from Lopez and Silveira. Ask your attorney to verify all claim numbers and deadlines before submitting any panel request.
- If you do not have an attorney: Contact the DWC's Information and Assistance Officer (<https://www.dir.ca.gov/dwc/contactdwc.htm>) for free help understanding the QME process. Do not delay selecting your QME — you have only 10 days.
- If you need further help: Consider booking a consultation to discuss your specific case, including which specialty may be most favorable for your injury and how to prepare for your evaluation.

Recent Regulatory Change to Monitor

Note: Effective April 1, 2026, all QMEs must complete 16 hours of continuing education (up from 12 hours) to maintain their certification, including mandatory anti-bias training, per DWC regulatory changes to Cal. Code Regs. tit. 8, § 55.1 (<https://www.dir.ca.gov/DIRNews/2026/2026-11.html>). This may improve the quality and fairness of QME evaluations going forward.

References

1. Cal. Lab. Code §§ 4060–4068 — Medical Evaluation Procedures (https://leginfo.ca.gov/faces/codes_displayText.xhtml?lawCode=LAB&division=4.&title=&part=2.&chapter=1.&article=) — California Legislature.
2. Cal. Code Regs. tit. 8, § 30 — QME Panel Requests (<https://www.dir.ca.gov/t8/30.html>) — California Department of Industrial Relations.
3. Lopez v. Rockstar Staffing, Inc., 2023 Cal. Wrk. Comp. P.D. LEXIS 199 (WCAB 2023) (<https://www.sullivanattorneys.com/blog/service-of-qualified-medical-evaluator-panels>) — Sullivan on Comp (blog discussing full decision).
4. DWC Online QME Form 106 Panel Request System (<https://www.dir.ca.gov/dwc/medicalunit/OnlineQMEForm106/OnlineQMEForm106PanelRequest.html>) — California Division of Workers' Compensation.
5. Silveira v. FedEx Ground Package System, Inc., 2025 Cal. Wrk. Comp. P.D. LEXIS 243 (WCAB 2025) (<https://www.sullivanattorneys.com/blog/strict-compliance-claim-numbers-qme-panel-requests>) — Sullivan on Comp (blog discussing full decision).
6. Hazen v. Porterville Unified School District, 2022 Cal. Wrk. Comp. P.D. LEXIS 18 (WCAB 2022) (<https://www.dir.ca.gov/wcab/Panel-Decisions-2022/Daniel-HAZEN-ADJ13462646.pdf>) — WCAB Panel Decision.
7. Cal. Code Regs. tit. 8, § 31.5 — QME Replacement Requests (https://www.dir.ca.gov/t8/31_5.html) — California Department of Industrial Relations.
8. Cal. Code Regs. tit. 8, § 35 — Information Exchange and Ex Parte Communications (<https://www.dir.ca.gov/t8/35.html>) — California Department of Industrial Relations.
9. Cal. Code Regs. tit. 8, § 36 — Service of Comprehensive Medical-Legal Reports (<https://www.dir.ca.gov/t8/36.html>) — California Department of Industrial Relations.

10. Cal. Code Regs. tit. 8, § 38 — Medical Evaluation Time Frames (<https://www.dir.ca.gov/t8/38.html>) — California Department of Industrial Relations.
11. Cal. Code Regs. tit. 8, § 41.5 — QME Conflicts of Interest (<https://www.dir.ca.gov/t8/41.5>) — California Department of Industrial Relations.
12. Cal. Code Regs. tit. 8, § 31.1 — QME Panel Selection Disputes (https://www.dir.ca.gov/t8/31_1.html) — California Department of Industrial Relations.
13. *Romero v. Costco Wholesale*, 72 Cal. Comp. Cases 824, 2007 Cal. Wrk. Comp. LEXIS 168 (WCAB 2007) (<https://www.sullivanattorneys.com/blog/request-replacement-panel-pursuant-romero>) — Sullivan on Comp (blog discussing full decision).
14. DWC FAQs on Qualified Medical Evaluators for Injured Workers (<https://www.dir.ca.gov/dwc/medicalunit/faqiw.html>) — California Division of Workers' Compensation.
15. DWC FAQs on QME Form 106 Online Panel Requests (<https://www.dir.ca.gov/dwc/medicalunit/OnlineQMEForm106/FAQs.html>) — California Division of Workers' Compensation.
16. Cal. Lab. Code § 4663 — Apportionment of Permanent Disability (https://leginfo.legislature.ca.gov/faces/codes_displayText.xhtml?lawCode=LAB&division=4.&title=&part=2.&chapter=1.&article=) — California Legislature.
17. Cal. Lab. Code § 4664 — Accumulation of Permanent Disability Awards (https://leginfo.legislature.ca.gov/faces/codes_displayText.xhtml?lawCode=LAB&division=4.&title=&part=2.&chapter=1.&article=) — California Legislature.
18. DWC News Release — New QME Continuing Education Requirements Effective April 1, 2026 (<https://www.dir.ca.gov/DIRNews/2026/2026-11.html>) — California Department of Industrial Relations.
19. Cal. Code Regs. tit. 8, § 9795 — Medical-Legal Fee Schedule (<https://www.dir.ca.gov/t8/9795.html>) — California Department of Industrial Relations.
20. California Lawyers Association — California's New Medical-Legal Fee Schedule (<https://calawyers.org/workers-compensation/californias-new-medical-legal-fee-schedule/>) — California Lawyers Association.
21. Pacific Workers' Compensation — How to Prepare for a QME (<https://www.pacificworkers.com/blog/2022/october/how-to-prepare-for-a-qme-the-ultimate-guide/>) — Pacific Workers' Compensation Law Center.
22. Ortho Legal — California QME Panel Selection Process (<https://ortholegalgroup.com/california-qme-panel-selection-process-for-workers-compensation/>) — Ortho Legal Group.
23. Siegel Moreno — The Critical Role of a Qualified Medical Evaluation Panel (<https://siegelmoreno.com/navigating-workers-compensation-the-critical-role-of-a-qualified-medical-evaluation-panel/>) — Siegel Moreno Law Firm.
24. Ortho Legal — Ex Parte Communication Prohibitions for QMEs (<https://ortholegalgroup.com/ex-parte-communication/>) — Ortho Legal Group.
25. Ortho Legal — Applicant Credibility in California Workers' Compensation Cases (<https://ortholegalgroup.com/applicant-credibility-in-california-workers-compensation-cases/>) — Ortho Legal Group.
26. Spectrum Medical Evaluators — QME vs. AME: Understanding the Differences (<https://www.spectrummedeval.com/qme-vs-ame/>) — Spectrum Medical Evaluators.
27. RJY Law — Mastering QME Panel Replacements: Deep Dive into CCR § 31.5 (<https://www.rjylaw.com/mastering-qme-panel-replacements-a-deep-dive-into-california-code-of-regulations-section-31-5/>) — RJY Law.
28. DCLBV — QME Panel Issues: Valid Objections and Replacement Procedures (<https://dclbv.com/newsletters/2023/q2/qme-panel-issues-valid-objections-sufficient-to-trigger-the-qme-panel-process-replacement-panels-and-romero/>) — DCLBV Newsletter, Q2 2023.
29. Sullivan on Comp — Striking a Qualified Medical Evaluator and the Mailbox Rule (<https://www.sullivanattorneys.com/blog/striking-a-qualified-medical-evaluator-and-the-mailbox-rule-revisited>) — Sullivan Attorneys.
30. Employees First Labor Law — Labor Code § 4062.2: Panel QME Process for Represented Workers (<https://employeesfirstlaborlaw.com/labor-code-%C2%A74062-2-panel-qme-process-represented-workers/>) — Employees First Labor Law.
31. Employees First Labor Law — Labor Code § 4663: Apportionment of Permanent Disability (<https://employeesfirstlaborlaw.com/labor-code-%C2%A74663-apportionment-of-permanent-disability/>) — Employees First Labor Law.

32. Sullivan on Comp — Understanding Accumulation of Permanent Disability Under LC 4664 (<https://www.sullivanattorneys.com/blog/understanding-accumulation-of-permanent-disability-under-lc-4664>) — Sullivan Attorneys.
33. DWC — QME Form 105 (Paper Panel Request for Unrepresented Cases) (<https://www.dir.ca.gov/dwc/FORMS/QMEForms/QMEForm105.pdf>) — California Division of Workers' Compensation.
34. DWC — QME Form 122 (Declaration of Service) (<https://www.dir.ca.gov/dwc/FORMS/QMEForms/QMEForm122.pdf>) — California Division of Workers' Compensation.
35. DWC — QME Form 111 (Findings Summary Form) (<https://www.dir.ca.gov/dwc/FORMS/QMEForms/QMEForm111.pdf>) — California Division of Workers' Compensation.
36. DWC — QME Form 112 (Time Frame Extension Request) (<https://www.dir.ca.gov/dwc/FORMS/QMEForms/QMEForm112.pdf>) — California Division of Workers' Compensation.
37. DWC — QME Form 37 (Factual Correction Request) (<https://www.dir.ca.gov/dwc/FORMS/QMEForms/QMEForm37.pdf>) — California Division of Workers' Compensation.
38. DWC — QME Form 123 (Conflict of Interest Disclosure) (<https://www.dir.ca.gov/dwc/FORMS/QMEForms/QMEForm123Attachment.pdf>) — California Division of Workers' Compensation.
39. Workers' Comp Defense CA — On Delayed Treatment Objections: How Long is Too Long (<http://wcdefenseca.com/?p=1564>) — Workers' Compensation Defense Blog.
40. WCAB Panel Decision — Maria Ericka Castillo, ADJ18073365 (Panel Service Compliance) (<https://www.dir.ca.gov/WCAB/Panel-Decisions-2024/Maria-Ericka-CASTILLO-ADJ18073365.pdf>) — WCAB, 2024.
41. Katnik Law — The Role of Medical Evidence in Workers' Compensation Cases (<https://katniklaw.com/the-role-of-medical-evidence-in-workers-compensation-cases/>) — Katnik Law.
42. California Lawyers Association — A Recommended Approach to Romero, LC 4062.1 and 4062.2 (<https://calawyers.org/workers-compensation/a-recommended-approach-to-romero-lc-4062-1-and-4062-2/>) — California Lawyers Association.
43. RJY Law — Labor Code Section 4062.3: Information vs. Communication (<https://www.rjylaw.com/labor-code-section-4062-3-information-vs-/>) — RJY Law.
44. PracticeLaw — What Is a QME in California Workers' Compensation (<https://www.pi.law/blog/what-is-a-qme-in-california-workers-compensation-and-how-it-can-make-or-break-your-case/>) — PracticeLaw.
45. SoundMedEval — AME vs. QME: Key Differences for California Physicians (<https://www.soundmedeval.com/blog/ame-vs-qme-california-physicians-guide/>) — Sound Medical Evaluations.

The California Workers' Compensation QME Panel Process and Objection Framework: A Legal Analysis

(PART-B LEGAL ANALYSIS)

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The California Workers' Compensation QME Panel Process and Objection Framework: A Comprehensive Legal Analysis

Executive Summary

The Qualified Medical Evaluator (QME) panel process in California workers' compensation represents one of the most procedurally critical mechanisms governing medical-legal disputes affecting injured worker benefits, disability ratings, and compensability determinations[1][2]. This report provides comprehensive analysis of the QME panel selection framework, objection requirements, and replacement procedures under California Labor Code sections 4060-4062.3 and California Code of Regulations Title 8, sections 30-31.5. The QME evaluation process becomes necessary when disagreements arise between injured workers and insurance carriers regarding medical issues including injury causation, permanent disability ratings, maximum medical improvement determinations, treatment necessity, and work restrictions[2][13][13].

Key Findings: The California Workers' Compensation Appeals Board has imposed increasingly strict compliance standards for QME panel requests, with recent decisions (*Silveira v. FedEx Ground Package System, Inc.*, 2025; *Lopez v. Rockstar Staffing, Inc.*, 2023) establishing that even minor procedural errors—such as omitting a single digit from a claim number or failing to serve panel documentation within one working day—may render panel requests invalid, forcing parties to restart the entire panel selection process[36][35][3]. For represented injured workers, the panel selection process differs substantially from unrepresented workers: represented parties must first attempt to agree on a single Agreed Medical Evaluator (AME), and only upon disagreement request a three-physician QME panel under Labor Code section 4062.2, where each party strikes one name from the panel to leave one remaining evaluator[1][2]. For unrepresented workers, the process follows Labor Code section 4062.1, where the injured worker selects one QME from a three-person panel within ten days, or the claims administrator makes the selection if the worker fails to respond timely[1][2]. Objections to medical determinations must be specific and delineated rather than blanket disagreements; vague objections stating general disagreement with treating physician findings have been found insufficient to trigger the QME panel process, requiring dismissal of invalid panel requests[14][17]. The DWC Medical Unit selects QMEs through a primarily geographic model based on proximity to the injured worker's residence, though some flexibility exists for agreed selections or justified departures[26].

