

**CHANGE OF TREATING DOCTOR ISSUES
IN THE TEXAS WORKERS' COMPENSATION SYSTEM**

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**Research and Oversight Council
on Workers' Compensation**

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Executive Summary

Introduction

Along with the ability to select the initial treating doctor, the ability to change treating doctors remains a controversial issue in the Texas workers' compensation system. Insurance carriers and employers point to high medical costs and the potential for fraud and abuse as the reason to restrict an injured worker's ability to change treating doctors. On the other hand, injured workers and many health care providers argue that restricting a worker's ability to change treating doctors may inhibit access to quality medical care.

As the debate over medical costs versus quality medical care continues, increased scrutiny will be placed on all aspects of workers' compensation medical benefits – including an injured worker's ability to change treating doctors.

The purpose of this report is:

- 1) to provide general information on the number and outcomes of change of treating doctor requests in Texas, including disputes that result from these requests;
- 2) to compare the change of treating doctor process in Texas with similar processes in other state workers' compensation systems; and
- 3) to highlight discrepancies in the statutory and regulatory language that governs the current process in Texas and provide some policy options to improve the efficiency and equity of the current process.

It is important to note that this report is a precursor to a subsequent research report that will examine the impact of an injured worker's change of treating doctor on medical costs and satisfaction with medical care.

Comparison of Change of Treating Doctor Processes in Texas and Other States

- Most other states that allow injured workers to choose their initial treating doctor, like Texas, place some restrictions on the circumstances in which an injured worker may change treating doctors. However, many of these states either require that the insurance carrier or employer approve all treating doctor changes; place restrictions on the change if the employer is part of a managed care organization; or require that the injured worker seek an approval from the

insurance carrier or employer before submitting the request to the administrative workers' compensation agency in that state.

Frequency and Outcome of Change of Treating Doctor Requests in Texas

- Compared to the entire population of injured workers who receive medical care, few injured workers request a change of treating doctor. Approximately 8 percent of workers injured in 1998 (a sample injury year) have submitted a request to change treating doctors almost two years after their injury.
- In calendar year 1999, over 20,042 change of treating doctor decisions were made by TWCC to approve, deny, or grant an exception to an injured worker's change of treating doctor request, compared to 20,339 decisions made in 1998. Approximately three-quarters of these decisions (77.2 percent in 1998 and 79 percent in 1999) resulted in the injured worker being able to change treating doctors (either through an approval or by an exception granted to the worker by TWCC).
- In general, change of treating doctor decisions made by TWCC vary geographically. Looking at metropolitan statistical areas (MSAs) and geographic regions, El Paso had the highest percentage of change of treating doctor approvals in 1999 (69.1 percent) while Dallas/Fort Worth had the highest percentage of denials (30.7 percent).
- These geographic variations extend to the TWCC field office level as well. The Amarillo field office had the highest percentage of change of treating doctor denials in 1999 (42 percent) while Waco had the lowest percentage of denials (2.0 percent). Reasons for such wide variations are unclear considering that these decisions are almost purely administrative and not based on a determination of medical necessity.
- Less than 4 percent of injured workers who received the authority to change treating doctors, changed more than once. These few multiple changes are most likely a function of TWCC's statutory interpretation that a worker is limited to a single "alternate doctor."

- Regardless of the year they were injured, approximately 30 to 40 percent of injured workers who have reached maximum medical improvement (MMI) request to change their treating doctor after their initial MMI date (39.5 percent for workers injured in 1997, 29.1 percent for workers injured in 1998 and 36.3 percent for workers injured in 1999).
- In addition to the findings above, an increasing percentage of injured workers who requested a change of treating doctor after receiving an initial certification of MMI submitted that request shortly after their first MMI date. Approximately one-third of workers injured in 1997 (34.0 percent) submitted their change of treating doctor requests within two months of first MMI date, compared to 60.5 percent injured in 1999.

Reasons for Approving or Denying a Request for Change of Treating Doctor

- The vast majority of change of treating doctor requests were approved by TWCC in 1999 because the worker was selecting an “alternate” treating doctor (in addition to the worker’s initial choice of doctor). Few approvals (4 percent) resulted from a determination that the injured worker was not receiving proper medical treatment.
- The most common reasons for why injured workers were denied their request to change treating doctors in 1999 include: worker incorrectly filled out the TWCC 53 change of treating doctor request form (32 percent); worker had already had one change of treating doctor approval previously (22 percent); and worker’s treating doctor of record was different than the treating doctor the worker listed on the TWCC 53 form (9 percent).

Frequency and Outcome of Change of Treating Doctor Disputes

- Few change of treating doctor decisions made by TWCC ever result in a formal dispute after proceeding through the administrative review process. Of the 20,042 change of treating doctor decisions made by TWCC in 1999, only 622 (3.1 percent) ended up as a disputed issue at a Benefit Review Conference (BRC).

- The vast majority of change of treating doctor disputes (88 percent) were resolved at the initial BRC level. Most of these resolutions (83 percent) resulted from a mutual agreement reached between the injured worker and the insurance carrier.
- Overall, just over half of injured workers (51.7 percent) and insurance carriers (55.7 percent) utilized attorney representation during change of treating doctor disputes at the BRC level. However, these percentages rose dramatically if the dispute proceeds to the more formal CCH level.
- In addition to change of treating doctor disputes, injured workers are often involved in disputes over whether their injuries are work-related, the value assigned to their impairment ratings and the extent of their injuries and disability. Approximately one-third (33.4 percent) of all injured workers with impairment rating and date of MMI disputes in 1999 have requested a change of treating doctor, compared with 22.7 percent in 1998.

Conclusion

- Given the low number of injured workers who request a change of treating doctor, and the even lower number who change doctors more than once, the evidence indicates that the regulation of change of treating doctors is reasonably consistent with the current statutory provisions.
- While patterns associated with change of treating doctor requests after the first certification of MMI have been noted, it is not clear whether significant alteration in change of treating doctor procedures is warranted. A subsequent research report, examining the impact of change of treating doctor requests on medical costs and satisfaction with medical care in Texas, will explore whether significant changes in the current process would be beneficial.
- Regardless of whether there is a demonstrable need for procedural change, there may be opportunities to improve the efficiency and equity of the change of treating doctor decisions that do occur.

I. OVERVIEW OF THE CHANGE OF TREATING DOCTOR PROCESS IN TEXAS AND OTHER STATES

Introduction

Along with the ability to select the initial treating doctor, the ability to change treating doctors remains a controversial issue in the Texas workers' compensation system. Insurance carriers and employers point to high medical costs and the potential for fraud and abuse as the reason to restrict an injured worker's ability to change treating doctors. On the other hand, injured workers and many health care providers argue that restricting a worker's ability to change treating doctors may inhibit access to quality medical care.

During the 1989 workers' compensation reforms, policymakers tried to create a process that would ensure an injured worker's ability to change treating doctors when appropriate while restricting inappropriate changes made by workers who were attempting to obtain new impairment ratings or other medical reports. This process has resulted in frustration by some injured workers who feel that they may have been unreasonably denied their ability to change treating doctors, while insurance carriers and employers have been frustrated by their perception that injured workers are almost always allowed to change treating doctors and that many workers have changed multiple times.

Last legislative session, policymakers attempted to clarify the existing statutory language regarding the circumstances in which an injured worker may change treating doctors. HB 2545 specified that a worker may request to change to a second treating doctor "for a good cause" determined by the *Workers' Compensation Act* and Rules and not "to secure a new impairment rating or medical report." This proposed legislation also stated that subsequent changes should be authorized by TWCC only in "exceptional circumstances unless the doctor is agreed upon by the employee and the insurance carrier." This bill did not pass primarily due to the controversy over the second piece of the bill which discussed limiting an injured worker's ability to select their initial treating doctor, but also because of the lack of information about the current change of treating doctor process in Texas.

As a result of continuing controversy over an injured worker's ability to change treating doctors, this report attempts to shed some light on the current process by analyzing whether it continues to fulfill its original legislative intent.

The purpose of this report is:

- 4) to provide general information on the number and outcomes of change of treating doctor requests in Texas, including disputes that result from these requests;
- 5) to compare the change of treating doctor process in Texas with similar processes in other state workers' compensation systems; and
- 6) to highlight discrepancies in the statutory and regulatory language that governs the current process in Texas and provide some policy options to improve the efficiency and equity of the current process.

It is important to note that this report is a precursor to a subsequent research report that will examine the impact of an injured worker's change of treating doctor on medical costs and satisfaction with medical care.

Description of the Statutory and Regulatory Provisions Relating to an Injured Worker's Ability to Change Treating Doctors

Injured workers in Texas have the ability to select their initial treating doctor from a list of doctors approved by the Texas Workers' Compensation Commission (TWCC).¹ Section 408.022 of the *Workers' Compensation Act* specifies that an injured worker who is dissatisfied with his or her initial choice of a doctor may request authority from TWCC to select "an alternate doctor." This request must be in writing and include the reasons for requesting the change.² TWCC interprets the language "an alternate doctor" to mean one allowable change of treating doctor unless the injured worker can meet certain statutory exceptions (outlined in Section 408.022(e) below).³

¹ Section 408.023 of the *Texas Labor Code* describes the formation of the "approved doctors list." The list was originally formed by including each doctor licensed in the state of Texas on January 1, 1993. Each doctor who has been licensed to practice in Texas since that date has been added to the list. TWCC has the authority to delete and reinstate a doctor from this list. Currently there are approximately 70,000 doctors on the approved doctor list.

² One exception to this statutory requirement is in the case of immediate medical necessity (such as a medical emergency). In this case, a telephone request may be made. See Section 408.022 (b), *Texas Labor Code*.

³ As part of their internal procedures, TWCC outlines that unless the exceptions listed in "Section 408.022 (e) apply, the injured employee may select an alternate treating doctor only once."

Section 408.022 (d) of the *Act* specifies that an injured worker may not change treating doctors in order to obtain a new impairment rating or medical report; while Section 408.022 (e) states that the following circumstances do not count as the injured worker's selection of an alternate doctor:

- a referral is made by the injured worker's treating doctor;
- the injured worker is receiving medical treatment/services in anticipation of surgery (e.g., diagnostic tests);
- the injured worker obtains a second opinion on his or her diagnosis and treatment;
- the injured worker's treating doctor dies; retires; or cannot treat the injured worker; or
- the injured worker or the treating doctor relocates.

