

Independent Medical Examiner notifications

I get asked this a lot as a nominated treating doctor, this is what most patients would get as a notification in regards to an upcoming Independent Medical Examiner review.

An appointment has been arranged for you

Hello [REDACTED]

I have arranged an appointment for you with an independent medical examiner to help us with decisions about your entitlement to compensation.

What you need to do

Everything else you need to know about the appointment is in the attached information.

The first thing to check is on page 2, and almost always, this is what the injured worker would receive,

An insurer or employer can refer you for an independent medical examination when:

- more information is required than what has been provided by your doctor to date, or
- an assessment of permanent impairment is required.

If this situation applies to you, refer to the Workers compensation guidelines requirements for insurers, workers, employers and other stakeholders, 1 March 2021 issued by the State Insurance Regulatory Authority.

<https://www.sira.nsw.gov.au/workers-compensation-claims-guide/legislation-and-regulatory-instruments/guidelines/workers-compensation-guidelines>

The document is available on the SIRA website. Read Part 7.5 Notification to the worker carefully.

Under these guidelines:

1. You must be given at least 10 working days written notice before an Independent Medical Examination takes place.

2. The letter must clearly state the specific reason for the examination. A generic or template letter without a clear explanation may not meet the guideline requirements. If no proper reason is provided, you are entitled to write back to the insurer and ask them to justify the examination.
3. The insurer must explain why information from your nominated treating doctor or other treating practitioners was inadequate, inconsistent or unavailable. Often the reason given is that the doctor did not respond or that the report was not sufficient.

If this is stated, you should contact your nominated treating doctor and ask whether they actually received the request for information. In many cases, doctors do not receive the request. If your doctor did respond, ask whether the insurer contacted them again to clarify any concerns.

Part 7.1 of the guidelines requires the insurer to document evidence that they attempted to resolve any issues with the nominated treating doctor before arranging an Independent Medical Examination. In practice, follow up communication with the treating doctor is often limited or does not occur.

If the insurer has not met these requirements, you may rely on Part 7.7 Unreasonable request. You can write to your case officer stating that the request is unreasonable and ask for an internal review. The insurer must consider your objection before taking further action. You may also lodge a complaint with the Independent Review Office for assistance.

Importantly, your weekly payments can only be suspended if you fail to comply with a reasonable request. If the request does not meet the guideline requirements, it may not be reasonable.

I have also included a State Insurance Regulatory Authority audit on QBE in regards to their compliance, please note that the audit only spans 5 days and only includes 50 patients, so the sample is very small, even so, it still highlights that the compliance in these situations is 66.7%. In my clinical experience, the level of compliance affecting my injured workers is significantly lower, in many cases less than 20 percent.

<https://www.sira.nsw.gov.au/resources-library/workers-compensation-resources/publications/sira-reports/claims-management-by-qbe-in-the-ni-and-tmf-may-2025>

Scroll down to Part 9, Appendix A, criterion number 40, 41 and 43.

If you require further assistance, you may contact

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