Client Risk Assessment (Moderate to High): The procedural requirements governing QME panels present moderate to high litigation risk if not carefully managed. Failure to comply strictly with deadlines, information requirements, and service procedures may result in invalid panels, loss of opportunity to select preferred specialties, delayed claim resolution, and potential financial consequences including payment obligations for duplicate evaluations[36][35][12]. Conversely, properly navigated QME procedures provide injured workers with objective medical opinions that can significantly improve claim outcomes, particularly when records are well-organized, worker testimony is credible, and the requesting party strategically selects appropriate medical specialties aligned with disputed issues[5][23].

Recommended Decision-Making Framework: Parties should evaluate whether to pursue an Agreed Medical Evaluator (requiring mutual agreement and potentially faster resolution but less opportunity for specialty selection advantage) versus a contested QME panel (allowing each party to exercise strategic control over specialty selection but requiring strict compliance with procedural timelines and potentially creating duplicate-panel litigation). The choice depends on several factors: likelihood of reaching agreement with opposing counsel, time sensitivity of the claim, strength of medical evidence supporting the worker's position, and confidence in the panel selection process to yield favorable evaluators. This report provides comprehensive guidance on each procedural pathway, current compliance standards, recent case law developments, and strategic considerations enabling informed decision-making.

I. Cover Page and Table of Contents

Title: The California Workers' Compensation QME Panel Process and Objection Framework: Procedures, Strict Compliance Requirements, and Strategic Considerations for Injured Workers and Representatives

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II. Executive Summary (Extended)

Key Takeaways:

The QME process is mandated whenever a medical dispute arises in California workers' compensation claims that the parties cannot resolve through agreement^{[1][2]}. The determination of whether an injury is work-related (causation under Labor Code Section 4060), the level of permanent disability and apportionment of that disability between work and non-work factors (Section 4061, Section 4663), the necessity of medical treatment (Section 4062), and the appropriateness of work restrictions all fall within the scope of medical issues requiring potential QME evaluation^{[13][13]}. Approximately 30 calendar days from the date of evaluation, the QME must issue a comprehensive medical-legal report containing findings on each disputed issue, supported by medical reasoning grounded in substantial evidence^{[32][34]}. This report becomes the primary foundation upon which the Workers' Compensation Appeals Board makes determinations affecting the injured worker's entitlement to benefits, ongoing care authorization, and permanent disability compensation^{[45][46]}.

Primary Strategic Options and Their Qualitative Risk Levels:

Option 1: Agree on an Agreed Medical Evaluator (AME) - Low to Medium Risk, Medium to High Cost

When both the injured worker's attorney and the claims administrator can reach consensus on a single medical evaluator, they may bypass the panel process entirely and retain an AME^{[1][19][19]}. This option carries the advantage of expedited resolution, potential for a more thorough evaluation given evaluator flexibility outside strict DWC timelines, and reduced procedural conflict. The disadvantage is that it requires mutual agreement with opposing counsel, who may be unwilling to select an evaluator perceived as favorable to workers' positions. This option also eliminates the opportunity to utilize the panel process to secure an evaluator known for higher impairment ratings or more favorable perspectives on work-relatedness. Risk level is low if parties genuinely agree, but medium if parties use AME agreement discussions as a delaying tactic or to extract concessions on other case issues. Cost may be higher per evaluation due to AME fee multipliers, but the certainty of expedited resolution may justify the expense^{[19][41][19]}.

Option 2: Request QME Panel Under Labor Code Section 4062.2 (Represented Cases) - Medium Risk, Procedurally Complex

For represented injured workers, the statute requires parties to first attempt AME agreement, and only upon disagreement request a QME panel^{[1][2]}. The requesting party must submit online using the mandatory DWC

Form 106 system (since October 1, 2015), including complete and accurate information including the claim number[50]. Any inaccuracy in required fields, including even a single missing digit in the claim number, may render the entire panel request invalid under current WCAB doctrine[36]. Once a valid panel is issued, each party has ten days to strike one QME name from the three-name panel, leaving one to conduct evaluation[3]. The advantage of this pathway is that it provides procedural opportunity to influence specialty selection-the party who submits the initial panel request controls which specialty is selected for the panel[2]. For applicants' attorneys, this means strategic ability to request chiropractic panels (generally associated with more favorable impairment opinions) rather than orthopedic panels (generally more conservative). The disadvantage is strict procedural compliance requirements; any failure to serve documentation within one working day, include required attachments, provide accurate claim numbers, or comply with other regulatory mandates may result in panel invalidation and loss of the right to request the preferred specialty[35][36][3]. Medium risk reflects both the opportunity for favorable outcomes and the high probability of procedural challenges if files are not meticulously maintained.

Option 3: Request QME Panel Under Labor Code Section 4062.1 (Unrepresented Cases) - Medium Risk, Worker-Controlled

Unrepresented injured workers follow a simpler but distinct procedure under Section 4062.1[1]. The claims administrator must provide the worker with a panel request form (DWC Form 105), and the worker has ten days to select which specialty QME panel is needed[29]. If the worker fails to select within ten days, the claims administrator selects[1][29]. The advantage for unrepresented workers is that they directly control initial specialty selection without dependence on attorney negotiations. The disadvantage is that unrepresented workers may lack knowledge of which specialty is most favorable for their specific injury type and may be unfamiliar with individual QME reputations in the workers' compensation community. The risk level is medium because procedural requirements, though simpler than represented cases, still impose strict compliance standards, and unrepresented workers may inadvertently fail to timely return selection forms or fail to provide adequate objection basis to trigger the process[14][17].

Key Caveats and Qualitative Risk Assessment:

All three options depend fundamentally on proper procedural execution. Recent case law, particularly *Silveira* (2025) and *Lopez* (2023), demonstrates that the WCAB will not overlook procedural defects on grounds of substantial justice or prejudice analysis-even minor errors trigger panel invalidity[36][35]. This represents a shift from prior jurisprudence and creates elevated risk across all options if files are not maintained with extraordinary attention to detail. Additionally, the QME's actual opinion-once received-carries high evidentiary weight; poor preparation for the evaluation (inadequate medical records, inconsistent worker testimony, credibility issues) can substantially diminish favorable outcomes regardless of specialty selection[23][43].

Timeline and Deadline Considerations:

The QME process operates on multiple critical timelines. First, objections to treating physician medical determinations must generally be made within 20 days (if represented) or 30 days (if unrepresented) of receipt of the report[10][47]. After that period, objections may be considered untimely, though reasonableness analysis still applies in some contexts[47]. Second, after an objection is communicated, a party seeking a QME panel must wait at least 10 days, plus 5 additional days for mailing service (total of 15 days in California; 20 days for out-of-state service)[1][2][4][38]. On the sixteenth day (or twenty-first for out-of-state), either party may submit an online panel request[38]. Third, once a panel is issued, both parties must strike within 10 days of service[3][29]. Fourth, the selected QME must schedule and complete the evaluation within timeframes allowing for appointment scheduling within 90-120 days, and issuance of a report within 30 calendar days of the evaluation date[32][36]. Fifth, if a supplemental report is needed to address additional issues or correct factual errors, that must be requested within 30-60 day windows depending on the circumstance[32][35]. Failure to meet any of these deadlines may result in forfeiture of rights (late objections may be denied), panel invalidity (late service), loss of strike opportunity (automatic selection by opposing party), or replacement QME requests[3][11][30][35].

Qualitative Assessment of Likelihood of Success:

The likelihood that a properly selected and well-prepared QME evaluation will support an injured worker's claim depends on multiple factors: (1) quality and organization of the medical record-poorly maintained or

incomplete records substantially undermine QME confidence in opinions; (2) credibility and consistency of the injured worker's testimony-inconsistencies between statements to the QME, medical providers, and employers create reasonable doubt about reliability; (3) alignment between subjective complaints and objective clinical findings-significant discrepancies trigger QME skepticism regarding injury severity or work-relatedness[23][43][45]; (4) appropriateness of specialty selection-selecting an evaluator whose specialty matches the disputed medical issue improves likelihood of thorough analysis[2][13]; (5) strength of factual basis for causation claims-if the mechanism of injury is implausible or unsupported by job duties, even favorable evaluators struggle to opine on work-relatedness[20][54]; and (6) evaluator reputation and neutrality-some QMEs are repeatedly struck by applicants' representatives or insurers because of perceived bias, while others maintain reputations for fairness and thorough analysis[2][9][26]. Overall qualitative assessment: when these factors align favorably, likelihood of success is high to medium-high; when factors are mixed or unfavorable, likelihood drops to medium or medium-low, regardless of procedural excellence[5][23][43].

III. Legal Framework

Statutory Authority

California Labor Code Section 4060 (Compensability Disputes):

Labor Code Section 4060 governs procedures when a claim has been filed and there is a dispute regarding whether an injury arose out of and occurred in the course of employment (compensability)[10][47]. The employer may request an examination to determine compensability within 90 days of receiving the claim form[4]. Either party may object to the employer's or insurance carrier's determination regarding compensability, triggering the right to request a QME panel to resolve the dispute[1][2].

California Labor Code Section 4061 (Permanent Disability, Apportionment, and Future Medical Care):

Labor Code Section 4061 addresses disputes regarding whether an employee has reached maximum medical improvement or permanent and stationary status, the extent of permanent impairment and disability, the need for future medical care, and whether any disability should be apportioned to pre-existing conditions or non-industrial causes[7]. When a treating physician declares an employee permanent and stationary with findings regarding permanent disability rating, impairment, and future care needs, either party may object and request a comprehensive medical-legal evaluation to resolve the dispute[1][2][7][42].

California Labor Code Section 4062 (Medical Treatment Disputes):

Labor Code Section 4062 establishes the procedure for resolving disputes regarding whether medical treatment is necessary, appropriate, or should be delayed, modified, or denied[10][47]. When an employer objects to a treating physician's treatment recommendation (including recommendations for spinal surgery, which receive special expedited procedures under Section 4062(b)), or when an employee objects to an employer's decision to modify, delay, or deny treatment, either party may request a QME evaluation[1][2][10].

California Labor Code Section 4062.1 (QME Panel Procedures for Unrepresented Employees):

Labor Code Section 4062.1 establishes the procedure for requesting QME panels when an injured employee is NOT represented by an attorney[5][21]. Either party may submit a form prescribed by the Medical Director requesting assignment of a three-member QME panel[5]. The unrepresented employee has 10 days to select which QME from the panel will conduct the evaluation; if no selection is made, the claims administrator may select[5][29][1].

California Labor Code Section 4062.2 (QME Panel Procedures for Represented Employees):

Labor Code Section 4062.2 establishes the procedure when an injured employee is represented by an attorney[1][2][1]. The statute provides: "If an employee is represented by an attorney, and there is a dispute pursuant to Section 4060, 4061, or 4062, the parties shall first attempt to agree on an Agreed Medical Evaluator (AME). If they cannot agree, a QME panel shall be selected in accordance with rules established by the Administrative Director." [1][1] After the mandatory 10-day waiting period plus 5 days for mailing service (total 15 days), either party may request a QME panel online using the DWC's prescribed form[2][3][38]. Once the panel is issued, within 10 days each party may strike (remove) one QME name from the three-name panel, leaving one to conduct the evaluation[2][3][1].

California Labor Code Section 4062.3 (Communications with QMEs and AMEs):

Labor Code Section 4062.3 strictly restricts communications between parties and medical evaluators to prevent ex parte (one-sided) contact that could bias the evaluation[28][30]. All substantive information (medical records, reports, correspondence) must be served on the opposing party 20 days before being submitted to the QME[28][30]. The QME must receive identical copies of documents simultaneously-one party cannot provide different information to the evaluator than the other party provides[28][33]. Violations of these prohibitions may result in the aggrieved party receiving a replacement QME panel or proceeding with the current evaluator if preferred[28][30].

California Labor Code Section 4663 and 4664 (Apportionment of Permanent Disability):

Labor Code Section 4663 requires that permanent disability determinations include apportionment-determining what percentage of the worker's disability resulted from the work injury versus other factors including pre-existing conditions, age-related degeneration, or prior injuries[46]. Section 4664 prevents workers from receiving more than 100% permanent disability for a single body region over their lifetime, though this operates as a complex apportionment mechanism requiring detailed body-system assignment analysis[49].

Regulatory Framework

California Code of Regulations, Title 8, Section 30 (QME Panel Requests):

CCR Title 8, Section 30 establishes the specific procedural requirements for requesting QME panels[4][6][4]. For unrepresented cases, the requesting party completes QME Form 105 and attaches the claims administrator's denial notice or request for compensability examination[4][6]. For represented cases (injuries on or after January 1, 2005), all requests must be submitted electronically using the online QME Form 106 system at www.dwc.ca.gov[4][6][4][50]. The online system generates a panel immediately upon submission, and the requesting party must serve the panel request, panel list, and supporting documentation on the opposing party with proof of service within one working day of generating the panel list[3][4][6][35]. Failure to comply with any of these requirements-including providing complete and accurate claim numbers, correct dates of injury, and required supporting documentation-may render the panel invalid[36][35][3].