In return, the *Act* mandates TWCC to establish criteria for approving or denying these change of treating doctor requests. Section 408.022 (c) specifies that the criteria may include:

- whether treatment by the current doctor is medically inappropriate;
- the professional reputation of the doctor;
- whether the employee is receiving appropriate medical care to reach maximum medical improvement; and
- whether a conflict exists between the employee and the doctor to the extent that the doctor-patient relationship is jeopardized or impaired.

Through Rule 126.9, TWCC outlined the criteria it uses to approve an injured worker's change of treating doctor request including, but not limited to:

- Whether an injured worker met the exceptions described in Texas Civil Statutes, Article 8308.4.63(d) [these exceptions are similar to some of the ones described under Section 408.022 (e) such as the worker or the doctor relocates; the doctor retires, etc.]; and
- Whether the injured worker's treating doctor chooses not to be responsible for coordinating the worker's health care.

The rule also specifies that an injured worker or insurance carrier that disputes TWCC's decision to either approve or deny the change of treating doctor request must have "good cause" for the dispute. However, the rule does not contain the language in the statute regarding the selection of

“an alternate doctor,” nor does it state whether TWCC may scrutinize these requests based on medical appropriateness [as specified in Section 408.022 (c)].

Description of the Current Change of Treating Doctor Process in Texas

Currently, an injured worker who would like to change his or her treating doctor must fill out a TWCC-53 form – Employee’s Request to Change Treating Doctor – and turn it in to the TWCC field office handling the worker’s claim. The completed form must include the name, address, telephone number, professional license number, and signature of the doctor the injured worker wishes to change to as well as the reason(s) why the injured worker is requesting the change.⁴ Injured workers are not required to submit medical documentation with their request.

Once the TWCC field office receives the request, the Official Actions Officer (OAO) reviews the request to determine whether the injured worker meets any of the statutory exceptions listed in Section 408.022 (e). If the injured worker meets any of the first three exceptions (e.g., the worker is trying to see a referral doctor, obtain medical treatment/services in anticipation of surgery or is seeking a second opinion), the TWCC field office informs the injured worker that an approval is not required and the worker’s current treating doctor will still be considered the treating doctor. If the worker meets any of the last two exceptions (e.g., the treating doctor dies, retires, or cannot treat the injured worker or the worker/treating doctor relocates), then the TWCC field office informs the injured worker that an approval is not required and that this change of treating doctor will not count as the worker’s “alternate” selection of treating doctor.

If the injured worker’s request does not qualify for any of the above exceptions, the OAO reviews the request using the criteria established by the *Act* and Rule 129.3. Additionally, the OAO considers:⁵

- whether the injured worker has previously been approved to change treating doctors;
- whether the requested treating doctor is on the Approved Doctor List;
- whether the requested doctor is more than 75 miles from the injured worker’s home unless appropriate medical care is not available in the area; and

⁴ TWCC Rule 133.206 (d) specifies that an injured worker may not change treating doctors if the requested treating doctor has performed a second opinion for spinal surgery on the worker within the last 12 months.

⁵ See Texas Workers’ Compensation Commission Employee/Employer Field Services Division, *Selection of an Alternate Treating Doctor E/EFS Procedure 5-4* (August 1998).

- whether the requested doctor has previously acted as a designated doctor in the injured worker's case.

It is important to note here that a recent TWCC Appeals Panel decision (Appeal No.000015) reverses the 75-mile requirement, allowing injured workers to change to a treating doctor more than 75 miles away from their home, even if adequate medical care is available closer to the worker's residence. This decision also reaffirms that the *Act* does not place geographic restrictions on the injured worker's ability to select an alternate-treating doctor, and the insurance carrier may also be liable for travel expenses in these situations.⁶ It is not yet clear, what impact, if any, this decision may have on system costs because few workers are currently denied the ability to change treating doctors based on geographic restrictions (see Section III of this report for an explanation of the reasons these requests are approved/denied).

If the worker is requesting the change based on the assertion that the existing treating doctor is unwilling or unable to treat the injured worker, the OAO must also contact the existing treating doctor to confirm the worker's assertion. If the existing treating doctor is willing and able to treat the worker, the request will most likely be denied unless the OAO determines that the worker will not be able to obtain adequate medical care. An example that TWCC gives to describe this situation is when the treating doctor's office says that they will treat the injured worker, but indicates that there is nothing else they can do to relieve the effects of the injury. In this situation, TWCC typically approves the injured worker's request.

Once the request has been reviewed, the OAO may either approve or deny the request.⁷ If the request is approved, the insurance carrier is ordered to pay for any necessary medical treatment provided by the injured worker's new treating doctor unless the insurance carrier decides to dispute the OAO's decision. Insurance carriers/employers do not receive notification that an injured worker has requested a change of treating doctor until the change of treating doctor

⁶ See TWCC Rule 134.6 which explains that "[w]hen it becomes reasonably necessary for an injured employee to travel in order to obtain appropriate and necessary medical care for the injured employee's compensable injury, the reasonable cost shall be paid by the insurance carrier."

⁷ TWCC's internal procedure states that if a request to change doctors is denied, the OAO should specify the reason for the denial. It also states that "Language that prior approvals have been made is not a sufficient reason. Reasons should include language that the change does not appear appropriate, a referral may be sought from the treating doctor, insufficient reasons provided to justify change, no statutory exception applies or similar language."

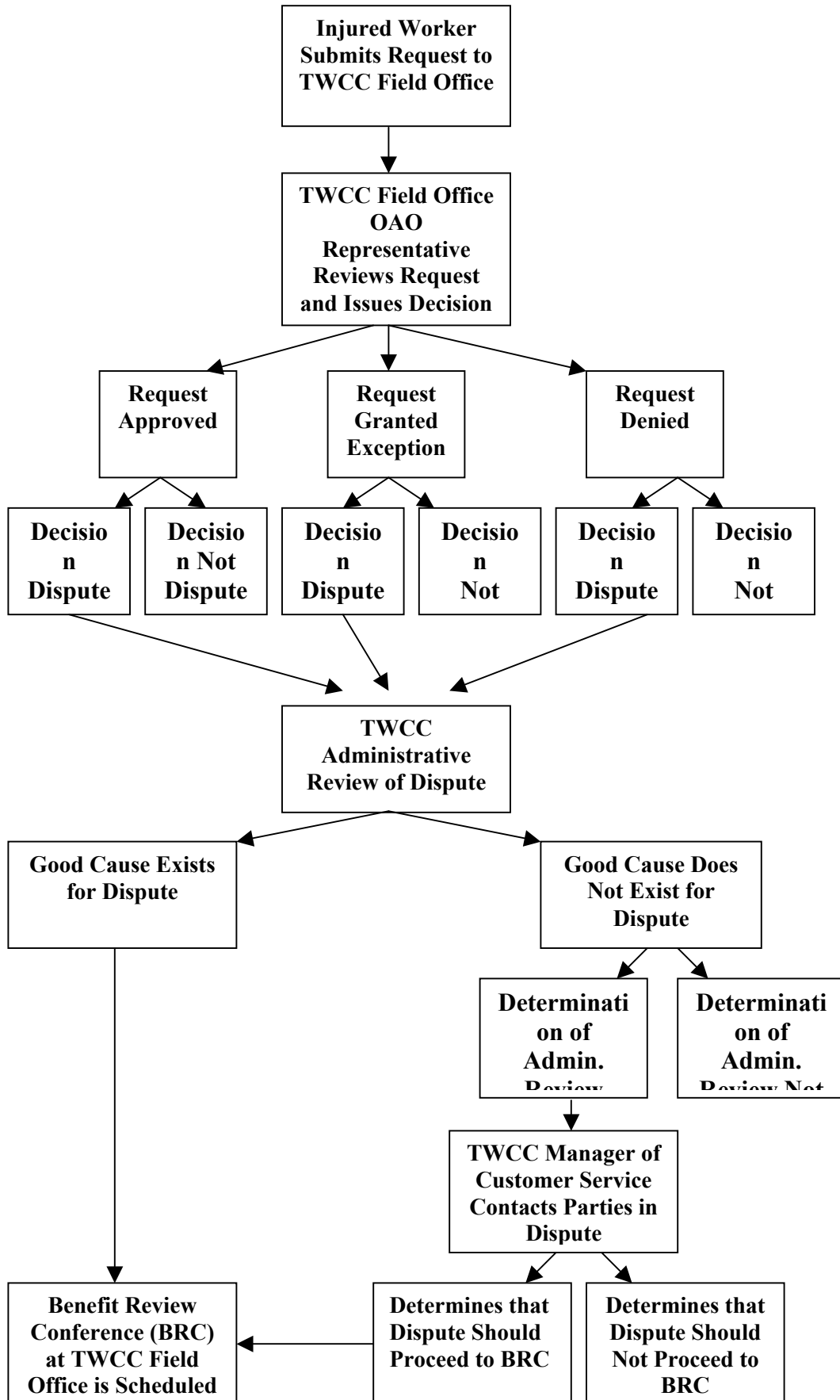
decision has been rendered by the OAO. An injured worker may also dispute change of treating doctor decision.⁸

If the injured worker or the insurance carrier decides to dispute the change of treating doctor decision, the decision is administratively reviewed by the field office manager (if the field office manager is not the OAO for that office) or by central office TWCC staff. This administrative review focuses on whether a “good cause” exists for a Benefit Review Conference (BRC) to be scheduled in order to resolve the dispute. During the administrative review, TWCC staff may consider information that was not available at the time of the request. However, this information must demonstrate that the decision to approve or deny the request was based on inaccurate/incomplete information documented on the request form or that there are other compelling reasons for why the treating doctor change should or should not occur. The administrative review also examines whether TWCC field office staff followed internal procedures when reviewing the change of treating doctor request.

If there are no compelling reasons for challenging the decision and if the TWCC field office staff followed internal procedures, the administrative reviewer will not schedule a BRC. If the injured worker or the insurance carrier still remains dissatisfied with the outcome of the review, they may request the TWCC Manager of Customer Service to make a final review of the request. A complete description of the administrative dispute resolution process, including the BRC, can be found under Section IV. See Figure 1 for a complete illustration of the current change of treating doctor process.

⁸ An injured worker or an insurance carrier may dispute the change of treating doctor decision within 10 days of the date the decision was issued to the parties. See TWCC Rule 126.9 (g).

Figure 1: Current Texas Change of Treating Doctor Process



Comparison of Change of Treating Doctor Processes in Texas and Other States

In order to assess the adequacy of the change of treating doctor process in Texas, it is important to understand how other states with similar doctor choice provisions process these requests. Most states in which the injured worker has the initial choice of treating doctor (including Texas) place restrictions on the circumstances in which an injured worker may change treating doctors (see Table 1). However, Texas requires that all change of treating doctor requests be approved by TWCC, while other states/jurisdictions in this category (e.g., Wyoming, West Virginia, Washington, Rhode Island, Louisiana, Mississippi, and the District of Columbia) require that either the insurance carrier or employer approve treating doctor changes or place restrictions on changes if the employer is part of a managed care organization (MCO).

