Utilization Review Request

State of New Mexico Workers' Compensation Administration

Medical Cost Containment Bureau

Submit completed form to: WCA-MCC@wca.nm.gov

Questions: (505) 841-6000

Requestor Name/Business: _____ Date: _____

Your email and phone number: _____ WCA #: _____

PAYOR INFORMATION

Insurer: _____ Attorney: _____

Adjuster: _____ Firm: _____

Phone Number: _____ Phone Number: _____

Email: _____ Email: _____

Employer: _____

INJURED WORKER

Name: _____ Attorney: _____

Email: _____ Firm: _____

Phone Number: _____ Phone Number: _____

DOB: _____ SS: _____ Email: _____

Date of Injury: _____ Working: ☐ Yes ☐ No

Occupation: _____

DESCRIBE REASON FOR REQUEST: _____

_____

_____

_____

_____

_____

Utilization review shall consider only the medical reasonableness, clinical necessity, ePiciency and quality of the treatment under review. Utilization review shall not include issues of compensability including:

(i) The causal relationship between the treatment under review and the worker's work-related injury.

(ii) Whether the worker is disabled; and

(iii) Whether the worker is at maximum medical improvement.

Please answer the following questions:

☐ Meets Eligibility Criteria as indicated in NMAC § 5.4.2 / 11.4.7.12 (C – 3 – b)

☐ All medical reports, test results, notes, referrals, consultations, IME's, FCE's, and any second opinions. To include hospital and clinical records as well as diagnostic test results.

☐ Attorneys on both sides have been alerted prior to this request. I attest that all attached documents (including, but not limited to, medical records, billing forms, and certificates of mailing) are the exact reproductions of the document previously submitted to the workers' compensation payer for reimbursement.

Signature: _____ Date: _____