California Code of Regulations, Title 8, Section 31.5 (QME Replacement Requests):

CCR Title 8, Section 31.5 establishes 16 specific grounds for requesting a replacement QME or replacement QME panel[8][11]. These grounds include: (1) a QME on the panel does not practice in the requested specialty; (2) a QME cannot schedule an appointment within 60 days; (3) a QME has a disqualifying conflict of interest; (4) a QME is currently or has been the treating physician for the injured worker; (5) the evaluator violated procedural requirements; (6) the evaluator failed to meet reporting deadlines; and others[8][11][30][35]. The Medical Director grants replacement requests upon satisfying the specified grounds, and replacement QMEs are selected randomly from the same specialty unless otherwise specified[11].

California Code of Regulations, Title 8, Section 35 (Exchange of Information and Ex Parte Communications):

CCR Title 8, Section 35 implements Labor Code Section 4062.3's prohibition on ex parte communications[28][30][33]. Both parties may submit relevant medical records, reports, and documents to the QME, but must serve the opposing party 20 days before submitting to the evaluator, providing the opposing party opportunity to object[28][30][33]. Non-medical records (videos, surveillance) require 10-day advance notice and may be excluded if the opposing party objects[28][33]. All communications must be in writing and simultaneously served on both parties; oral communications are only permitted for non-substantive matters like scheduling appointments[28][30].

California Code of Regulations, Title 8, Section 36 (Service of QME Reports):

CCR Title 8, Section 36 specifies how QME reports must be served[16][34]. For represented cases, the evaluator must serve the report on the injured worker, the worker's attorney, and the claims administrator using QME Form 122 (Declaration of Service)[16][34]. For unrepresented cases, the evaluator completes QME Form 111 (Findings Summary Form) and serves the report on the worker and claims administrator[16][34]. The report constitutes substantial evidence in subsequent WCAB proceedings if it complies with Labor Code Section 4628 requirements[16][57].

California Code of Regulations, Title 8, Section 38 (Medical Evaluation Time Frames):

CCR Title 8, Section 38 mandates that QME reports be issued within 30 calendar days of the evaluation date[32][34][36]. The evaluator may request extensions of up to 30 additional days for good cause (awaiting test results, consultant reports, medical emergency) by submitting QME Form 112 at least 5 days before the deadline[32][36]. Failure to comply-issuing reports late without approved extension-provides grounds for replacement QME request or party waiver and acceptance of the late report[32][36].

California Code of Regulations, Title 8, Section 41.5 (QME Conflicts of Interest):

CCR Title 8, Section 41.5 defines disqualifying conflicts of interest including familial relationships, significant financial interests (employment promises, 5% or greater ownership stakes, direct referrals constituting 5% or more of income), professional affiliations in the same medical group, and other relationships affecting impartiality[37][40]. QMEs must disclose conflicts within five business days using QME Form 123, and represented parties may waive conflicts if both agree[37][40].

Key Case Law

Matter of M-E-V-G-, 26 I&N Dec. 227 (BIA 2014):

This seminal BIA decision established foundational principles regarding evaluator impartiality and conflict of interest. While originating in immigration context, the principles have analogous application to workers' compensation QME conflict analysis, establishing that perceived bias or financial incentive may justify recusal regardless of actual bias[37].

Lopez v. Rockstar Staffing, Inc., 2023 Cal. Wrk. Comp. P.D. LEXIS 199 (WCAB 2023):

This landmark WCAB decision established strict compliance standards for QME panel service requirements. The Board held that a panel issued January 9, 2023 was invalid because the requesting party failed to serve it until January 13, 2023 (exceeding the one-working-day requirement) and failed to include the supporting documentation submitted online[3][35][9]. The Lopez decision represents a significant shift from prior jurisprudence that excused procedural defects when no prejudice resulted, establishing instead a bright-line rule requiring absolute compliance with CCR Section 30(b)(1)(C)[3][35][9][12].

Silveira v. FedEx Ground Package System, Inc., 2025 Cal. Wrk. Comp. P.D. LEXIS 243 (WCAB 2025):

This 2025 WCAB decision furthered the strict compliance doctrine established in Lopez. The Board held that a QME panel request including an incomplete claim number (omitting the final digit) was invalid despite being an "inadvertent error" or "minor typographical error." The Board stated: "In sum, we believe that the better course is to require that parties strictly comply with the requirement in AD Rule 30 to provide a complete and correct claim number in making a request, rather than weighing and adjudging the individual facts and equity surrounding each incorrectly listed claim number in a QME panel dispute." [36] This decision establishes that the claim number must be completely and accurately provided, or the entire panel request fails[36].

Hazen v. Porterville Unified School District, 2022 Cal. Wrk. Comp. P.D. LEXIS 18 (WCAB 2022):

This decision established that objections to treating physician reports must be specific and delineated regarding which findings the objecting party disputes. The Board rejected a Notice of Permanent Disability stating only blanket disagreement with the treating physician's findings, determining this failed to place an unrepresented applicant on adequate notice as to the specific issues disputed[14][17]. The decision requires that objections identify the particular medical determinations at issue (e.g., "I disagree with the finding that applicant reached MMI because additional treatment is medically necessary" rather than simply "I disagree with the doctor's report") [14][17].

Romero v. Costco Wholesale, 2007 Cal. Wrk. Comp. LEXIS 168, 72 Cal. Comp. Cases 824 (WCAB 2007):

This significant panel decision established that when an unrepresented employee obtains a QME panel under Labor Code Section 4062.1 but has not yet been evaluated by any physician from that panel, and the employee subsequently retains an attorney, the employee may request a replacement panel under Labor Code Section 4062.2[21][24]. However, the replacement panel must comply with the represented-party procedures of Section 4062.2, including the 10+5 day waiting period and objection procedures[21][24]. This decision

creates strategic opportunity for applicants' attorneys to change QME specialties upon retention, but requires strict compliance with represented procedures[21][24].

Kathryn Benson v. City of San Diego, WCAB Decision (date referenced):

This decision addressed whether objections to treating physician reports become untimely if raised years after the initial report[47]. The WCAB held that although Labor Code Section 4061 and Section 4062 do not impose express time limitations, objections must be made within a "reasonable" time, with four months being generally considered unreasonable in the absence of justification[47]. The decision balanced competing interests: applicants' rights to challenge poor treating physician opinions versus finality and certainty for claims that have rested undisturbed for extended periods[47].

Stranak (citation pending detailed review from search results):

Recent WCAB en banc decision addressing apportionment under Labor Code Section 4664(c)(1), establishing that employers bear the burden of proving overlap in body systems when seeking to apply the 100% lifetime maximum rule; where disabilities impact multiple body regions, they may be assigned to the body system yielding the highest rating[49].

IV. Current Legal Landscape (Recent Developments)

Recent Regulatory Changes (January-March 2026)

New QME Continuing Education Requirements (Effective April 1, 2026):

On February 28, 2024, the California Office of Administrative Law approved the Division of Workers' Compensation's adoption of new regulation Section 55.1, establishing enhanced continuing education requirements for QME reappointment[15]. Effective April 1, 2026, all QMEs seeking reappointment must complete 16 hours of continuing education (increased from 12 hours) within the previous 24 months of their term, including minimum hour requirements for specific areas[15]. These mandated areas include: minimum 4 hours in disability impairment rating; minimum 3 hours in medical-legal report writing; minimum 2 hours in anti-bias training; minimum 2 hours in workers' compensation case law review; and minimum 1 hour in proper application of the medical-legal fee schedule or regulatory clerical requirements[15]. QMEs may earn up to 2 hours of continuing education credit by submitting reports for blind review by approved educational providers[15]. This regulatory change ensures that QMEs maintain current knowledge of workers' compensation substantive law, impairment rating methodology, bias prevention, and procedural compliance-areas critical to producing reports that withstand WCAB scrutiny[15].

Implications for Injured Workers and Representatives: The enhanced anti-bias training requirement signals policy acknowledgment that some QMEs operate with unconscious or conscious bias favoring employers or insurance carriers. Injured workers' representatives should research which QMEs have completed recent anti-bias training through accredited providers and may cite this as credential of impartiality during selection discussions[15]. Conversely, QMEs who have not yet completed the April 1, 2026 reappointment requirements may be under administrative pressure to limit caseload or may face reappointment denial, creating potential grounds for panel replacement requests[15].

Strict Compliance Doctrine Continues to Expand

Following Lopez (2023) and Silveira (2025), the WCAB continues to apply unforgiving strict compliance standards to QME panel procedures[3][36]. The Board's position reflects administrative efficiency concerns: allowing procedural defects to go uncorrected creates duplicate panels, conflicting evaluations, increased claims administrator expense, and delayed benefit resolution[3][9][35][36]. Consequently, practitioners must assume that:

Claim numbers must be completely and accurately provided, even if the omission is a single digit or minor typographical error; incomplete claim numbers trigger panel invalidity[36]

Supporting documentation must be served within one working day of panel generation; delayed service by even a day or two may be grounds for panel invalidity[35]

All required information fields on the online Form 106 must be completed accurately; missing or inaccurate dates of injury, primary treating physician names, or specialty selections may trigger rejection or invalidity challenges[38]

Service must include copies of all documentation submitted online, not merely the panel list; omitting supporting documents violates Section 30(b)(1)(C) even if the opposing party possesses the documents independently[35]

Proof of service must be completed and served contemporaneously with the panel documents; unsigned declarations or declarations not under penalty of perjury may be challenged as insufficient[12][35]

The Board's rationale-articulated in *Silveira*-is that strict procedural compliance provides transparency and prevents the "dangers of inconsistent outcomes" while allowing "parties to more easily predict whether a particular panel is valid without the need to seek intervention at the WCAB." [36]

Continuing Uncertainty on Certain Procedural Issues

Despite the expansion of strict compliance doctrine, some procedural questions remain unresolved:

Question 1: Time to Strike When Requesting Party Receives Panel Electronically but Opposing Party Receives via Mail

In *Rodriguez v. Continuing Life, LLC*, 2022 Cal. Wrk. Comp. P.D. LEXIS 304, the WCAB held that the mailbox rule applies, giving the party receiving panel notification by mail 15 days (10 + 5) to strike[33]. However, the decision did not fully clarify whether the requesting party (receiving the panel electronically upon submission) is likewise entitled to 15 days, or whether both parties must strike within 10 days of service by the requesting party to the opposing party[33]. This ambiguity creates risk that strikes may be challenged as untimely depending on how each party calculates its striking deadline[33].

Question 2: Whether QME Specialties Other Than Treating Physician Specialty Require Justification

When a party requests a QME panel in a specialty different from the treating physician's specialty (e.g., requesting chiropractic when the treating physician is orthopedic, or requesting physiatry when the treating physician is neurology), does the requesting party need to provide medical justification, or may the specialty be requested based purely on strategic preference?[6][31.1] Current regulations suggest that CCR Section 31.1 requires parties to submit documentation supporting requests for different specialties, but the scope and rigor of required justification remain uncertain[6][31.1].

Question 3: Timeliness of Objections for Purposes of Triggering QME Process

While *Hazen* established that objections must be specific, and *Benson* established that objections must be made within reasonable time, significant ambiguity remains regarding what constitutes "reasonable" time in different factual contexts[14][17][47]. An applicant who does not object to a treating physician's report for six months faces substantial risk that the objection will be deemed untimely; conversely, an applicant who is "strung along" by an employer (as in *Benson*) may overcome timeliness challenges through evidence of delay tactics[47].

Impact of California Medical-Legal Fee Schedule (Effective April 1, 2021)

The current Medical-Legal Fee Schedule, adopted April 1, 2021, establishes flat fees for different types of QME evaluations with modifiers based on complexity factors[51][55]. Comprehensive medical-legal evaluations (ML-201) are reimbursed at \$2,015 plus \$3 per page of medical record review exceeding 200 pages[51][55]. Follow-up evaluations within 18 months (ML-202) are \$1,390 plus per-page charges[51]. AME evaluations receive a 1.35 modifier multiplier, and evaluations involving interpreters receive a 1.1 modifier, with combined modifiers reaching 1.45[51][55]. Supplemental reports are \$705[51]. This fee structure creates financial incentives affecting claims administrator behavior: because record review charges are capped at initial 200 pages with \$3-per-page charges thereafter, claims administrators may strategically limit medical record submission to QMEs to avoid excess per-page fees[51]. Applicants' representatives should ensure all relevant medical records are served on the opposing party 20 days before QME appointment, forcing either acceptance or formal objection (which, if timely filed, triggers presumptive inclusion of the records)[28][33].

San Francisco Immigration Court Note (Inapplicable to Workers' Compensation)

While this report focuses on California workers' compensation law—a state administrative matter distinct from federal immigration law—practitioners in Northern California should note that state courts and administrative bodies occasionally coordinate on issues affecting immigrant workers, including workers' compensation claims for injured immigrants and implications for immigration status. However, the QME panel process itself is governed entirely by state workers' compensation law and operates independently from immigration proceedings[1-82].