In addition to those listed above, many states that allow employers to participate in MCOs or preferred provider organizations (PPOs) – such as Oklahoma, New York, Oregon, Kentucky, New Hampshire, Ohio, Missouri, and Arkansas – allow an injured worker to change treating doctors within the network without requesting a formal change.⁹ Still others – such as Minnesota, Nevada, California, New Mexico, Maine, and Georgia – restrict the injured worker’s ability to change treating doctors outside of certain timeframes. Minnesota, for example, requires the employer’s or insurance carrier’s approval of any treating doctor changes made after 60 days.

Few states allow injured workers to change treating doctors without restrictions (with the exception of Vermont, Delaware, and Maryland) or without the ability to seek an approval from the employer or insurance carrier before submitting the request to the administrative workers’ compensation agency (with the exception of Texas, Iowa, Arkansas, Kentucky).

⁹ In many of these states, employees have the option to choose their initial treating doctor if the employer or insurance carrier is not part of an MCO or PPO arrangement. Some of these states also allow injured workers to change their treating doctors outside of the MCO or PPO network with the approval of the employer/insurance carrier or administrative workers’ compensation agency. States like Oklahoma, Minnesota and New York provide options allowing injured workers to opt out of the managed care arrangements in certain circumstances.

Table 1: Summary of Health Care Provider Change Provisions, as of March 1998*

Initial Choice of Provider +	Number of States/Jurisdictions	Percent
Employee Has Initial Choice (total)	14	
Employee Initiates Change		
Employee unrestricted	2	14%
Employee unrestricted for one change §	4	29%
Employee restricted**	8	57%
Employee cannot change	0	0%
Employer or Insurer Initiates Change		
Employer unrestricted	0	0%
Employer restricted	0	0%
Employer cannot change	14	100%
Employer Has Initial Choice (total)	33	
Employee Initiates Change		
Employee unrestricted	1	3%
Employee unrestricted for one change §	3	9%
Employee restricted**	27	82%
Employee cannot change	2	6%
Employer or Insurer Initiates Change		
Employer unrestricted	7	21%
Employer restricted	8	24%
Employer cannot change	18	55%

Source: Workers' Compensation Research Institute, *Managed Care and Medical Cost Containment in Workers' Compensation: A National Inventory, 1998-1999*, 1998.

Notes: * Policies are as of March 1998, although implementation dates may be later. + Excludes four state (Arizona, California, Nebraska, and New Mexico) where initial choice depends on certain circumstances. § Employee is unrestricted in making one change; however, there may be limits on subsequent changes. **Employee is restricted from making any change, usually by requirement for approval by either the employer/insurer or agency or is restricted to change within

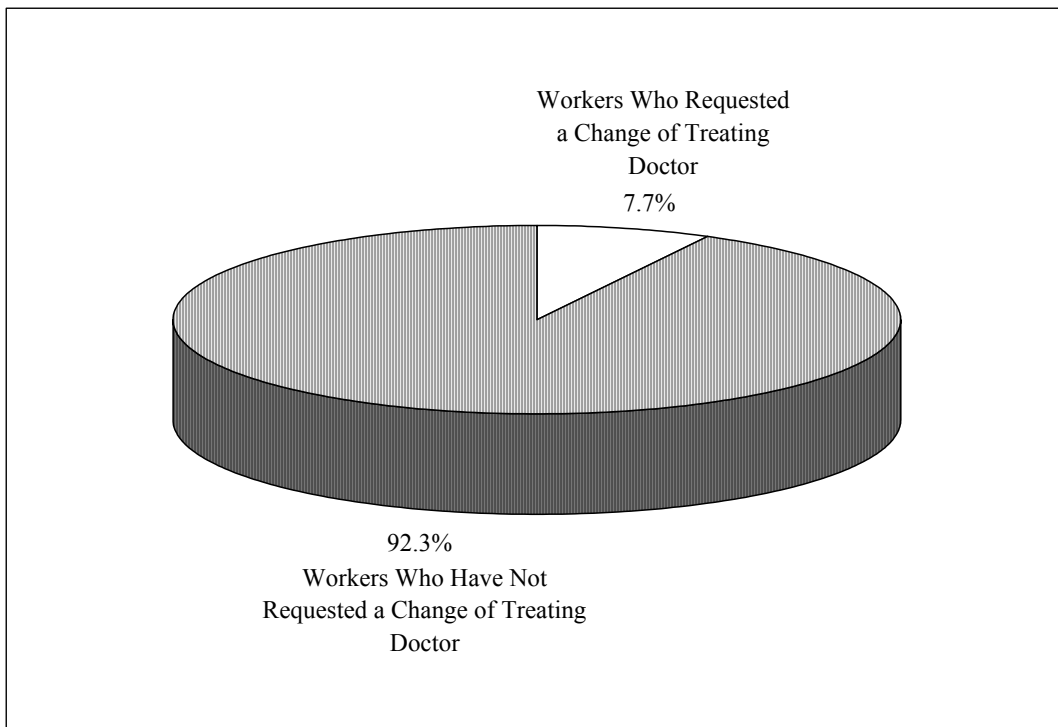
an MCO if an arrangement exists, or is restricted by a time limit on any change.
++ Includes an initial choice by employee from an employer's list or providers and initial choice required within an MCO if an arrangement exists, as well as initial choice by the employer/insurer.

II. ANALYSIS OF THE FREQUENCY AND OUTCOME OF CHANGE OF TREATING DOCTOR REQUESTS IN TEXAS

Frequency of Injured Worker Change of Treating Doctor Requests

Compared to the entire population of injured workers who receive medical care, few injured workers request a change of treating doctor. As Figure 2 illustrates, approximately 8 percent of workers injured in 1998 (a sample injury year) have submitted a request to change treating doctors almost two years after their injury. However, the percentage of workers who make these requests may increase over time as their claims continue to mature.

Figure 2
Percentage of Workers Injured in 1998 Who Requested a Change of Treating Doctor

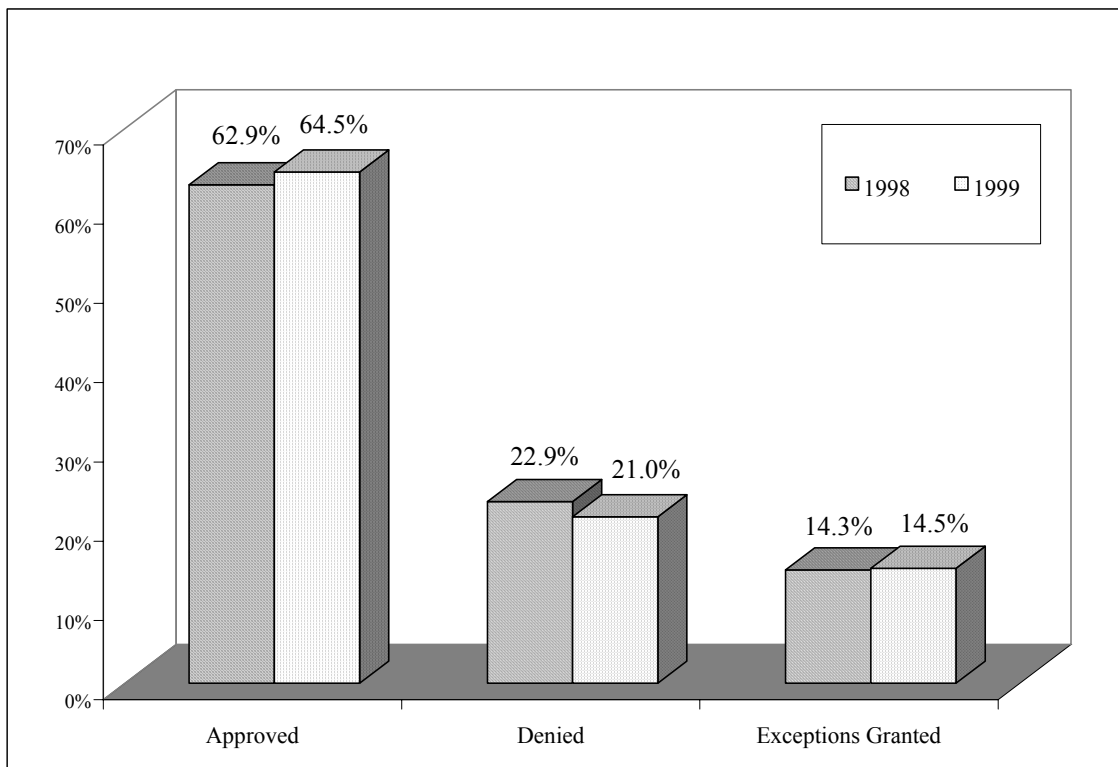


Source: Texas Workers' Compensation Commission, Administrative Database and the Research and Oversight Council on Workers' Compensation, 2000.

Outcome of Change of Treating Doctor Requests: 1998-1999

In calendar year 1999, over 20,042 change of treating doctor decisions were made by TWCC to approve, deny, or grant an exception to an injured worker's change of treating doctor request, compared to 20,339 decisions made in 1998. As Figure 3 indicates, approximately three-quarters of these decisions (77.2 percent in 1998 and 79 percent in 1999) resulted in the injured worker being able to change treating doctors (either through an approval or by an exception granted to the worker by TWCC).

Figure 3
Outcomes of Change of Treating Doctor Requests 1998-1999



Source: Texas Workers' Compensation Commission, Administrative Database and the Research and Oversight Council on Workers' Compensation, 2000.

TWCC estimates that it spends over a quarter million dollars each year (\$278,460 or roughly \$14 a decision) processing change of treating doctor requests at the field office level. This cost estimate, however, does not include the amount of staff time spent performing administrative reviews or resolving disputes on change of treating doctor

decisions. Not surprisingly, most of this administrative burden falls on the larger field offices. The five largest field offices (including Houston East and West, Fort Worth, Dallas, and San Antonio) represented almost two-thirds (61.7 percent) of the requests statewide in 1999.

In general, change of treating doctor decisions made by TWCC vary geographically. Looking at metropolitan statistical areas (MSAs) and geographic regions, El Paso had the highest percentage of change of treating doctor approvals in 1999 (69.1 percent) while Dallas/Fort Worth had the highest percentage of denials (30.7 percent) (see Figure 4).

