

DEPARTMENT OF INDUSTRIAL RELATIONS
Division of Workers' Compensation Medical Unit
P.O. Box 71010
Oakland, CA 94612
Tel: (510) 286-3700 or (800) 794-6900



September 14, 2011

TO: **TIFFANY ANDERSON**
2 N AVENA AVE
LODI, CA 95240

Ref no: 214737

ER: SAN JOAQUIN COUNTY MOSQUITO &

DOI: 6/29/2011

Claim #: VE90000198

The Medical Unit received your request for a QME panel in the specialty of CHIROPRACTIC (DCH) for injury date 6/29/2011.

Our records show that for injury date 6/19/2009 Panel 1114339 was previously issued in the specialty of ORTHOPAEDIC SURGERY (MOS) on 4/8/2010. Enclosed please find a copy of this panel.

You indicated on Form 105, that you were seen by Dr. Khosrow Tabaddor. Please be advised that the parties are required to the extent possible to utilize the same evaluator (Reference LC§4062.3(j)). 'If after a medical evaluation is prepared, the employer or the employee subsequently objects to any new medical issue, the parties, to the extent possible, shall utilize the same medical evaluator who prepared the previous evaluation to resolve the medical dispute.'

Please be informed that Dr. Khosrow Tabaddor is still available to do QME evaluations. Therefore, to the extent possible both parties should utilize Dr. Khosrow Tabaddor.

To obtain an additional specialty panel the party submitting the request must include evidence of meeting one of the following conditions.

1) An order by a Workers' Compensation Administrative Law Judge that specifies the medical specialty panel that must be issued. (Send us a copy of the Judge's order)

OR

2) A recommendation from Dr. Khosrow Tabaddor that advises the parties and the Medical Director that a new evaluator in another specialty is needed to evaluate one or more remaining disputed medical conditions, injuries or issues that are outside of the evaluator's areas of clinical competence. (Send us a copy of Dr. Khosrow Tabaddor recommendation for a different medical specialty evaluation.)

OR

3) The parties have agreed in writing, in the presence of an Information and Assistance Officer, to an additional specialty panel. The parties may confer with the Information and Assistance Officer in person or by conference call. Refer to the attached list of addresses and phone numbers of the Workers' Compensation Appeals Board District Offices for a listing of an Information and Assistance Officer nearest you. (Send us a copy of the written agreement to an additional specialty panel that is signed by the injured worker, the claims examiner and the Information and Assistance Officer).

If this request needs to be returned. Please mail to:
Department of Industrial Relations
Division of Workers' Compensation Medical Unit
PO Box 71010
Oakland, CA 94612

Request must be sent by US Mail only.
Faxed requests will not be accepted.

MACKENZIE DAWSON
AIMS
BOX 269120
AMEN TO, CA 95826