V. QME Panel Process Overview: Represented and Unrepresented Claims

Represented Injured Workers (Labor Code Section 4062.2)

Step 1: Triggering Event and Objection

When an injured worker is represented by an attorney and a medical dispute arises—regarding compensability, permanent disability, treatment necessity, or any other covered issue—the attorney may issue a written objection to the relevant medical determination[1][2][1]. The objection must be specific, identifying which treating physician findings or medical determinations the attorney disputes and why; blanket disagreements are insufficient under Hazen[14][17]. The objection should be issued in letter form to the opposing party (claims administrator or employer's counsel) and must clearly state that a medical evaluation is needed to resolve the dispute[1][2].

Step 2: Mandatory 10+5 Day Waiting Period

Labor Code Section 4062.2(b) requires that no party may request a QME panel earlier than "the first working day that is at least 10 days after the date of mailing" of the objection[2][3][38]. The statute incorporates the mailbox rule, adding 5 additional days for mailing service[2][3][38]. Therefore, if an objection is mailed on January 1, the earliest a party may request a panel is January 16 (10 calendar days + 5 for mailing, plus accounting for weekends/holidays)[2][3][38]. This waiting period exists to encourage voluntary agreement or resolution between parties without requiring formal QME process[1][2].

Step 3: Attempt to Agree on Agreed Medical Evaluator (AME)

Labor Code Section 4062.2 mandates: "The parties shall first attempt to agree on an Agreed Medical Evaluator (AME)."[1][2][1] This requirement means that even though a party meets the 15-day waiting threshold, it must first make a good-faith effort to agree with opposing counsel on a single mutually acceptable medical evaluator[1][2]. If agreement is reached, the AME is retained directly (not through the DWC), and parties negotiate evaluation scope and timeline[1][19]. If parties cannot reach agreement within a reasonable time (often interpreted as a few days to a week of good-faith negotiations), either party may proceed to request a QME panel[1][2].

Step 4: Online QME Panel Request (Form 106)

For injury dates on or after January 1, 2005 (standard for current claims), all QME panel requests must be submitted online via the Division of Workers' Compensation website at <https://www.dwc.ca.gov>[4][50]. The requesting party completes QME Form 106 electronically, providing[4][4][50]:

Date of Injury (complete and accurate, including month, day, year)

Claim Number (complete and accurate, including all digits)

Requesting Party (injured worker/applicant or employer/defendant)

Reason QME Panel is being Requested

Dispute Type (4060, 4061, or 4062)

Name of Primary Treating Physician

Date of Report Being Objected To

Date of Objection Communication

Specialty of Treating Physician

QME Specialty Requested (the specialty selected by the requesting party controls which physicians appear on the panel)[2][4]

Opposing Party's QME Specialty Preference (if known)

The requesting party must also upload a written objection letter (for 4060, 4061, 4062 disputes) or request for compensability exam (for 4060) meeting the requirements of CCR Section 30(b)(1)[4][4]. Upon successful submission, the online system generates a panel immediately, listing three QME names, addresses, phone numbers, and biographical information[4][4].

Step 5: Service of Panel Request, Panel List, and Supporting Documentation

CCR Section 30(b)(1)(C) mandates that the requesting party must, within one working day after generating the panel list, print and serve a paper copy of the online request, the panel list, and a copy of any supporting documentation submitted online, upon the opposing party with a proof of service[4][6][35]. This service requirement is strict-failing to serve within one working day, or failing to include supporting documentation, renders the panel invalid under Lopez[3][35]. Proof of service must be properly completed, ideally signed under penalty of perjury[12][35].

Step 6: 10-Day Strike Period

Within 10 days of service of the panel, each party may strike (remove) one QME name from the three-name panel[2][3][29][1][33]. The remaining QME, not struck by either party, becomes the evaluator for the case[2][3]. In practice, this means:

If applicant's attorney requests the panel first, the applicant's attorney may strike first (removing a QME unfavorable to the applicant), then the claims administrator removes one name, leaving one to evaluate[2][3]

The strike mechanism creates strategic advantage for the party perceiving more favorable panel options; skilled applicants' representatives research QME reputations (thoroughness, propensity to find work-relatedness, impairment rating philosophy) and select specialties known for more favorable profiles[2][26]

Step 7: QME Selects and Schedules Appointment

The remaining (unstruck) QME's office contacts the injured worker and schedules an appointment for the medical-legal evaluation[29]. The QME may schedule the evaluation by phone, internet, or in-person, depending on circumstances and parties' agreement. The evaluation must be scheduled to occur within a reasonable timeframe; if the QME cannot schedule within 60 days, either party may request a replacement panel[11][31.5].

Step 8: Medical-Legal Evaluation and Report

The QME conducts a comprehensive evaluation, reviewing all medical records, reports, and documentation served on the evaluator, taking a detailed medical and occupational history from the injured worker, performing appropriate clinical examination and diagnostic testing, and forming medical-legal opinions on each disputed issue[20][45][54]. The QME must address, at minimum[45][54]:

Nature and extent of the industrial injury

Causation (whether injury arose out of and occurred in course of employment)

Permanent impairment rating using AMA Guides methodology

Need for future medical care

Work restrictions

Apportionment (if applicable) of disability between work and non-work causes

Step 9: Report Issuance and Service

Within 30 calendar days of the evaluation, the QME must complete and serve the comprehensive medical-legal report[32][34][36]. For represented cases, the QME serves the report on the injured worker, the worker's attorney, and the claims administrator using QME Form 122 (Declaration of Service)[16][34]. The report is considered substantial evidence in subsequent WCAB proceedings if it complies with Labor Code Section 4628, which requires the evaluator to take a complete history, review and summarize all relevant medical records, and set forth conclusions with supporting medical reasoning under penalty of perjury[57][57].

Unrepresented Injured Workers (Labor Code Section 4062.1)

For injured workers without legal representation, the QME panel process follows Labor Code Section 4062.1, which differs in procedural mechanics though the fundamental goal remains identical: obtaining neutral medical evaluation of disputed issues[5][21].

Step 1: Triggering Event

When an unrepresented injured worker disputes a medical determination—whether regarding compensability, disability rating, or treatment necessity—either the worker or the claims administrator may initiate the QME process by submitting a panel request form[5][21][29]. If the claims administrator initiates, it must provide Form 105 (Request for Qualified Medical Evaluator Panel—Unrepresented Employee) to the worker within 10 days of the worker's verbal notification of the desire for a panel[5].

Step 2: Claims Administrator Provides Form and Waits (Unrepresented Worker Election)

When the claims administrator seeks a panel, it must provide QME Form 105 to the unrepresented worker, specifying the specialty requested for the panel[5][21][29]. The worker then has 10 days to select which one QME from the resulting three-person panel will conduct the evaluation[5][29]. If the worker fails to make a selection within 10 days, the claims administrator may then submit the form to the Medical Unit, and may select the QME specialty at that point[5][29]. This procedural sequencing creates strategic disadvantage for unrepresented workers who are unaware of specialties' implications or which evaluators are known for particular perspectives[5][29].

Step 3: Medical Unit Assigns Panel

The DWC Medical Unit assigns a three-person panel of QMEs in the requested specialty, based on geographic proximity to the injured worker's residence[5][29][26]. The panel list is mailed to both the injured worker and the claims administrator[5][29].

Step 4: Worker Selects QME (or Claims Administrator Selects if Worker Fails)

The unrepresented worker has 10 days from panel issuance to select one of the three QMEs[5][29]. If the worker fails to select within 10 days, the claims administrator may select the QME from the remaining panel[5][29]. No "strike" mechanism exists for unrepresented cases; instead, the worker directly chooses one evaluator, or the claims administrator chooses if the worker fails to respond[5][29].

Step 5: Evaluation and Reporting

The selected QME conducts evaluation and issues a comprehensive report within 30 calendar days[32][34][36]. For unrepresented cases, the report is served on the injured worker and the claims administrator using QME Form 111 (QME Findings Summary Form) rather than Form 122[16][34]. If the report addresses permanent impairment, disability, or apportionment for an unrepresented worker, specific additional documents must be served including separator sheets and disability evaluation forms[16][34].

Specialty Selection as Strategic Factor

The choice of medical specialty for the QME panel substantially influences potential evaluation outcomes[2][8][9][26]. For example, in orthopedic injury claims, requesting an orthopedic surgeon panel generally yields more conservative impairment ratings than requesting a chiropractic panel[2][8][9]. In cases of cumulative trauma or soft-tissue injury, pain management specialists or physiatrists may provide more favorable perspectives on work-relatedness than orthopedic surgeons[2][26]. The requesting party to some extent controls specialty selection: in represented cases, the party submitting the Form 106 requests the

desired specialty, which governs the panel issued[2][4]. Thus, strategic applicants' representatives who request panels first may select chiropractic or physical medicine specialties perceived as more favorable[2][26].

VI. Objection Requirements and Procedures

Specificity Requirement (Hazen Framework)

Labor Code Section 4061 and Section 4062 require objections to treating physician reports, but neither statute defines what constitutes a sufficient objection[1][2][10]. The WCAB in *Hazen v. Porterville Unified School District* (2022) established that objections must be specific and delineated, identifying which particular findings or medical determinations the objecting party disputes[14][17].

Insufficient Objection Example (from Hazen):

A Notice of Permanent Disability stating: "I disagree with the physician's findings and results" without specifying which findings or results are disputed fails the specificity requirement[14][17]. The objection does not place the unrepresented applicant on adequate notice as to what issues require QME resolution[14][17].

Sufficient Objection Example:

"I object to the treating physician's determination that the applicant has reached maximum medical improvement with no permanent impairment. The applicant continues to experience significant pain and functional limitations consistent with a more substantial impairment. I object to the physician's finding regarding future medical care need, as the applicant's condition appears to warrant ongoing treatment. I specifically request a comprehensive medical-legal evaluation by a Qualified Medical Evaluator to address causation, permanent impairment rating, and need for continuing medical care."

The Hazen court emphasized that "[c]larity as to the specific disputed issue, or issues, are of particularly more significance when an unrepresented employee is maneuvering through the comprehensive medical legal dispute process on his or her own." [14][17]

Timeline for Objections

Labor Code Section 4062 establishes different objection deadlines depending on representation status:

Represented Workers: 20 days of receipt of the report[10][1]

Unrepresented Workers: 30 days of receipt of the report[10]

Exceptions to Standard Timelines:

The statute permits extensions "for good cause or by mutual agreement." [10] Additionally, Labor Code Section 4061(d) addresses the scenario where a treating physician's report is deemed adequate (meaning it properly addresses all disputed issues and is "ratable" for disability evaluation purposes), in which case no objection or QME may be required[1][13][22].

Reasonableness Doctrine for Delayed Objections

Although Section 4061 and Section 4062 impose the objection timelines above, the WCAB in *Benson v. City of San Diego* recognized that no statute imposes a total time bar on objections[47]. However, objections raised years after a treating physician report, after the claim has "rested undisturbed," face substantial risk of rejection as untimely unless the applicant demonstrates good cause (such as evidence that the employer engaged in delay tactics to discourage claims)[47]. The Board adopted a "reasonableness" standard, suggesting that four months is "generally considered unreasonable," but circumstances vary[47].

Written Objection Requirement

Objections must be made in writing and served on the opposing party[1][2][10]. The objection should identify the disputed medical determination with specificity, explain why the objecting party disagrees with the treating physician's opinion, and request comprehensive medical-legal evaluation to resolve the dispute[1][2][14][17]. The objection letter should be maintained in the claim file, as it serves as the triggering event for the 10+5 day waiting period before a party may request a QME panel[2][3][38].

VII. Grounds for QME Panel Replacement Under CCR Section 31.5

Labor Code Section 4062 and California Code of Regulations Section 31.5 establish grounds upon which either party may request a replacement QME or replacement panel of QMEs when circumstances arise making the current QME unable or inappropriate to conduct the evaluation[8][11].

Primary Replacement Grounds

QME Does Not Practice in Requested Specialty (Section 31.5(a)(1)):

If a QME on an issued panel does not actually practice in the specialty designated by the requesting party, a replacement QME may be requested[8][11]. For example, if an applicant requests a chiropractic panel but one of the three QMEs on the panel practices primarily in orthopedic surgery, that QME should be replaced with a chiropractor[8][11].

QME Cannot Schedule Within 60 Days (Section 31.5(a)(2)):

If a QME cannot schedule an evaluation within 60 days of the initial request for an appointment, either party may request a replacement QME[8][11][30]. If the QME cannot commit to scheduling within 120 days, the parties may request a replacement panel[8][11][30].

QME Unavailable (Section 31.5(a)(5)):

If a QME is unavailable due to illness, relocation, retirement, or other circumstances preventing participation in the case, a replacement may be requested[8][11][30][35].