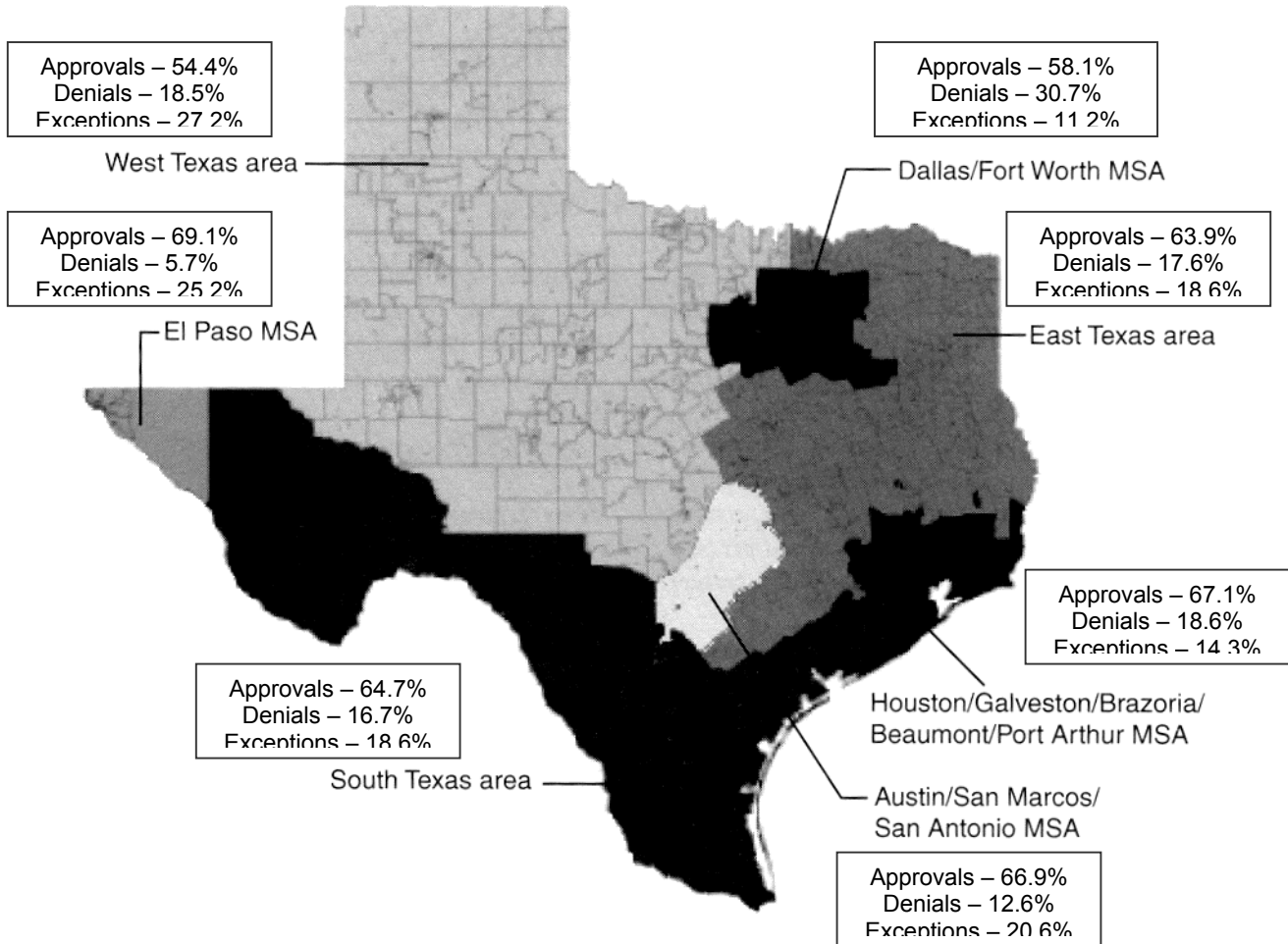
These geographic variations extend to the TWCC field office level as well. As Table 2 illustrates, the Amarillo field office had the highest percentage of change of treating doctor denials in 1999 (42 percent) while Waco had the lowest percentage of denials (2.0 percent).¹⁰

These denial rates mean that virtually every injured worker who requested a change of treating doctor in areas such as Waco (98 percent approved/exception granted), Wichita Falls (95.5 percent), and El Paso (94.3 percent) were able to change doctors compared to only six out of ten injured workers in Amarillo (58 percent), and seven out of ten injured workers in Denton (66.9 percent), Dallas (67.5 percent) and Fort Worth (73.6 percent). Reasons for such wide variations are unclear considering that these decisions are almost purely administrative and not based on a determination of medical necessity.¹¹

¹⁰ In addition to denials, the percentage of injured workers who received an exception to change treating doctors varies significantly as well among TWCC field offices. Abilene has the highest percentage of exceptions granted to workers in 1999 (43.8 percent) while Harlingen had the lowest (4.2 percent).

¹¹ When asked to explain why these regional variations occur, TWCC staff indicated that it may be the result of the the number of active workers' compensation doctors in that field office area (i.e., more doctors = more opportunities to change doctors); the types of injuries that occur regionally (i.e., certain field offices may have a higher percentage of serious injuries); or individual decision making philosophies of the OAOs.

Figure 4
Outcomes of Change of Treating Doctor Requests
by Geographic Region – Calendar Year 1999



Source: Map and Metropolitan Statistical Area (MSA) breakdowns are taken from Gotz, Glenn A., et al, *Area Variations in Texas: Benefit Payments and Claim Expenses*, Workers' Compensation Research Institute (May 2000). Data were derived from the Texas Workers' Compensation Commission, Administrative Database, 2000. Analysis conducted by the Research and Oversight Council on Workers' Compensation, 2000.

Note: Austin/San Marcos/San Antonio MSA consists of Austin and San Antonio TWCC field offices; South Texas Area consists of Corpus Christi, Harlingen, Laredo, and Victoria TWCC field offices; West Texas consists of Abilene, Amarillo, Lubbock, Midland-Odessa, San Angelo, and Wichita Falls TWCC field offices; East Texas consist of Bryan-College Station, Lufkin, Tyler, and Waco TWCC field offices; El Paso MSA consists of El Paso TWCC field office; Dallas/Fort Worth MSA consists of Dallas, Denton, and Fort Worth

Table 2
Outcomes of Change of Treating Doctor Requests by TWCC Field Office
Calendar Years 1998-1999

Field Office	Approvals			Denials			Exceptions		
	1998	1999	% Change	1998	1999	% Change	1998	1999	% Change
Abilene	42.5%	41.8%	-0.7%	13.2%	14.3%	+1.1%	44.4%	43.8%	-0.6%
Amarillo	44.4%	40.0%	-4.4%	28.1%	42.0%	+13.9%	27.4%	18.0%	-9.4%
Austin	58.5%	60.0%	+1.5%	12.6%	10.1%	-2.5%	29.0%	29.9%	+0.9%
Bryan- College Station	43.7%	57.0%	+13.3%	34.0%	24.1%	-9.9%	22.4%	19.0%	-3.4%
Beaumont	62.8%	62.9%	+0.1%	16.5%	16.6%	-0.1%	20.7%	20.5%	-0.2%
Corpus Christi	56.4%	69.3%	+12.9%	19.9%	15.0%	-4.9%	23.7%	15.6%	-8.1%
Dallas	61.6%	62.3%	+0.7%	30.5%	32.5%	+2.5%	8.0%	5.2%	-2.8%
Denton	73.0%	52.4%	-20.6%	14.9%	33.1%	+18.2%	12.0%	14.5%	+2.5%
El Paso	59.2%	69.1%	+9.9%	12.8%	5.7%	-7.1%	28.0%	25.2%	-2.8%
Fort Worth	47.5%	59.6%	+12.1%	39.1%	26.4%	-12.7%	13.6%	13.9%	+0.3%
Houston East	72.0%	71.3%	+0.7%	19.9%	19.1%	-0.8%	8.1%	9.6%	+1.5%
Houston West	67.3%	67.0%	-0.3%	20.7%	20.1%	-0.6%	12.1%	12.9%	+0.8%

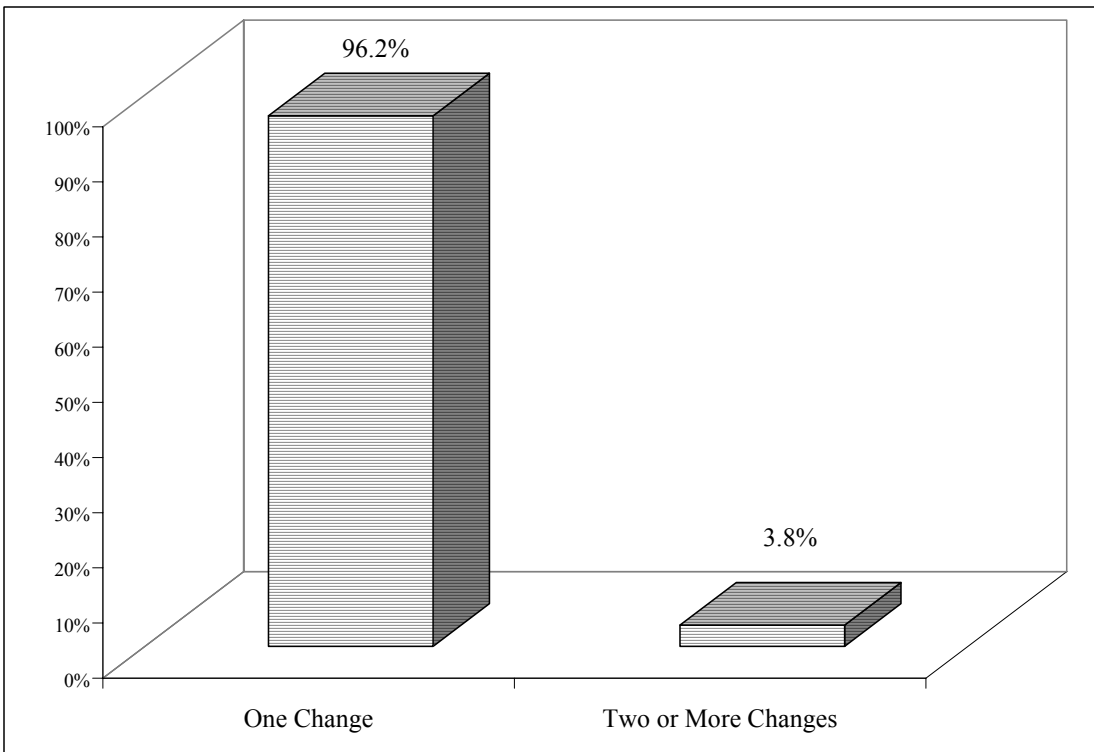
Table 2, continued
Outcomes of Change of Treating Doctor Requests by TWCC Field Office
Calendar Years 1998-1999

