Subject: Required medical documentation when requesting approval of proposed medical treatment of an injured worker.

Background: With the implementation of the Louisiana Workers’ Compensation Medical Treatment Guidelines becoming effective July 13, 2011, the Office of Workers’ Compensation Administration (OWCA) recognizes the importance of establishing a process for the making of such treatment decisions.

Upon requesting approval for continued medical services, the medical provider should submit the necessary medical documentation supporting the requested services. As a result, the Carrier/Self-Insured Employer will have the ability to make an informed decision regarding the request.

The OWCA hereby promulgates the following criteria as the minimum submission of medical documentation by a provider or practitioner seeking to provide care beyond the statutory non-emergency medical care monetary limit and in compliance with the Medical Treatment Guidelines:

i. Most recent clinical notes
ii. Diagnosis with ICD-9 codes;
iii. Type of service requested;
iv. Expected length and frequency of treatment;
v. Prognosis to include expected outcome of treatment; and
vi. Any diagnostic test results and interpretations.

This information will help the reviewer determine the intensity of service needed to treat the patient.

In the absence of the submission of such information, the denial of further non-emergency care by the Carrier/self insured employer should be deemed in compliance with the associated Medical Treatment Guideline.

The carrier/self-insured employer shall notify all parties of the request, and of their action on the request, within five business days of date of receipt of the request.

Denials over non-authorized medical services will be resolved by the OWCA Medical Director by filing the LWC-WC Form 1009. along with supporting medical records within fifteen calendar days of the Carrier/self-insured employer’s response.