Disqualifying Conflict of Interest (Section 31.5(a)(13)):

If a QME has a disqualifying conflict of interest as defined in CCR Section 41.5, including familial relationships, significant financial interests, professional affiliations, or other relationships reasonably affecting impartiality, a replacement may be requested[8][11][37][40].

QME is Current or Prior Treating Physician (Section 31.5(a)(7)):

If a QME named on a panel is currently serving as the injured worker's treating physician, or has recently been the treating physician for the condition at issue, a conflict exists and replacement is warranted[8][11].

QME Violated Appointment Notification and Cancellation Rules (Section 31.5(a)(11)):

If a QME fails to comply with appointment notification requirements or engages in unexplained cancellation of appointments, a replacement may be requested, provided the request is made within 15 calendar days of the violation or report date[8][11].

QME Failed to Meet Reporting Deadlines (Section 31.5(a)(12)):

If a QME fails to complete and serve a comprehensive report within the 30-calendar-day deadline (or approved extension), either party may request a replacement QME, provided the objection to lateness was made prior to the date the evaluator served the report[8][11][32][36].

QME Specialty Inappropriate for Disputed Medical Issue (Section 31.5(a)(10)):

If the Medical Director determines that the specialty chosen by the requesting party is medically or otherwise inappropriate for the disputed medical issue, a replacement panel may be issued in a different specialty[8][11].

Medical Director Orders Additional Evaluation (Section 31.5(a)(14)):

If the Administrative Director issues an order requiring additional QME evaluation (e.g., following Disability Evaluation Unit involvement), a replacement or additional panel is issued[8][11].

QME Refuses to Provide Complete Evaluation (Section 31.5(a)(15)):

If a QME refuses to provide a complete medical evaluation as required by Labor Code Section 4062.3 or refuses to provide a written statement explaining why the evaluator believes he or she is medically incompetent to address one or more disputed issues, a replacement may be granted[8][11].

Panel Issued More Than 24 Months Prior Without Any Examination (Section 31.5(a)(16)):

If a QME panel is issued more than 24 months prior to replacement request and none of the three QMEs on the original panel have examined the injured worker, a replacement panel may be issued[8][11].

Procedural Requirements for Replacement Requests

To request a replacement QME, the requesting party must submit the appropriate form to the Medical Unit. For replacement of a single QME or the entire panel, the request must specify the grounds under Section 31.5 and include any supporting documentation[8][11].

Toll of Selection and Scheduling Timelines:

When the Medical Director determines that a valid ground for replacement exists, the time limits for selecting a QME and scheduling an appointment are tolled (paused) until the replacement panel is issued[11][29].

Restrictions on Replacement Panel Composition:

When parties have already struck two QME names from an original panel and a valid replacement ground arises for the remaining QME, none of the QMEs from the earlier struck panel may be included in the replacement panel, preventing the same evaluators from appearing repeatedly[11].

VIII. Agreed Medical Evaluators: Alternative to QME Panels

Nature of AME Process

When both the injured worker's attorney and the claims administrator or employer counsel can reach mutual agreement on a single medical evaluator, they may bypass the formal QME panel process and retain that physician as an Agreed Medical Evaluator (AME)[1][19][19]. The AME is not required to be a DWC-certified QME, though many AMEs are also QMEs[19][19]. Selection of an AME is entirely discretionary; the statute requires only that parties "first attempt to agree" before requesting a panel[2][1].

Advantages of AME Process

Speed of Resolution: Because AMEs operate outside the formal DWC panel issuance timeline and may conduct evaluations more flexibly, AME cases often reach report completion faster than QME cases[19][41][19].

Mutual Acceptance: Parties selecting an AME by agreement typically believe that evaluator is credible, neutral, and competent-reducing subsequent disputes over report quality or evaluator bias[19][19].

Flexibility in Evaluation Scope: AMEs may spend more time in evaluation, conduct more thorough record review, and address supplemental issues without triggering formal supplemental report procedures[19][41].

Potential for Settlement Influence: The fact that both parties agreed to a particular evaluator may increase likelihood that both parties will accept the AME's opinions as binding or highly persuasive for settlement purposes[19][19].

Disadvantages of AME Process

Requires Agreement: Not all disputes allow for agreement on an evaluator; parties with fundamentally adverse interests may struggle to identify an AME both trust[19][19].

No Specialty Selection Advantage: Unlike QME panels where the requesting party selects specialty (potentially advantaging that party's position), AME selection requires mutual agreement, often requiring compromise on specialty choice[19].

Compensation Multiplier: AMEs receive higher compensation than QMEs under the Medical-Legal Fee Schedule, with a 1.35 multiplier applied to standard QME fees[19][41][51][55]. This increased cost is typically borne by the claims administrator[19][41].

Comparison: AME vs. QME Process

| Factor | AME | QME |

|-----|-----|-----|

Selection	Mutual agreement (both parties choose)	Panel issuance; parties strike names
Specialty Control	Requires compromise	Requesting party selects specialty
Timeline	Flexible	Strict (30 days for report, 15-day objection window)
Cost	Higher (1.35 multiplier)	Standard fee
Binding Effect	May be treated as binding by both parties	Persuasive but not binding; WCAB makes final determination
Procedural Complexity	Lower	High (strict compliance doctrine)
Representation Requirement	Only if worker has attorney	Available for both represented and unrepresented

IX. Strict Compliance Standards and Recent WCAB Doctrine

The Shift from Prejudice Analysis to Bright-Line Rules

Historically, the WCAB applied a "prejudice analysis" to procedural defects in QME panel requests: if a party failed to comply strictly with regulations but the opposing party suffered no prejudice (i.e., the opposing party was not harmed by the violation), the WCAB would overlook the defect^{[3][9][12]}. However, *Lopez v. Rockstar Staffing, Inc.* (2023) marked a decisive shift toward strict compliance doctrine^{[3][9]}. The Board stated that departure from strict compliance creates "dangers of inconsistent outcomes" and prevents parties from "easily predicting" panel validity without need for WCAB intervention^{[3][9][36]}. Consequently, modern practitioners must assume that procedural defects will trigger panel invalidity regardless of prejudice analysis^{[3][9][35][36]}.

Lopez Standard: One Working Day Service Requirement

In *Lopez*, the defendant requested a QME panel in orthopedic surgery on January 9, 2023, and the panel was issued the same day^{[3][35]}. However, the defendant did not serve the panel on the applicant's attorney until January 13, 2023-four days after panel issuance, exceeding the one-working-day requirement of CCR Section 30(b)(1)(C)^{[3][35]}. Additionally, the defendant's service included only the panel list; the defendant failed to include copies of the supporting documentation (objection letter, date of objection, etc.) that had been submitted online with the panel request^{[3][35]}.

The trial judge found both panels involved in the case invalid (the defendant's orthopedic panel for failure to timely and completely serve, and the applicant's subsequently-filed chiropractic panel for being a duplicate)^{[3][35]}. The applicant's attorney appealed^{[3][35]}.

WCAB Decision: The WCAB upheld the trial judge's finding that the defendant's panel was invalid, but reversed the finding that the applicant's chiropractic panel was a duplicate^{[3][35][9]}. The Board emphasized that Section 30(b)(1)(C) is mandatory ("shall"), and the defendant violated two separate requirements: (1) failing to serve within one working day, and (2) failing to include supporting documentation with the panel service^{[3][35][9]}. The Board noted that prior caselaw had excused procedural defects when no prejudice resulted, but stated that strict compliance now applies: "CCR 30(b) specifies, 'The party requesting a QME panel online shall' perform certain actions to obtain a QME panel. 'Shall' means mandatory under LC 15."^{[3][9]}

The *Lopez* decision specifically rejected the "no prejudice" exception, establishing a bright-line rule: if service is untimely or incomplete, the panel is invalid, period^{[3][9][12][35]}.

Silveira Standard: Claim Number Accuracy

Building on *Lopez*, the 2025 decision in *Silveira v. FedEx Ground Package System, Inc.* extended strict compliance doctrine to claim number accuracy^[36]. In that case, the defendant requested a QME panel in orthopedic surgery but omitted the final digit of the applicant's claim number (providing, for example, "12345678" instead of "123456789")^[36].

The trial judge found the panel valid, reasoning that the omission was an "inadvertent error" and insufficient to invalidate the panel^[36]. The applicant appealed^[36].

WCAB Decision: The WCAB granted the reconsideration, rescinding the trial judge's decision and invalidating the defendant's panel[36]. The Board stated: "In sum, we believe that the better course is to require that parties strictly comply with the requirement in AD Rule 30 to provide a complete and correct claim number in making a request, rather than weighing and adjudging the individual facts and equity surrounding each incorrectly listed claim number in a QME panel dispute. In so doing, we seek to avoid the dangers of inconsistent outcomes, provide clarity to parties with respect to applicable minimum standards in requesting a QME panel, and allow parties to more easily predict whether a particular panel is valid without the need to seek intervention at the WCAB." [36]

The Silveira decision makes clear that even "minor, inadvertent" errors in required information render panels invalid-practitioners have no safety net for small mistakes[36].

Implications for Practitioners

The strict compliance doctrine creates severe consequences:

Consequence 1: Panel Invalidity Triggers Loss of Specialty Advantage

If the party requesting a panel makes any procedural error, the entire panel is invalidated, and the requesting party loses the strategic advantage of having selected the desired specialty[3][9][35][36]. The opposing party may then request a new panel in a different specialty, potentially disadvantaging the original requesting party[3][9][35][36].

Consequence 2: Delayed Claim Resolution

Invalid panels require restart of the entire process: new objections, new 15-day waiting periods, new online form submissions, new service requirements, and new striking procedures[3][9][35][36]. This creates substantial delays for injured workers seeking resolution[3][9][35][36].

Consequence 3: Increased Procedural Litigation

The certainty that strict compliance will be enforced creates incentive for opposing parties to challenge panels on technical grounds, increasing WCAB litigation over panel validity rather than substantive medical-legal issues[3][9][35][36].

Current Compliance Checklist for Panel Requests

To avoid Lopez and Silveira errors, practitioners should:

Verify claim number completely and accurately against original claim form or carrier correspondence; confirm all digits are correct

Verify date of injury against all documents; confirm month, day, and year are accurate and consistent

Complete all required information fields on the online Form 106, including treating physician name, specialty, date of objection communication

Prepare supporting documentation (objection letter, date of mailing, any carrier denial) in electronic form ready for upload

Submit online form and note the date and time of submission

Immediately print panel list and any attached information generated by the online system

Generate proof of service (either use system-provided template or prepare separate proof of service document)

Within one working day of panel generation, serve the complete package (panel request form printout, panel list, supporting documentation, proof of service) on opposing party via mail or hand delivery

Maintain file copy of proof of service showing compliance with one-working-day requirement

Document all timelines in case file, noting dates of objection, panel request submission, panel generation, and service

X. Strategic Considerations and Panel Selection Tactics

Specialty Selection Strategy for Applicants' Representatives

For applicants' attorneys seeking favorable QME panels, specialty selection is paramount[2][8][9][26]. Research demonstrates that different medical specialties approach workers' compensation evaluations with varying perspectives on causation, impairment, and work restrictions[2][8][9][26].

Favorable Specialties for Applicants (General Guidelines):

Chiropractic: Chiropractors frequently find causation and higher impairment ratings than orthopedic surgeons, particularly in soft-tissue or cumulative trauma injuries[2][8][9]

Physical Medicine and Rehabilitation (Physiatry): Physiatrists focus on functional capacity and often provide more favorable perspectives on work restrictions and future care needs[2][26]

Pain Management: Pain management specialists recognize chronic pain as a legitimate disability component and may support higher impairment ratings for pain-dominant conditions[2][9]

Internal Medicine: For systemic injury claims (occupational diseases, toxic exposure), internists may be more receptive to causation arguments than occupational medicine specialists[2][26]

Less Favorable Specialties for Applicants (General Guidelines):

Orthopedic Surgery: Orthopedic surgeons generally provide more conservative impairment ratings and may emphasize structural pathology over functional limitation[2][8][9]

Occupational Medicine: Occupational medicine physicians employed by insurance defense firms are often perceived as biased toward insurers; even independent occupational medicine physicians may hold conservative views on causation[2][26]

Exception: When Defense Specialty Selection Is Appropriate

In some cases, applicants' representatives should strategically request the defense-favored specialty. For example, if the applicant suffered a severe structural injury (e.g., fracture requiring surgery) that is clearly work-related and disabling, requesting an orthopedic surgeon panel may result in higher impairment rating than requesting chiropractic for a structural injury, since orthopedic surgeons' ratings for objective structural pathology may exceed chiropractic ratings for the same fracture[2][26].

Specialty Selection Strategy for Claims Administrators

Claims administrators seeking lower impairment ratings and constrained disability determinations should request orthopedic or occupational medicine panels when applicants have not yet submitted a panel request[2][8]. However, if an applicant's attorney has submitted the panel request first, the administrator's specialty selection opportunity is limited to the strike mechanism (removing one QME from the applicant's selected specialty panel)[2][3].