Field Office	Approvals			Denials			Exceptions		
	1998	1999	% Change	1998	1999	% Change	1998	1999	% Change
Harlingen	78.5%	78.6%	-.1%	18.1%	17.2%	-0.9%	3.5%	4.2%	+0.7%
Lubbock	70.6%	62.4%	-8.2%	14.2%	13.1%	-1.1%	15.2%	24.5%	+9.3%
Lufkin	58.5%	62.6%	+4.1%	27.2%	24.2%	-3.0%	14.3%	13.2%	-1.1%
Laredo	78.7%	77.4%	-1.3%	15.8%	10.5%	-5.3%	5.5%	12.1%	+6.6%
Midland-Odessa	49.1%	44.5%	-4.6%	26.1%	26.1%	0.0%	24.7%	29.4%	+4.7%
San Antonio	72.9%	73.7%	+0.8%	19.0%	15.0%	-4.0%	8.1%	11.3%	+3.2%
San Angelo	52.8%	55.4%	+2.6%	13.6%	10.8%	-2.8%	33.6%	33.9%	+0.3%
Tyler	65.7%	63.8%	-1.9%	18.5%	20.1%	+1.6%	15.8%	16.1%	+0.3%
Victoria	45.5%	33.6%	-11.9%	24.8%	23.9%	-0.9%	29.7%	42.5%	+12.8%
Waco	82.0%	72.0%	-10.0%	5.5%	2.0%	-3.5%	12.5%	26.0%	+13.5%
Wichita Falls	71.6%	82.2%	+10.6%	8.1%	4.5%	-3.6%	20.3%	13.4%	-6.9%

Source: Texas Workers' Compensation Commission, Administrative Database and the Research and Oversight Council on Workers' Compensation, 2000.

Upon closer examination of the change of treating doctor decisions made by TWCC field office staff, it is clear that few injured workers receive multiple change of treating doctor approvals or exceptions. Less than 4 percent of injured workers who received the authority to change treating doctors, changed more than once (see Figure 5).

Figure 5
Percentage of Multiple Change of Treating Doctor Approvals and Exceptions Granted to Injured Workers



Source: Texas Workers' Compensation Commission, Administrative Database and the Research and Oversight Council on Workers' Compensation, 2000.

When these multiple approvals/exceptions are further examined geographically, it is apparent that there is little variation in the percentage of multiple treating doctor changes granted to injured workers by TWCC field offices. The San Angelo field office had the lowest percentage of injured workers who received an approval/exception to change treating doctors more than once (1.8 percent) while Houston East had the highest percentage (7.7 percent) (see Table 3).

These few multiple changes are most likely a function of TWCC's statutory interpretation that a worker is limited to a single "alternate doctor."

One important note – with the exception of Wichita Falls, the TWCC field offices with the lowest denials rates are also typically the field offices with the highest percentage of injured workers with multiple treating doctor approvals/exceptions.

**Table 3
Percentage of Injured Workers with Multiple Treating Doctor Changes
by TWCC Field Office**

Field Office	One Treating Doctor Change	Two or More Treating Doctor Changes
Houston East	92.3%	7.7%
Laredo	93.6%	6.4%
Abilene	94.3%	5.7%
Lubbock	94.5%	5.5%
Beaumont	94.8%	5.2%
El Paso	94.8%	5.2%
Amarillo	95.1%	4.9%
Victoria	95.1%	4.9%
Austin	95.4%	4.6%
Bryan-College Station	96.0%	4.0%
Tyler	96.1%	3.9%
Midland-Odessa	96.2%	3.8%
Harlingen	96.3%	3.7%
Wichita Falls	96.5%	3.5%
Dallas	97.2%	2.8%
Lufkin	97.5%	2.5%
Waco	97.5%	2.5%
Fort Worth	97.6%	2.4%
Houston West	97.7%	2.3%
Denton	97.8%	2.2%
Corpus Christi	97.9%	2.1%
San Antonio	97.9%	2.1%
San Angelo	98.2%	1.8%

Source: Texas Workers' Compensation Commission, Administrative Database and the Research and Oversight Council on Workers' Compensation, 2000.

Although few injured workers received the authority to change treating doctors more than once, a significant percentage of workers whose initial requests were denied, received a subsequent approval/exception after submitting an additional request (see Table 4). This finding can be explained by the high percentage of injured workers who received denials as a result of incomplete change of treating doctor request forms (see Section III of this report for an explanation of the reasons why requests are approved/denied).

Table 4
Percentage of Subsequent Treating Doctor Approvals and Exceptions Granted to Injured Workers Who Received Initial Denials in Calendar Year 1999 by the Top Five Largest TWCC Field Offices

TWCC Field Office	Percentage of Workers With Initial Denials That Have Not Submitted an Additional Request	Percentage of Workers With Initial Denials That Subsequently Received an Approval/Granted an Exception	Percentage of Workers With Initial Denials That Subsequently Received Another Denial
Dallas	53.7%	33.8%	12.5%
Fort Worth	35.0%	52.6%	12.4%
Houston-East	68.8%	23.9%	7.3%
Houston-West	48.5%	44.3%	7.2%
San Antonio	44.1%	52.5%	3.4%

Source: Texas Workers' Compensation Commission, Administrative Database and the Research and Oversight Council on Workers' Compensation, 2000.

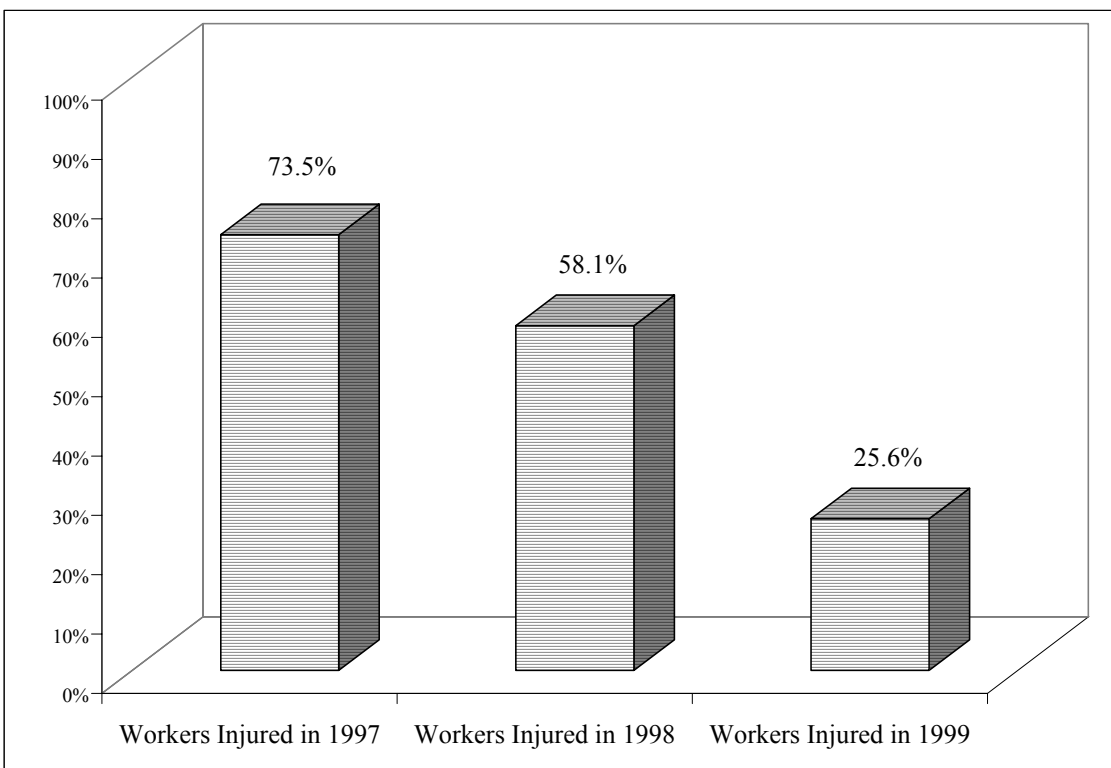
Relationship Between Change of Treating Doctor Requests and First MMI Date

As expected, a smaller percentage of 1998 and 1999 injured workers who requested a change of treating doctor have reached maximum medical improvement (MMI) compared to those workers injured in 1997 (see Figure 6).¹² This is because a portion of workers injured in 1998 and 1999

¹² MMI is the date in which an injured worker can no longer expect further healing of a work-related injury. See Chapter 401, *Texas Labor Code*. In 1997, the Texas Legislature amended the maximum duration on temporary income benefits (TIBs) for injured workers who have had spinal surgery or have been approved to receive spinal surgery within twelve weeks of reaching statutory MMI. See Section 401.011 (b), *Texas Labor Code*.

have not yet reached statutory MMI (i.e., 104 weeks after the eighth day of disability). As these newer claims continue to mature, the percentage of these workers reaching MMI will rise.¹³

Figure 6
Percentage of Injured Workers Requesting a
Change of Treating Doctor Who Have Reached MMI
Injury Years 1997-1999