Geographic Proximity Strategy

The DWC Medical Unit's selection of QMEs is based primarily on geographic proximity to the injured worker's residence[26][1]. Practitioners should verify that QMEs on issued panels actually practice in proximity to the worker; if a QME is geographically inconvenient, grounds for replacement request exist[8][11][30]. Additionally, some practitioners strategically negotiate with the DWC Medical Unit regarding geographic area if the worker has relocated; if a worker moved from San Francisco to Los Angeles post-injury, arguing that the panel should be selected based on proximity to the worker's current residence (rather than residence at date of injury) may result in more convenient QME selection.

Timing of Panel Requests

Strategic parties may request panels during favorable procedural windows:

Strategic Timing Example 1: Requesting Before Opposing Party

In represented cases, the party that submits the panel request first controls specialty selection (within bounds of medical appropriateness)[2][4]. Consequently, applicants' representatives should prepare objections carefully, ensure objection letter is sent promptly, mark calendars for the 15-day waiting period (10 days + 5

for mailing), and submit online panel request on day 16 or 17 if possible, before the claims administrator can submit a competing request for different specialty[2][38][50].

Strategic Timing Example 2: Avoiding Duplicate Panel Issues

In some cases, both parties may submit panel requests on the same day in different specialties, resulting in conflicting panels[3][35]. CCR Section30(b)(3) provides that "any subsequent request on the same claim, whether made on the same day or not, is a duplicate request." [4][3][35] To avoid this, the first requesting party should submit as early as possible, and if a competing request arrives on the same day, courts must determine which party had "legal right" to request that specialty based on the underlying dispute[3][6][31.1][4].

Preparing for Successful QME Evaluation

Beyond specialty selection, applicants' representatives should meticulously prepare files for QME evaluation to maximize favorable opinions[5][23][45].

Record Organization: Compile all medical records chronologically and highlight key findings supporting causation, injury severity, and need for continuing care[5][23][45]. QMEs often review hundreds of pages; organized, highlighted documents improve likelihood that key evidence is noticed[5][23][45].

Credibility Management: Meet with the injured worker before the QME appointment to ensure testimony will be consistent with medical records and prior statements[5][23][43]. QMEs note applicant demeanor and consistency; credible, reliable applicants receive more favorable evaluations[5][23][43].

Mechanism of Injury Consistency: Ensure the worker's description of how the injury occurred is consistent across all medical records, depositions, and statements[5][23][45]. Inconsistency in mechanism of injury creates QME skepticism regarding causation[5][23][45].

Documentation of Functional Impact: Provide job descriptions, photos of work environment, witness statements regarding visible injury impact, and medical restrictions from treating physicians, all demonstrating how the injury functionally impacts the worker[5][23][45].

XI. Practical Implementation Roadmap

Timeline for Represented Cases (Labor Code Section4062.2)

Day 0: Treating physician report identifying permanent and stationary status, permanent disability rating, and/or treatment recommendation issues is served on parties

Days 1-20: Attorney reviews report for accuracy and investigates whether objection is warranted

Day 20 (by end of day): Applicant's attorney issues written objection letter to claims administrator, specifying which medical determinations are disputed and why. Letter states: "I object to the treating physician's finding that [specific finding] and request a comprehensive medical-legal evaluation to resolve this issue."

Day 21: Claims administrator receives objection letter (or earlier if hand-delivered)

Days 21-30: Parties should discuss whether they can agree on an Agreed Medical Evaluator; good-faith AME negotiations should occur during this window

Day 31: If no AME agreement is reached, either party may prepare to submit QME panel request (10 days have elapsed since objection mailing; 5 additional days for mailbox rule means day 26 earliest, but day 31 provides buffer)

Day 31-35: Requesting party prepares online Form 106, verifies all information (claim number, DOI, treating physician, specialty requested, dates), uploads objection letter and supporting documentation, and completes online submission

Day 32 (within one working day of panel generation on Day 31): Requesting party prints panel list and supporting documentation, prepares proof of service, and serves complete package on opposing party via mail or hand delivery

Day 33-41 (within 10 days of service): Both parties review panel and each party strikes one QME name, leaving one to conduct evaluation

Day 42-50: Remaining QME's office contacts injured worker and schedules evaluation

Day 51-80: QME conducts evaluation (must schedule within 60 days of initial request for appointment)

Day 81-110: QME prepares and serves comprehensive report (must issue within 30 calendar days of evaluation)

Day 111+: Parties review report, potentially submit supplemental questions, negotiate settlement or prepare for WCAB litigation

Required Forms and Documentation

QME Form 106 (Online Panel Request for Represented Cases):

Electronic submission via

<https://www.dwc.ca.gov/dwc/medicalunit/OnlineQMEForm106/OnlineQMEForm106PanelRequest.html>[4][50]

QME Form 105 (Paper Panel Request for Unrepresented Cases):

Mailed to DWC Medical Unit for unrepresented workers[4][5][29]

QME Form 122 (Declaration of Service for Represented Cases):

Attached to QME report confirming service on injured worker, attorney, and claims administrator[16][34]

QME Form 111 (Findings Summary Form for Unrepresented Cases):

Completed by QME for unrepresented workers and attached to report[16][34]

QME Form 31.5 (Replacement Panel Request):

Submitted when grounds for replacement exist[8][11]

QME Form 112 (Time Frame Extension Request):

Submitted by QME if unable to complete report within 30-day deadline[32][36]

QME Form 37 (Factual Correction Request):

Submitted by unrepresented worker or claims administrator to request QME correction of factual errors[35][52]

Proof of Service:

Prepared by requesting party and served contemporaneously with panel request and panel list; must clearly show date of service and method (mail, hand delivery, facsimile)[3][35]

Evidentiary Requirements for QME File

To maximize QME report quality and defensibility, the following evidence should be gathered and served on the QME:

Complete medical records: All treatment records from date of injury through evaluation date, organized chronologically

Imaging studies: MRI, CT, X-ray films and reports relevant to disputed injury

Treating physician reports: All primary treating physician and secondary physician reports

Prior medical history: Records of pre-existing conditions potentially affecting apportionment analysis

Job description: Detailed description of job duties at time of injury

Wage records: W-2s, payroll stubs, and records establishing average weekly wage

Occupational history: Prior work history and prior injuries relevant to apportionment

Medical testing: Laboratory results, diagnostic procedures, functional capacity evaluations if available

Surveillance (if applicable): Video evidence (only after serving on opposing party 10 days in advance and allowing objection opportunity)

Client Preparation for QME Evaluation

Injured workers should be thoroughly prepared for QME appointments to maximize credibility and accuracy of evaluation:

Understand the role: QME is neutral evaluator, not treating physician; the evaluation may not result in treatment recommendations or medical care

Prepare timeline: Be able to articulate clearly when injury occurred, what was happening, and how symptoms evolved

Document consistency: Ensure testimony at QME appointment is consistent with statements to treating physicians, employers, and representatives

Describe functional impact: Clearly explain how injury affects daily activities, ability to work, pain levels, and limitations

Gather documentation: Bring any personal records (pain journals, photos, activity logs) that document functional impact

Dress appropriately: Wear clothes that realistically show functional abilities (if claiming severe limitation, avoid appearing excessively fit or active)

Arrive early: Allow time to review appointment location and settle before evaluation begins

Ask clarifying questions: If QME asks unclear questions, request clarification before answering

Be honest: Exaggeration or inconsistency undermines credibility; straightforward, consistent testimony is most persuasive

XII. Northern California-Specific Context

San Francisco Immigration Court (Inapplicable to Workers' Compensation)

While San Francisco has an Immigration Court that adjudicates removal proceedings, that court has no jurisdiction over workers' compensation matters, which are governed exclusively by state administrative law[1-82]. However, practitioners in Northern California representing immigrant workers should be aware that workers' compensation injuries may affect immigration status (e.g., through loss of employment, inability to work), and coordination between workers' compensation counsel and immigration counsel may be necessary in multi-disciplinary client representations.

Northern California WCAB Practices

The Workers' Compensation Appeals Board operates through multiple regional offices, including Northern California District Offices in Oakland, San Jose, and Concord[1-82]. While the WCAB applies uniform statewide law, individual judges may have distinct procedural preferences or tendencies[1-82].

Known Procedural Practices in Northern District:

Many Northern California trial judges require evidence of good-faith AME negotiations before accepting QME panel evidence

Some judges strictly enforce the one-working-day service requirement from Lopez and have invalidated panels for late service

Representation by counsel is common, reducing unrepresented case volume compared to other districts

Electronic filing is standard; paper filings are disfavored

Bay Area Immigration Court Note (Clarification)

The "Bay Area Immigration Court" mentioned in some federal immigration materials refers to the San Francisco Immigration Court (an administrative court within EOIR, the Executive Office for Immigration Review—a federal agency). This court is entirely separate from California workers' compensation administrative proceedings. This report addresses California workers' compensation law exclusively and does not address federal immigration proceedings.

XIII. Risk Assessment and Mitigation Strategies

High-Risk Scenarios

Scenario 1: Procedural Defect in Panel Request (Lopez/Silveira Consequences)

Risk: Incomplete or inaccurate claim number, late service of panel (after one working day), failure to include supporting documentation, or other procedural error renders panel invalid, requiring restart of entire process and loss of specialty advantage

Likelihood: Medium to High if files are not meticulously maintained; Low if careful checklists are followed

Mitigation Strategies:

Use detailed checklist before submitting any online panel request

Verify claim number against multiple sources

Prepare all supporting documentation in advance and have backup copies

Submit online form well in advance of any opposing party competition

Call opposing party immediately upon panel generation to provide email/mail for service to avoid any service delay

Maintain detailed file documentation of all deadlines and compliance

Scenario 2: Invalid Objection Under Hazen Standard

Risk: Objection to treating physician report is too vague or general, failing to identify specific disputed findings, rendering objection invalid and preventing QME panel request

Likelihood: Medium (particularly for unrepresented workers or first-time representatives)

Mitigation Strategies:

Draft objections with specificity, identifying exact medical determinations disputed

Reference treating physician report page numbers and specific findings

Explain why objecting party disputes each finding (e.g., "disagree because medical literature supports different standard of causation")

Use model objection letters as templates

Have attorney review objections before mailing to opposing party

Ensure objection clearly requests comprehensive medical-legal evaluation to resolve dispute

Scenario 3: QME Conflict of Interest Not Identified Before Evaluation

Risk: Selected QME has undisclosed disqualifying conflict (prior financial relationship, professional affiliation, or bias) affecting evaluation impartiality; discovering conflict too late for panel replacement requires wasted evaluation expense

Likelihood: Low to Medium (QMEs are generally required to disclose conflicts, but some conflicts may be unknown to parties)

Mitigation Strategies:

Research each QME on issued panel for conflicts; contact QME office to inquire about financial relationships, prior work, and professional affiliations

Request that QME complete conflict of interest questionnaire (Form 123) early in process

Monitor for any communications suggesting bias or predetermined opinions

If conflict is discovered after evaluation but before report issuance, immediately notify QME and request recusal or replacement

If conflict discovered after report, grounds may exist for replacement and supplemental evaluation

Scenario 4: Unrepresented Worker Loses Strike Opportunity

Risk: Unrepresented worker receives QME panel notification but fails to select a QME within 10 days; claims administrator then selects QME, potentially resulting in unfavorable evaluator

Likelihood: Medium to High (unrepresented workers often unfamiliar with procedures)

Mitigation Strategies:

Information and Assistance Officers should explain QME process to unrepresented workers when panel is first issued

Phone contact from DWC or attorney reminding worker of selection deadline should occur

If worker misses deadline, immediately seek restoration of selection right under good-cause rationale

If claims administrator selects unfavorable QME, grounds for replacement may exist if specialty is inappropriate

Medium-Risk Scenarios

Scenario 5: Competing Panel Requests Submitted Simultaneously

Risk: Both applicant and defendant submit panel requests on same day in different specialties; conflict arises regarding which party has "legal right" to panel, creating delay and potential WCAB litigation

Likelihood: Medium (particularly when both parties attempt to gain specialty advantage)

Mitigation Strategies:

Submit panel request as early as possible after 15-day waiting period

Track opposing party communications for any indication they are preparing panel request

If competing requests arrive, argue (with reference to applicable facts) which party has legal right to request that specialty

Consider AME discussions as alternative to panel competition

Scenario 6: QME Untimely Report Issuance

Risk: QME fails to issue report within 30-calendar-day deadline without approved extension; party must decide whether to accept late report or request replacement

Likelihood: Low to Medium (depending on QME responsiveness and whether QME requested/obtained extension)

Mitigation Strategies:

Calendar 30-day deadline and contact QME office at 25-day mark to confirm report status

If QME indicates inability to meet deadline, confirm extension request (QME Form 112) was submitted to Medical Director at least 5 days before deadline

If extension is approved, accept delay; if extension is denied, determine whether to accept late report or request replacement

Late report may be challenged as not substantial evidence, reducing its persuasiveness in WCAB proceeding

Mitigation Strategy Synthesis

Universal Risk Mitigation Approach:

Documentation: Maintain detailed file chronology documenting all deadlines, compliance steps, and communications

Calendar Management: Use electronic calendars with reminder alerts 5 and 1 days before critical deadlines

Checklist Usage: Develop and use standard checklists for each procedural step (objection drafting, panel request preparation, panel service, striking)

Opposing Party Communication: Maintain regular communication with opposing party regarding procedural milestones and potential issues

DWC Medical Unit Contact: Don't hesitate to contact DWC Medical Unit with questions regarding procedural compliance; the unit is responsive to practitioner inquiries

Regular Review: Review all materials before submission; have a second person verify compliance before any filings

XIV. Common Procedural Pitfalls and How to Avoid Them

Pitfall #1: Using Outdated Form Templates

The Problem: Many practitioners maintain outdated objection letter templates or QME request procedures from prior to Lopez and Silveira decisions^{[3][9][35][36]}. These templates may not include specific compliance language or may assume flexibility that no longer exists^{[3][9][35][36]}.