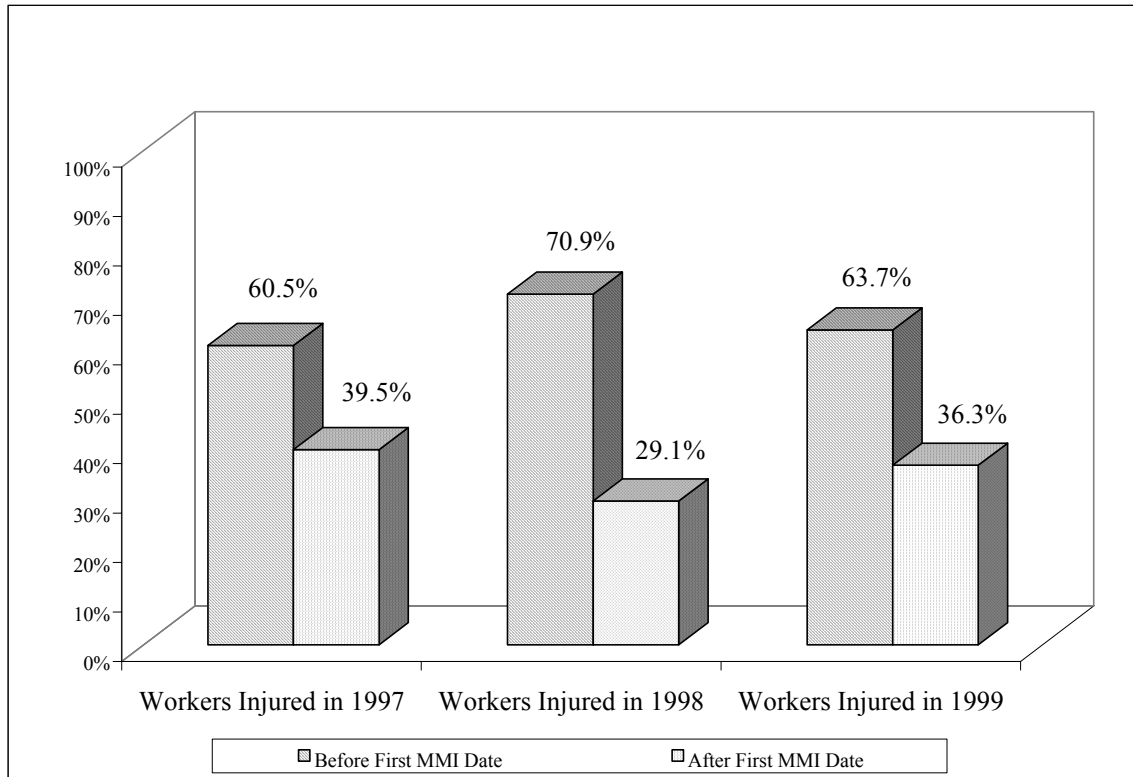


Source: Texas Workers' Compensation Commission, Administrative Database and the Research and Oversight Council on Workers' Compensation, 2000.

Regardless of the year they were injured, approximately 30 to 40 percent of injured workers who requested a change of treating doctor and received a certification of MMI, submitted their change of treating doctor requests after receiving their initial MMI date (39.5 percent for workers injured in 1997, 29.1 percent for workers injured in 1998 and 36.3 percent for workers injured in 1999) (see Figure 7).

¹³ See Research and Oversight Council on Workers' Compensation, "Maximum Medical Improvement and the 104 Week Rule," *Texas Monitor*, vol.2, no.1 (1997).

Figure 7
Percentage of Change of Treating Doctor Requests Made by Injured Workers Before and After Their First MMI Date
Injury Years 1997 -1999



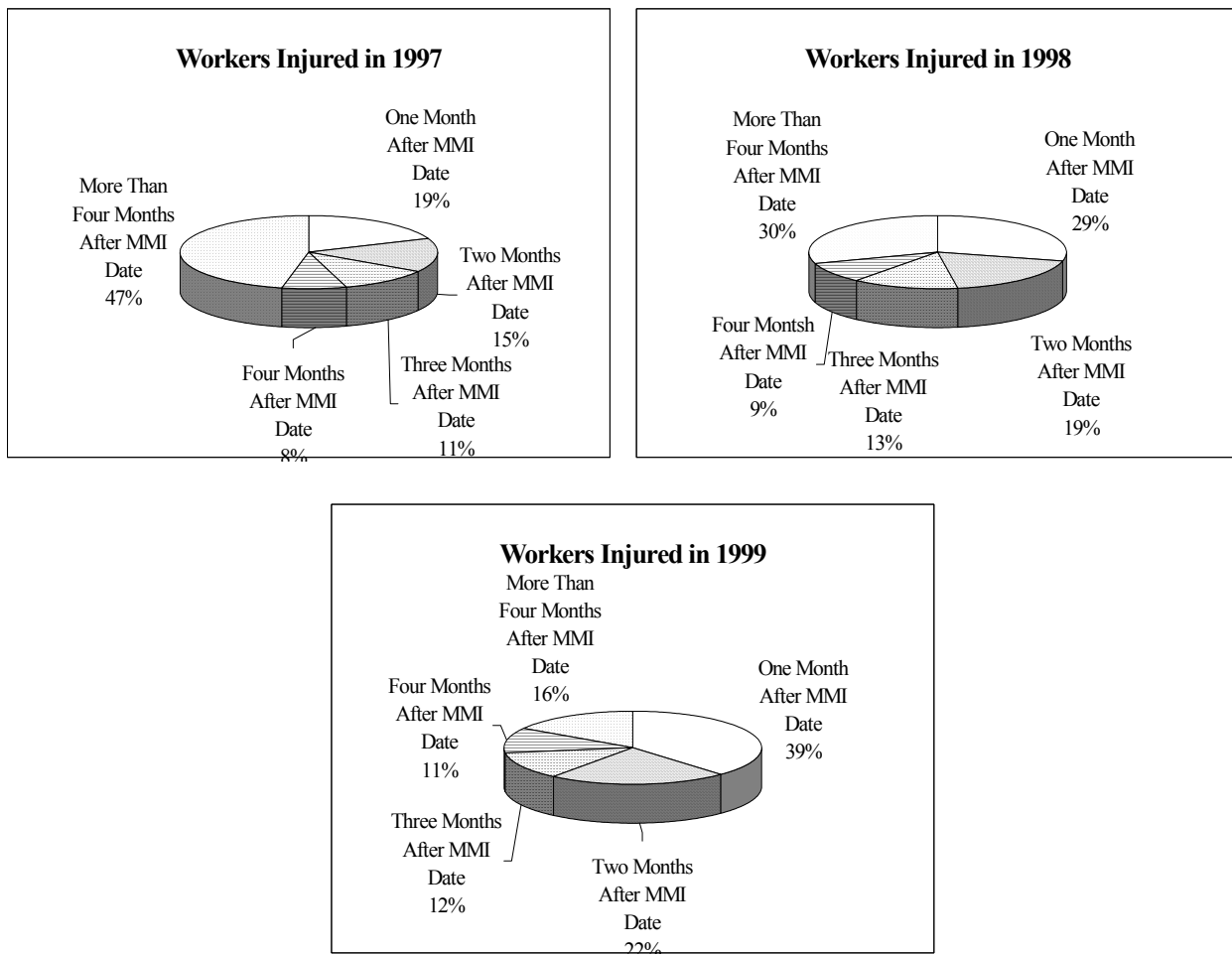
Source: Texas Workers' Compensation Commission, Administrative Database and the Research and Oversight Council on Workers' Compensation, 2000.

An increasing percentage of injured workers who requested a change of treating doctor after receiving their initial MMI certification submitted that request shortly after their first MMI date.¹⁴ Approximately one-third of workers injured in 1997 (34.0 percent) submitted their change of treating doctor requests within two months of the first MMI date, compared to 60.5

¹⁴ A 1997 case reported in TWCC's Question/Resolution Log provided staff with policy direction about the relationship between change of treating doctor requests and an injured worker's MMI date. An injured worker's treating doctor determined that the worker had reached MMI, but had to refer the worker out for an impairment rating. The worker missed the impairment rating appointments and subsequently changed treating doctors. The original treating doctor assigned the worker an impairment rating based on the medical evidence. As a result, the insurance carrier wanted to know if it could start paying impairment income benefits (IIBs) to the injured worker based on the MMI date and impairment rating assigned by the original treating doctor. TWCC's response centered on the date that the original treating doctor assigned the worker's MMI date and impairment rating (e.g., the date the doctor signed the TWCC-69 form). If this signature date was before the date the worker changed treating doctors, then the insurance carrier could start paying IIBs based on that impairment rating and MMI date. This example illustrates the complexity of situations in which injured workers change treating doctors in close proximity to the time that they are receiving their initial MMI date.

percent injured in 1999 (see Figure 8).¹⁵ This finding seems to indicate that some workers have become increasingly dissatisfied with their initial impairment ratings and MMI dates and therefore may be seeking to change doctors in order to obtain an additional impairment rating/MMI report. This is a phenomenon often referred to as “doctor shopping” and as Section I explained earlier, is strictly prohibited by the *Act*.

Figure 8
Time Frame for Change of Treating Doctor Requests
Made by Injured Workers After Their First MMI Date
Injury Years 1997-1999

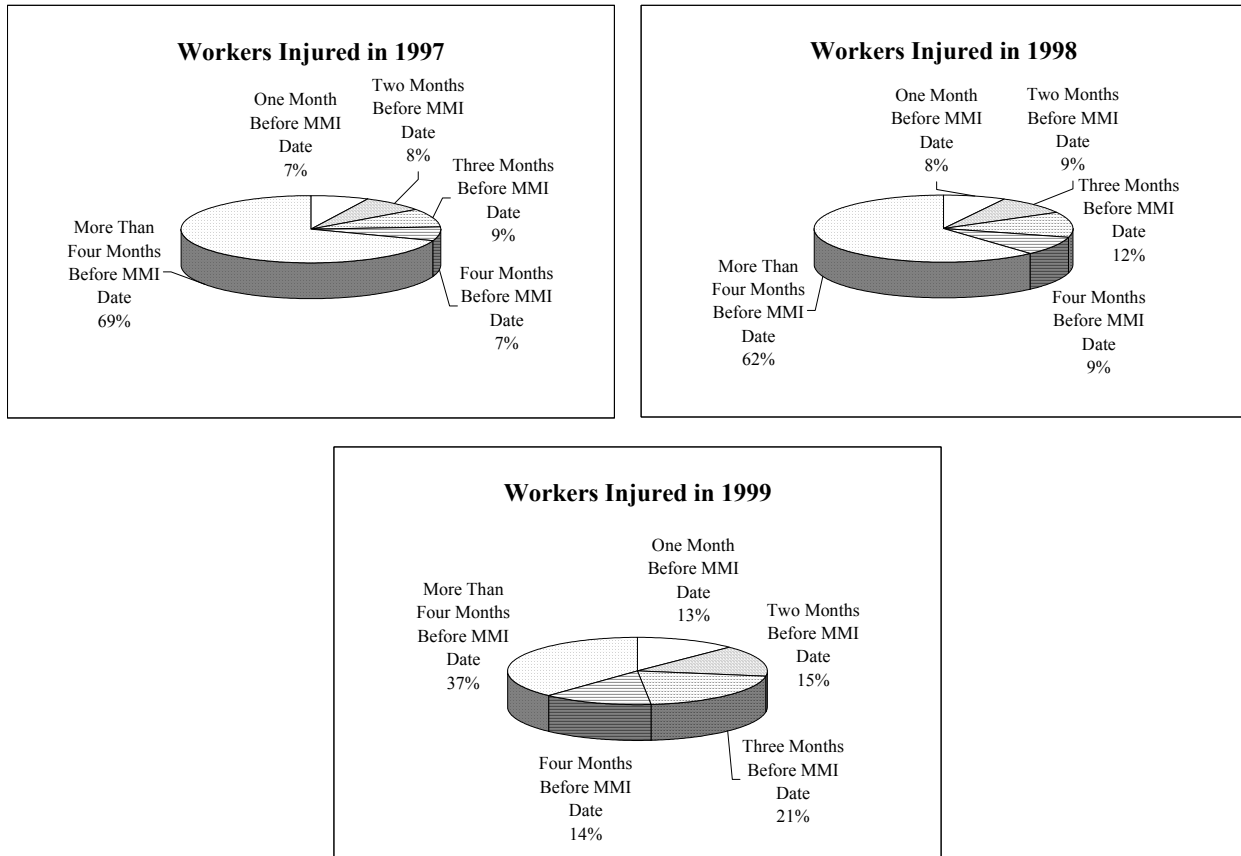


Source: Texas Workers’ Compensation Commission, Administrative Database and the Research and Oversight Council on Workers’ Compensation, 2000.

¹⁵ It will be important to continue to monitor these percentages in the future to see if any shift occurs as more 1998 and 1999 injuries reach the statutory MMI date.

In contrast, most injured workers who requested to change treating doctors before reaching MMI submitted those requests more than three months before receiving their first MMI date (see Figure 9).

Figure 9
Time Frame for Change of Treating Doctor Requests
Made by Injured Workers Before Their First MMI Date
Injury Years 1997-1999



Source: Texas Workers' Compensation Commission, Administrative Database and the Research and Oversight Council on Workers' Compensation, 2000.

III: REASONS FOR APPROVING OR DENYING A REQUEST FOR CHANGE OF TREATING DOCTOR¹⁶

As Table 5 indicates, the vast majority of change of treating doctor requests were approved by TWCC in 1999 because the worker was selecting an “alternate” treating doctor (in addition to the worker’s initial choice of doctor). Few approvals (4 percent) resulted from a determination that the injured worker was not receiving proper medical treatment.

Table 5
Two Most Common Reasons for Why a Request for Change of Treating Doctor Was Approved by TWCC Staff - 1999

Reasons	Percentage
Approved as injured worker’s alternate choice of doctor	95%
Injured worker not getting proper treatment	4%
All other reasons	1%

Source: Texas Workers’ Compensation Commission, Administrative Database and the Research and Oversight Council on Workers’ Compensation, 2000.

Notes: “All other reasons” includes alternate choice of doctor closer in proximity to injured worker.

Almost one-third (32 percent) of change of treating doctor denials made by TWCC in 1999 were the result of the worker incorrectly filling out the TWCC 53 change of treating doctor request form (see Table 6).

Approximately one-fifth (22 percent) of the denials made by TWCC resulted from the fact that the worker had already had one change of treating doctor approval previously. Interestingly, almost 10 percent of the denials were based on the fact that the injured worker’s treating doctor of record was different than the treating doctor the worker listed on the TWCC 53 form. This may indicate that the worker either listed a referral doctor as the treating doctor on the request

¹⁶ Reasons for requesting a change of treating doctor were not captured in the data. Results on the reasons for why change of treating doctor requests were approved, denied, or granted an exception were based on random case reviews of 100 approvals, 100 denials, and 100 exceptions in 1999.

form or that the worker may have already changed treating doctors previously without an approval or denial by TWCC.

Table 6
Five Most Common Reasons for Why a Request for Change of Treating Doctor Was Denied by TWCC Staff – 1999

Reasons	Percentage
Change of treating doctor request form not filled out correctly/signed/obsolete form used	32%
Denied because worker had alternate choice of doctor previously	22%
Treating doctor of record is different than treating doctor listed on request form	9%
Initial treating doctor agrees to continue treating injured worker	8%
No reason listed for the denial	6%
All other reasons	23%

Source: Texas Workers' Compensation Commission, Administrative Database and the Research and Oversight Council on Workers' Compensation, 2000.

Notes: "All other reasons" includes alternate doctor listed on request form not on TWCC approved doctor list, worker wanted second opinion on care, worker wanted to select alternate treating doctor more than 75 miles away from worker's residence, worker claimed to need alternate type of medical care, alternate doctor doesn't take workers' compensation patients, and worker wanted to select designated doctor as alternate treating doctor.

Table 7 outlines the five most common reasons TWCC staff granted exceptions for change of treating doctor. One-quarter of these exceptions were granted because the injured worker's treating doctor released the worker from his or her care or was no longer accepting workers' compensation patients. Thirty-six percent of these exceptions were the result of either the injured worker or treating doctor re-locating.

Table 7
**Five Most Common Reasons for Why an Exception for Change of Treating Doctor Was
 Granted by TWCC Staff - 1999**

Reasons	Percentage
Treating doctor released worker from care/not taking WC patients	25%
Doctor re-located	21%
Worker re-located	15%
Doctor retired	13%
No reason given	6%
All other reasons	20%

Source: Texas Workers' Compensation Commission, Administrative Database and the Research and Oversight Council on Workers' Compensation, 2000.

Notes: "All other reasons" includes: doctor had medical or legal problems; worker requested transfer from employer referral doctor to employee initial choice of doctor; and initial treating doctor never treated injured worker.

IV: ANALYSIS OF CHANGE OF TREATING DOCTOR DISPUTES

Few change of treating doctor decisions made by TWCC ever result in a formal dispute after proceeding through the administrative review process.¹⁷ Of the 20,042 change of treating doctor decisions made by TWCC in 1999, only 622 (3.1 percent) ended up as a disputed issue at a Benefit Review Conference (BRC). The following sections provide an overall description of the current administrative dispute resolution process and detail key findings regarding the outcome of change of treating doctor disputes.

Overview of the Texas Administrative Dispute Resolution Process

The Texas Workers' Compensation Act of 1989 created a multi-level administrative dispute resolution (ADR) system to allow disputes to be resolved informally, rather than in the courtroom, and created an ombudsman program to assist unrepresented injured workers and employers.

The current workers' compensation administrative dispute resolution process is characterized by three levels:

- the Benefit Review Conference (BRC) is an informal proceeding designed to explain the rights of respective parties to a workers' compensation claim, mediate and resolve disputed issues.
- the Contested Case Hearing (CCH) is a formal hearing to resolve issues that were raised, but not resolved at the BRC level; and
- the Appeals Panel (AP) level is a review in which the decision rendered at the CCH level is evaluated by three administrative judges who can affirm, reverse, or remand the earlier decision back to the CCH level.

If a dispute goes through all three levels of the ADR process and has still not been resolved, then either party may seek judicial review of the disputed issue by filing suit in a Texas district court. The district court's decision may be appealed to the Court of Appeals for the region, which in

¹⁷ Data were not available on the number of change of treating doctor decisions funneled through the administrative review process at TWCC.

turn is subject to discretionary review by the Texas Supreme Court. The decision made at the judicial review level is final and completes the dispute resolution process.

Change of Treating Doctor Dispute Outcomes

The vast majority of change of treating doctor disputes (88 percent) were resolved at the initial BRC level. Most of these resolutions (83 percent) resulted from a mutual agreement reached between the injured worker and the insurance carrier. These mutual agreements may consist of:

- allowing the worker to change doctors, but understanding that the insurance carrier may place increased scrutiny on the medical necessity of the worker's medical treatments; or
- not allowing the worker to change treating doctors, but the insurance carrier will agree to the medical necessity of a certain treatment protocol by the original treating doctor.

Of the remaining 12 percent of disputes that advance to the CCH level, more than half (57 percent) resulted in a decision favoring the injured worker (see Figure 10).

Figure 10
Distribution of Change of Treating Doctor Dispute Outcomes



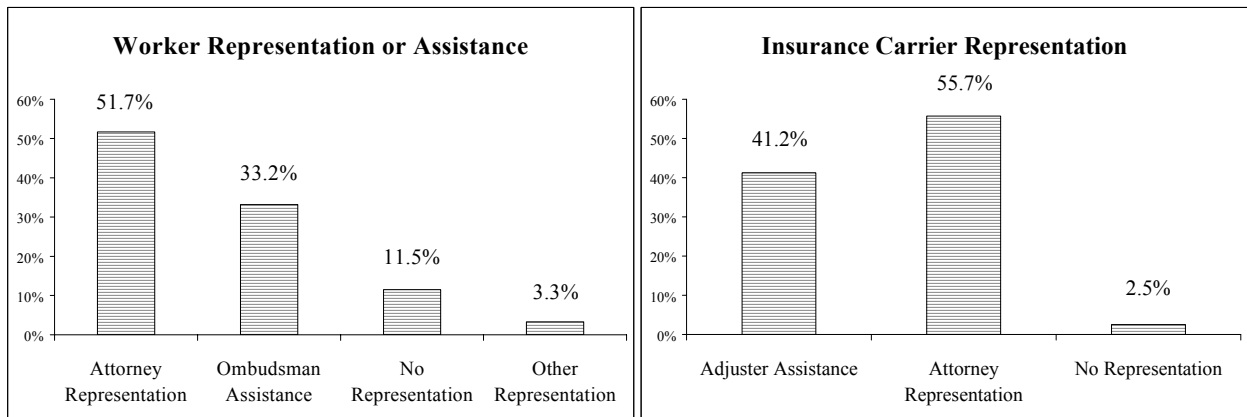
Source: Texas Workers' Compensation Commission, DRIS Database, and the Research and Oversight Council on Workers' Compensation, 2000.

Note: "Not resolved" means that there was no mutual agreement between the injured worker and the insurance carrier and the TWCC benefit review officer did not issue a recommendation either for or against the worker in the case.

Injured Worker and Insurance Carrier Representation during Disputes

Overall, just over half of injured workers (51.7 percent) and insurance carriers (55.7 percent) utilized attorney representation during change of treating doctor disputes at the BRC level (see Figure 11). However, these percentages rose dramatically if the dispute proceeds to the more formal CCH level (see Figure 12).