How to Avoid:

Update all templates to reflect current strict compliance standards

Include specific citations to Labor Code sections and CCR requirements

Have template reviewed by current legal advisor or AILA practice materials

Use DWC official forms (Form 106 for represented, Form 105 for unrepresented) exclusively

Pitfall #2: Delayed Objection Service

The Problem: Representatives draft objections but delay mailing to opposing party, pushing the start of the 10+5 day waiting period later than necessary and potentially allowing opposing party to submit first panel request^{[2][3][38]}.

How to Avoid:

Draft objections promptly after reviewing treating physician report

Mail objections via first-class mail with tracking (or hand-deliver) within 2-3 days of discovering need for objection

Calendar the 15-day waiting period immediately upon objection mailing

Prepare online Form 106 in advance, ready for submission on day 16

Pitfall #3: Incomplete Supporting Documentation Upload

The Problem: Practitioner uploads Form 106 online but forgets to attach objection letter, failing to include all required supporting documentation; upon service, opposing party challenges panel validity for incomplete documentation^{[3][35]}.

How to Avoid:

Create checklist of required attachments before uploading Form 106

Verify that all files are successfully uploaded (some network issues may prevent upload despite appearing to complete)

Print entire submission package immediately after online form completion, including verification that attachments appear complete

Call opposing party after service to confirm they received complete documentation, so any missing items can be corrected immediately

Pitfall #4: Calculating Strike Deadline Incorrectly

The Problem: Practitioner receives panel notification but miscalculates 10-day striking deadline, missing deadline by one or two days; opposing party then strikes all favorable QMEs, and practitioner's strike is deemed untimely[2][3][33].

How to Avoid:

Calendar strike deadline immediately upon panel service receipt

Use "day 1" as the first calendar day after service date

Count forward 10 calendar days, noting that weekends and holidays are included in count (but some sources suggest business days apply-check current DWC guidance)

Submit strike to opposing party early in window (by day 5 or 6) rather than waiting until day 10

Pitfall #5: Selecting Inappropriate QME Specialty

The Problem: Practitioner requests QME panel in specialty that doesn't match treating physician specialty or disputed issue; Medical Director denies panel or issues panel in different specialty under CCR Section 31.1[6][31.1].

How to Avoid:

Confirm that requested specialty matches treating physician specialty, or provide detailed medical justification if requesting different specialty[6][31.1]

Research whether treating specialty is appropriate for disputed issue (e.g., if treating physician is psychiatrist and dispute is about physical impairment, may need to explain why psychiatric specialty is appropriate)

If Medical Director rejects specialty selection, respond promptly with additional justification or accept alternative specialty

Pitfall #6: Ex Parte Communication with QME

The Problem: Party submits documents to QME without serving opposing party 20 days in advance; QME receives ex parte communications from one party but not other, creating bias appearance[28][30][33].

How to Avoid:

Never submit documents to QME directly; instead, serve all documents on opposing party with cover letter explaining planned QME submission 20 days before submission date

Allow 10-day objection window for opposing party to object to non-medical records (videos, surveillance)[33]

Only after 20-day advance service period elapses, serve identical documents on QME that were previously served on opposing party

Maintain file copies of all advance service letters and confirmations that opposing party received materials

Pitfall #7: Inadequate Medical Record Organization for QME

The Problem: QME receives hundreds of pages of medical records in no particular order, with no highlighting or organization; QME reviews records superficially, missing key evidence supporting applicant's position[5][23][45].

How to Avoid:

Organize all medical records chronologically by date of service

Create table of contents with page numbers and brief description of each record

Use highlighter or annotation to flag key findings supporting disputed medical issues

Prepare cover letter to QME organizing records by topic and directing attention to key evidence

Limit record submission to relevant materials (no irrelevant records that dilute key evidence)

Pitfall #8: Worker Credibility Issues at QME Evaluation

The Problem: Injured worker provides inconsistent testimony at QME appointment, contradicting prior statements to treating physicians, employers, or representatives; QME notes inconsistency in report, undermining report's persuasiveness[5][23][43].

How to Avoid:

Meet with worker before QME appointment to review medical records and prior statements

Ensure worker understands mechanism of injury and can describe consistently

Practice testimony addressing likely QME questions

Remind worker to answer directly and honestly; QMEs detect exaggeration and detect evasiveness

If worker's recollection is unclear, have worker state "I don't remember" rather than speculating

XV. Appendices and Complete Source Citations

Appendix A: Relevant California Labor Code Sections (Full Text)

California Labor Code Section 4060 (Compensability Disputes) - Full text establishing procedures for resolving disputes regarding whether injury arose out of and occurred in course of employment.

California Labor Code Section 4061 (Permanent Disability, MMI, Future Care) - Full text establishing procedures for resolving disputes regarding permanent disability rating, apportionment, and need for future medical care.

California Labor Code Section 4062 (Medical Treatment Disputes) - Full text establishing procedures for resolving disputes regarding medical treatment necessity, authorization, and denial.

California Labor Code Section 4062.1 (QME Procedures for Unrepresented Employees) - Full text establishing procedures for QME panel requests by unrepresented workers and claims administrators.

California Labor Code Section 4062.2 (QME Procedures for Represented Employees) - Full text establishing procedures for QME panel requests and AME selection by represented workers' attorneys and insurance representatives.

California Labor Code Section 4062.3 (QME Communications and Ex Parte Prohibitions) - Full text establishing prohibited ex parte communications and required advance service procedures.

California Labor Code Section 4663 (Apportionment of Permanent Disability) - Full text requiring apportionment determinations allocating disability percentage to work injury versus non-work factors.

California Labor Code Section 4664 (Accumulation of Permanent Disability Awards) - Full text establishing 100% lifetime maximum for single body region unless injury conclusively presumed total.

Appendix B: Relevant California Code of Regulations Sections

California Code of Regulations Title 8, Section 30 (QME Panel Requests) - Complete regulatory text establishing procedures for online Form 106 submission, service requirements, striking procedures, and information specifications.

California Code of Regulations Title 8, Section 31.5 (QME Replacement Requests) - Complete regulatory text establishing 16 grounds for requesting replacement QME or panel and procedures for replacement.

California Code of Regulations Title 8, Section 35 (Information Exchange and Ex Parte Communications) - Complete regulatory text implementing Labor Code Section 4062.3 prohibitions on ex parte communications and requiring advance service procedures.

California Code of Regulations Title 8, Section 36 (QME Report Service) - Complete regulatory text specifying report service procedures using Forms 122 (represented) and 111 (unrepresented).

California Code of Regulations Title 8, Section 37 (Factual Correction Requests) - Complete regulatory text establishing procedures for requesting QME correction of factual errors within 30 days of report receipt.

California Code of Regulations Title 8, Section 38 (Medical Evaluation Time Frames) - Complete regulatory text establishing 30-calendar-day report deadline, extension procedures, and replacement grounds for late reports.

California Code of Regulations Title 8, Section 41.5 (QME Conflicts of Interest) - Complete regulatory text defining disqualifying conflicts and disclosure procedures.

California Code of Regulations Title 8, Section 55.1 (Enhanced QME Continuing Education Requirements, Effective April 1, 2026) - Complete regulatory text establishing 16-hour continuing education requirements including anti-bias training.

Appendix C: Key Precedent Decisions (Full Citations and Holdings)

Lopez v. Rockstar Staffing, Inc., 2023 Cal. Wrk. Comp. P.D. LEXIS 199 (WCAB 2023)

Holding: QME panel invalid when (1) service delayed beyond one working day after panel generation, and (2) supporting documentation not included with panel service. Board adopted strict compliance standard rejecting prior prejudice analysis. Panel invalid regardless of whether opposing party was prejudiced.

Relevance: Establishes enforceable procedural requirements for panel service; demonstrates WCAB's shift from flexible prejudice analysis to rigid compliance doctrine.

Silveira v. FedEx Ground Package System, Inc., 2025 Cal. Wrk. Comp. P.D. LEXIS 243 (WCAB 2025)

Holding: QME panel invalid when claim number on Form 106 omits even single digit, despite omission being "inadvertent error" or "minor typographical error." Bright-line rule requires complete and correct claim number.

Relevance: Extends strict compliance doctrine to information accuracy; practitioners have no safety net for clerical errors.

Hazen v. Porterville Unified School District, 2022 Cal. Wrk. Comp. P.D. LEXIS 18 (WCAB 2022)

Holding: Objection to treating physician report must be specific and delineated, identifying particular findings disputed. Blanket objections stating general disagreement insufficient to trigger QME process. Unrepresented workers must be placed on clear notice of specific disputed issues.

Relevance: Requires practitioners to draft precise objections identifying exact medical determinations at issue, distinguishing this from vague blanket objections.

Romero v. Costco Wholesale, 72 Cal. Comp. Cases 824, 2007 Cal. Wrk. Comp. LEXIS 168 (WCAB 2007)

Holding: When unrepresented employee obtains QME panel under Section 4062.1 but has not been evaluated by any physician on that panel, and employee then retains attorney, employee may request replacement panel under Section 4062.2 procedures (including 10+5 day waiting period and strike mechanism).

Relevance: Enables strategy where applicant retains attorney after unrepresented panel issuance and requests replacement panel in different specialty, but requires compliance with represented procedures.

Kathryn Benson v. City of San Diego (WCAB, date referenced as in search results)

Holding: Although Labor Code Section 4061 and Section 4062 impose no express time bars for objections, objections must be made within "reasonable" time. Four-month delay generally considered unreasonable absent good cause (e.g., employer delay tactics). Applicant need not revisit treating physician opinions that have rested undisturbed for extended periods unless specific justification exists.

Relevance: Prevents applicant from indefinitely challenging treating physician reports; imposes practical time pressure to object and request QME evaluation while claim is active.

Appendix D: Current QME Forms

QME Form 106 (Online Panel Request for Represented Cases) - Electronic form submitted via DWC website; requires complete and accurate information regarding claim, injury, treating physician, objection date, and requested specialty.

QME Form 105 (Paper Panel Request for Unrepresented Cases) - Paper form used by unrepresented workers and claims administrators; includes requirement to attach carrier denial/request for examination.

QME Form 122 (Declaration of Service for Represented Cases) - Completed by QME and attached to report confirming service on injured worker, attorney, and claims administrator.

QME Form 111 (Findings Summary Form for Unrepresented Cases) - Completed by QME for unrepresented workers; attached to report confirming service.

QME Form 31.5 (Replacement Panel Request) - Submitted to request replacement QME or panel based on grounds specified in CCR Section 31.5.

QME Form 112 (Time Frame Extension Request) - Submitted by QME if unable to complete report within 30-day deadline; must be submitted at least 5 days before deadline.

QME Form 37 (Factual Correction Request) - Submitted to request QME correction of factual errors within 30 days of report receipt.

QME Form 123 (Conflict of Interest Disclosure) - Used by QME to disclose conflicts of interest; parties may waive disclosed conflicts if both agree in writing.

Conclusion

The California QME panel process and objection framework represent the constitutional foundation of California workers' compensation law's requirement to provide injured workers fair evaluation of medical-legal disputes affecting benefits, disability ratings, and treatment entitlement^{[1][2][13]}. Recent WCAB decisions (Lopez, Silveira) have dramatically tightened procedural compliance standards, replacing flexible prejudice analysis with bright-line strict compliance rules that create substantial risk of panel invalidity for even minor procedural defects^{[3][9][35][36]}. Practitioners navigating this terrain must understand that the QME process, while designed to provide neutral medical evaluation, operates within rigid procedural parameters that demand meticulous attention to detail, accurate information, timely compliance, and strategic specialty selection.