Figure 11
Injured Worker and Insurance Carrier Representation or Assistance during Change of Treating Doctor Disputes – BRC Dispute Resolution Level

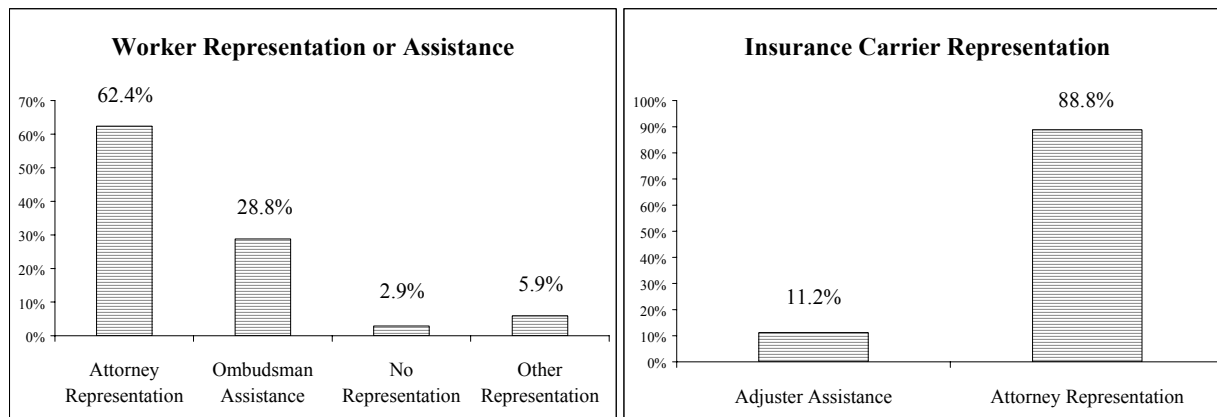


Source: Texas Workers' Compensation Commission, DRIS Database, and the Research and Oversight Council on Workers' Compensation, 2000.

Notes: "Other Representation" includes union representatives, health care providers, employers, family or friends.

Figure 12

Injured Worker and Insurance Carrier Representation or Assistance during Change of Treating Doctor Disputes – CCH Dispute Resolution Level



Source: Texas Workers' Compensation Commission, DRIS Database, and the Research and Oversight Council on Workers' Compensation, 2000.

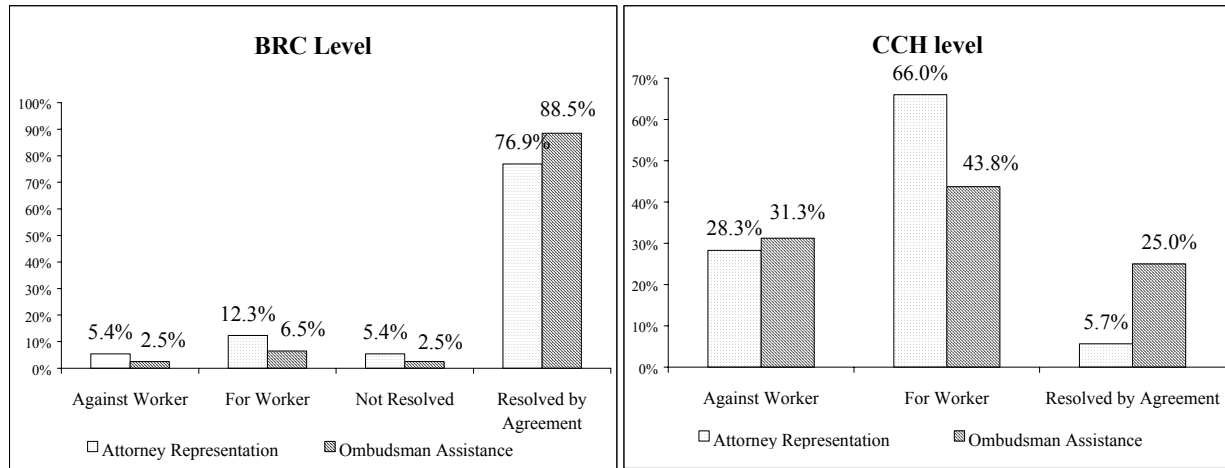
Notes: "Other Representation" includes union representatives, health care providers, employers, family or friends.

Impact of Injured Worker Attorney Representation and Ombudsman Assistance on Dispute Outcomes

As illustrated in Figure 13, workers who were assisted by TWCC ombudsman at the BRC level tended to have more of their change of treating doctor disputes resolved by a mutual agreement with the insurance carrier rather than have a recommendation made either for or against the worker by the TWCC benefit review officer. At the more formal CCH level, however, a significantly higher percentage of workers with attorney representation prevailed in their disputes compared to workers assisted by TWCC ombudsman.

Since most disputes are typically resolved at the less formal BRC level, these CCH outcomes may be the result of attorneys being more effective in arguing the more complex change of treating doctor dispute cases that reach this level.

Figure 13
Distribution of Change of Treating Doctor Dispute Outcomes by Injured Worker Attorney Representation or Ombudsman Assistance



Source: Texas Workers' Compensation Commission, DRIS Database, and the Research and Oversight Council on Workers' Compensation, 2000.

Other Types of Disputes

In addition to change of treating doctor disputes, injured workers are often involved in disputes over whether their injuries are work-related, the value assigned to their impairment ratings and the extent of their injuries and disability (see Table 8).

Table 8
Top Five Additional Disputes of Workers
Who Requested a Change of Treating Doctor

Type of Disputed Issue	Percentage of All Disputed Issues
Existence/Duration/Extent of Injured Worker's Disability Raised by Other Evidence	19.2%
Extent of Injured Worker's Injury	11.7%
Dispute of Designated Doctor's Impairment Rating	7.5%
Amount of Average Weekly Wage	7.7%
Whether the Worker's Injury Was Work-Related (i.e., Compensability)	6.9%

Source: Texas Workers' Compensation Commission, DRIS Database, and the Research and Oversight Council on Workers' Compensation, 2000.

When these disputed issues are further examined, it appears that there may be an increasing connection between injured workers with disputes over their impairment ratings and date of MMI and injured workers who request to change their treating doctor. Approximately one-third (33.4 percent) of all injured workers with impairment rating and date of MMI disputes in 1999 have requested a change of treating doctor, compared with 22.7 percent in 1998.

V: CONCLUSIONS AND POLICY CONSIDERATIONS

While the process an injured worker must go through in order to request a change of treating doctor is not overly complicated (the worker simply submits the request to his or her TWCC field office or the Central Office and awaits the decision), the statutory, regulatory, and procedural language that governs this process is complicated and often confusing.

An example of this confusion may be seen in the variation of the review criteria outlined in the *Act*, Rule 126.9 and TWCC's internal procedures. It is clear from the internal procedures that unless the worker qualifies for an exception under Section 408.022 (e), an injured worker may only be approved to change treating doctors once, yet the language in the *Act* and the Rule are vague on this issue.¹⁸

Although the *Act* and TWCC's internal procedures mention that the appropriateness of the medical care received by the injured worker may be evaluated when reviewing a change of treating doctor request, there is currently no mechanism available to allow TWCC staff to make these medical evaluations. Additionally, TWCC staff receives little direction from the internal procedures on how to apply the review criteria. As a result, the process of reviewing these requests is primarily administrative, rather than based on medical judgement, and may result in subjective decisions and regional variations.

Most other states that allow injured workers to choose their initial treating doctor, like Texas, place some restrictions on the circumstances in which an injured worker may change treating doctors. However, many of these states either require that the insurance carrier/employer approve all treating doctor changes; place restrictions on the change if the employer is part of a managed care organization; or require that the injured worker seek an approval from the insurance carrier/employer before submitting the request to the administrative workers' compensation agency in that state.

¹⁸ The language in Section 408.022 of the Texas Labor Code refers to "an alternate doctor" while TWCC Rule 126.9 uses the language "any change in treating doctor."

Generally, very few injured workers ever submit a request to change their treating doctor. However, most injured workers who do submit a request, receive the authority (either through an approval or through a statutory exception granted to them by TWCC) to change their treating doctor. The vast number of these approvals are based on administrative rather than medical issues: most workers receive an approval to change doctors because they have not changed doctors before, while most denials are the result of either filling out the form incorrectly or because the worker had already received one approval to change treating doctors. A small percentage of workers receive the authority to change treating doctors more than once, even if the subsequent request resulted from the worker's perception that medical care was inadequate. The result of this process is one free change for most workers and only one change.

An interesting finding in this analysis is the connection between injured workers who request a change of treating doctor and injured workers who have reached maximum medical improvement (MMI). There appears to be a rising trend of injured workers requesting to change their treating doctor soon after receiving their initial MMI date. Because the *Workers' Compensation Act* strictly prohibits treating doctor changes in order to obtain a new impairment rating or medical report, this issue will require additional attention by TWCC in order to determine a method of limiting instances of "doctor shopping" while allowing for medically appropriate changes.

In general, very few change of treating doctor decisions (approximately 3 percent) made by TWCC staff result in formal disputes that must be resolved through the administrative dispute resolution process. This could be the result of an effective TWCC administrative review process that screens out unreasonable disputes before they must be resolved formally, or it could be that the insurance carrier chooses not to dispute the decision, but rather decides to increase its internal scrutiny of the injured worker's medical care under the new treating doctor.

Given that less than 8 percent of injured workers receiving medical care submit change of treating doctor requests in Texas, and less than 4 percent of workers change doctors more than once, the evidence indicates that the regulation of change of treating doctors is reasonably consistent with the current statutory provisions. While this report has identified patterns

associated with change of treating doctor requests after the first certification of MMI, it is not clear whether significant alteration in change of treating doctor procedures is warranted. A subsequent research report, examining the impact of change of treating doctor requests on medical costs and satisfaction with medical care in Texas, will explore whether significant changes in the current process would be beneficial.

Regardless of whether there is a demonstrable need for procedural change, there may be opportunities to improve the efficiency and equity of the change of treating doctor decisions that do occur. For example, ambiguity could be minimized (and consistency increased) by clarifying and standardizing the statutory, regulatory, and TWCC internal procedural language regarding the criteria used for evaluating change of treating doctor requests. This would be especially helpful in cases where the medical necessity/appropriateness of the request is at issue.

In a similar vein, greater direction could be provided to TWCC field office staff on how to apply the evaluation criteria in individual cases, either through statutory, regulatory, and TWCC internal procedure language or through on-going training. Additionally, increased monitoring of TWCC field office decisions by TWCC central office staff could identify training opportunities and ensure consistency of field office decisions.

Clearly, the ability for an injured worker to change treating doctor offers the potential for increased access to, and satisfaction with, medical care. The impact on system costs bears closer examination and underscores the gravity of a larger question, namely, “what, exactly, is appropriate medical care?” While total agreement between patients, medical providers and payers may never be achieved, additional research can help reduce the range of variation in medical provider and insurance carrier utilization review practices and allow policymakers to arrive at greater levels of acceptability among system participants.