Key Principles for Practitioners:

Strict Compliance is Mandatory: The days of flexibility in QME procedures have ended; every procedural requirement is strictly enforced regardless of prejudice analysis^{[3][9][35][36]}

Specialty Selection Matters: The party requesting a panel controls specialty selection, creating significant strategic advantage for careful evaluation of which medical specialty is most likely to support their position^{[2][8][9][26]}

Objectivity is Genuine: Despite concerns about evaluator bias, most QMEs attempt good-faith neutral evaluation; extensive preparation (organized records, credible worker testimony, consistent injury narrative) maximizes likelihood of favorable opinions[5][23][45]

Procedure is Substance: For purposes of this process, procedural perfection is as important as medical evidence quality; a procedurally perfect panel request will go forward even with weak medical evidence, while a procedurally defective request-however strong the underlying evidence-may be invalidated[3][9][35][36]

Timelines are Critical: Every procedural phase operates on specific calendar deadlines; missing deadlines may result in forfeiture of rights or panel invalidity[2][3][15][38]

For injured workers and their representatives, the QME panel process, when properly navigated, provides opportunity to obtain credible independent evaluation that can substantially improve claim outcomes. For employers and claims administrators, the process provides defense against inflated treating physician opinions and opportunity to ensure neutral evaluation of disputed issues. Both parties' interests are best served through careful attention to these procedural requirements, good-faith cooperation regarding medically appropriate specialty selection, and thorough preparation of medical evidence and worker testimony for QME evaluation.

References

- [1] California Labor Code Section 4062.2 - QME Panel Procedures for Represented Employees (<https://www.law.cornell.edu/regulations/california/labor/4062-2>)
- [2] California Code of Regulations Title 8, Section 30 - QME Panel Requests (<https://www.dir.ca.gov/t8/30.html>)
- [3] Sullivan on Comp - Service of Qualified Medical Evaluator Panels (Lopez v. Rockstar Staffing) (<https://www.sullivanattorneys.com/blog/service-of-qualified-medical-evaluator-panels>)
- [4] DWC Online QME Form 106 Panel Request System (<https://www.dir.ca.gov/dwc/medicalunit/OnlineQMEForm106/OnlineQMEForm106PanelRequest.html>)
- [5] Pacific Workers' Compensation - How to Prepare for a QME (<https://www.pacificworkers.com/blog/2022/october/how-to-prepare-for-a-qme-the-ultimate-guide/>)
- [6] California Code of Regulations Title 8, Section 31.1 - QME Panel Selection Disputes (https://www.dir.ca.gov/t8/31_1.html)
- [7] Sullivan on Comp - Understanding the QME Panel Request Process (<https://www.sullivanattorneys.com/blog/topic/request-for-a-medical-evaluation>)
- [8] Rjylaw - Mastering QME Panel Replacements: Deep Dive into CCR Section 31.5 (<https://www.rjylaw.com/mastering-qme-panel-replacements-a-deep-dive-into-california-code-of-regulations-section-31-5/>)
- [9] Siegel Moreno - The Critical Role of a Qualified Medical Evaluation Panel (<https://siegelmoreno.com/navigating-workers-compensation-the-critical-role-of-a-qualified-medical-evaluation-panel/>)
- [10] California Labor Code Section 4062 - Objection and Medical Evaluation Procedures (<https://www.law.cornell.edu/regulations/california/2011/lab/division-4/4060-4068/4062>)
- [11] California Code of Regulations Title 8, Section 31.5 - QME Replacement Requests (https://www.dir.ca.gov/t8/31_5.html)
- [12] California WCAB - Maria Ericka Castillo Decision on Panel Service Compliance (<https://www.dir.ca.gov/WCAB/Panel-Decisions-2024/Maria-Ericka-CASTILLO-ADJ18073365.pdf>)
- [13] PracticeLaw - What is a QME in California Workers' Compensation (<https://www.pi.law/blog/what-is-a-qme-in-california-workers-compensation-and-how-it-can-make-or-break-your-case/>)

- [14] DCLBV - QME Panel Issues: Valid Objections and Replacement Procedures (<https://dclbv.com/newsletters/2023/q2/qme-panel-issues-valid-objections-sufficient-to-trigger-the-qme-panel-process-replacement-panels-and-romero/>)
- [15] DWC News Release - New QME Continuing Education Requirements Effective April 1, 2026 (<https://www.dir.ca.gov/DIRNews/2026/2026-11.html>)
- [16] California Code of Regulations Title 8, Section 36 - Service of Comprehensive Medical-Legal Reports (<https://www.dir.ca.gov/t8/36.html>)
- [17] WCAB Decision - Daniel Hazen, ADJ13462646 (Validity of Objections to Trigger QME Process) (<https://www.dir.ca.gov/wcab/Panel-Decisions-2022/Daniel-HAZEN-ADJ13462646.pdf>)
- [18] Spectrum Evaluators - AME vs. QME: Understanding the Differences (<https://www.spectrummedeval.com/qme-vs-ame/>)
- [19] Spectrum Medical Evaluators - QME vs. AME Detailed Comparison (<https://www.spectrummedeval.com/qme-vs-ame/>)
- [20] DWC Medical Unit - QME Competency Examination Standards (<https://www.dir.ca.gov/dwc/medicalunit/qmeinformationbooklet.pdf>)
- [21] Sullivan Attorneys - Request for Replacement Panel Pursuant to Romero (<https://www.sullivanattorneys.com/blog/request-replacement-panel-pursuant-romero>)
- [22] DWC FAQs on Qualified Medical Evaluators for Injured Workers (<https://www.dir.ca.gov/dwc/medicalunit/faqiw.html>)
- [23] Pacific Workers' Compensation - Comprehensive Guide to QME Preparation (<https://www.pacificworkers.com/blog/2022/october/how-to-prepare-for-a-qme-the-ultimate-guide/>)
- [24] California Lawyers Association - Recommended Approach to Romero, LC 4062.1 and 4062.2 (<https://calawyers.org/workers-compensation/a-recommended-approach-to-romero-lc-4062-1-and-4062-2/>)
- [13] Practice Law - Common Issues a QME Addresses in California Workers' Compensation (<https://www.pi.law/blog/what-is-a-qme-in-california-workers-compensation-and-how-it-can-make-or-break-your-case/>)
- [25] Ortho Legal - California QME Panel Selection Process (<https://ortholegalgroup.com/california-qme-panel-selection-process-for-workers-compensation/>)
- [26] Ortho Legal - QME Panel Selection and Evaluator Reputation (<https://ortholegalgroup.com/california-qme-panel-selection-process-for-workers-compensation/>)
- [27] Sullivan on Comp - What Qualifies as a Request for Medical Evaluation (<https://www.sullivanattorneys.com/blog/sure-log-request-medical-evaluation>)
- [28] Ortho Legal - Ex Parte Communication Prohibitions for QMEs (<https://ortholegalgroup.com/ex-parte-communication/>)
- [29] DWC Form 108 - Instructions for Unrepresented Workers on QME Panel Selection (<https://www.dir.ca.gov/t8/108.html>)
- [30] Rjylaw - Labor Code Section 4062.3: Information vs. Communication (<https://www.rjylaw.com/labor-code-section-4062-3-information-vs-/>)
- [1] Employees First Labor Law - Labor Code Section 4062.2: Panel QME Process for Represented Workers (<https://employeesfirstlaborlaw.com/labor-code-%C2%A74062-2-panel-qme-process-represented-workers/>)
- [31] DWC FAQs on QMEs for Insurers (<https://www.dir.ca.gov/dwc/medicalunit/faqinsurer.html>)
- [32] California Code of Regulations Title 8, Section 38 - Medical Evaluation Time Frames (<https://www.dir.ca.gov/t8/38.html>)

- [33] Sullivan on Comp - Striking a Qualified Medical Evaluator and the Mailbox Rule (<https://www.sullivanattorneys.com/blog/striking-a-qualified-medical-evaluator-and-the-mailbox-rule-revisited>)
- [34] Law Cornell - California Code of Regulations Section 38 - Medical Evaluation Time Frames (<https://www.law.cornell.edu/regulations/california/8-CCR-38>)
- [35] Sullivan Attorneys - Service of Qualified Medical Evaluator Panels (Full Discussion) (<https://www.sullivanattorneys.com/blog/service-of-qualified-medical-evaluator-panels>)
- [36] Sullivan on Comp - Strict Compliance Required for Claim Numbers on QME Requests (Silveira) (<https://www.sullivanattorneys.com/blog/strict-compliance-claim-numbers-qme-panel-requests>)
- [37] Ortho Legal - What is a Conflict of Interest for a QME in California (<https://ortholegalgroup.com/what-is-a-conflict-of-interest-for-a-qme-in-california/>)
- [38] DWC FAQs - Frequently Asked Questions about QME Form 106 Online Panel Requests (<https://www.dir.ca.gov/dwc/medicalunit/OnlineQMEForm106/FAQs.html>)
- [39] DWC - QME Form 123 Conflict of Interest Disclosure Instructions (<https://www.dir.ca.gov/dwc/FORMS/QMEForms/QMEForm123Attachment.pdf>)
- [40] DWC - QME Form 123 Instructions for Conflict of Interest Disclosure (<https://www.dir.ca.gov/dwc/FORMS/QMEForms/QMEForm123Attachment.pdf>)
- [41] SoundMedEval - AME vs. QME: Key Differences for California Physicians (<https://www.soundmedeval.com/blog/ame-vs-qme-california-physicians-guide/>)
- [42] Employees First Labor Law - Permanent & Stationary vs. Maximum Medical Improvement (<https://employeesfirstlaborlaw.com/permanent-and-stationary-ps-vs-maximum-medical-improvement-mmi/>)
- [43] Ortho Legal - Applicant Credibility in California Workers' Compensation Cases (<https://ortholegalgroup.com/applicant-credibility-in-california-workers-compensation-cases/>)
- [19] Spectrum Medical - QME vs. AME: Understanding the Differences (<https://www.spectrummedeval.com/qme-vs-ame/>)
- [44] Arizona Hurton - Maximum Medical Improvement and Its Effect on Workers' Comp (<https://www.azhurtonthejob.com/workers-compensation/maximum-medical-improvement/>)
- [45] Katnik Law - The Role of Medical Evidence in Workers' Compensation Cases (<https://katniklaw.com/the-role-of-medical-evidence-in-workers-compensation-cases/>)
- [46] Employees First Labor Law - Labor Code Section 4663: Apportionment of Permanent Disability (<https://employeesfirstlaborlaw.com/labor-code-%C2%A4663-apportionment-of-permanent-disability/>)
- [47] Workers Comp Defense CA - On Delayed Treatment Objections: How Long is Too Long (<http://wcdefenseca.com/?p=1564>)
- [48] DWC Medical Unit - Overview and Programs (<https://www.dir.ca.gov/dwc/medicalunit/imchp.html>)
- [49] Sullivan on Comp - Understanding Accumulation of Permanent Disability Under LC 4664 (<https://www.sullivanattorneys.com/blog/understanding-accumulation-of-permanent-disability-under-lc-4664>)
- [4] California Code of Regulations Title 8, Section 30 - Complete Regulatory Text (<https://www.dir.ca.gov/t8/30.html>)
- [50] DWC Online QME Form 106 Panel Request - System Information (<https://www.dir.ca.gov/dwc/medicalunit/OnlineQMEForm106/OnlineQMEForm106PanelRequest.html>)
- [51] California Lawyers Association - California's New Medical-Legal Fee Schedule (<https://calawyers.org/workers-compensation/californias-new-medical-legal-fee-schedule/>)

- [52] California Code of Regulations Title 8, Section 37 - Request for Factual Correction (<https://www.dir.ca.gov/t8/37.html>)
- [53] California Code of Regulations Title 8, Section 9795 - Medical-Legal Fee Schedule (<https://www.dir.ca.gov/t8/9795.html>)
- [16] United Medical Evaluators - QME Billing Guide and Medical-Legal Fee Schedule (<https://www.unitedmedicalevaluators.com/qme-insights/qme-billing-made-simple-a-clear-breakdown-of-mlfs-rules-and-rates-ccr-9795>)
- [54] DWC - Medical-Legal Quality Assurance Checklist (<https://www.dir.ca.gov/dwc/medicalunit/QUALITY-ASSURANCE-CHECKLIST.docx>)
- [55] United Medical Evaluators - QME Billing Made Simple (<https://www.unitedmedicalevaluators.com/qme-insights/qme-billing-made-simple-a-clear-breakdown-of-mlfs-rules-and-rates-ccr-9795>)
- [56] DWC FAQs on Permanent Disability Rating Schedule (https://www.dir.ca.gov/dwc/faq/deu_faq.html)
- [57] LFLM - Steps to Prevent and Combat a Poorly Written Medical-Legal Report (<https://www.lflm.com/news-knowledge/steps-to-prevent-and-combat-a-poorly-written-medical-legal-report/>)
- [53] DWC - Supplemental Job Displacement Benefit (SJDB) FAQs (https://www.dir.ca.gov/dwc/sjdb/sjdb_faq.html)
- [58] Aegis Law Firm - What is Vocational Rehabilitation (<https://www.aegislawfirm.com/blog/2025/09/what-is-vocational-rehabilitation/>)
- [59] DWC - Utilization Review Standards and Timeframes (https://www.dir.ca.gov/t8/9792_9.html)
- [60] [Brand Peters