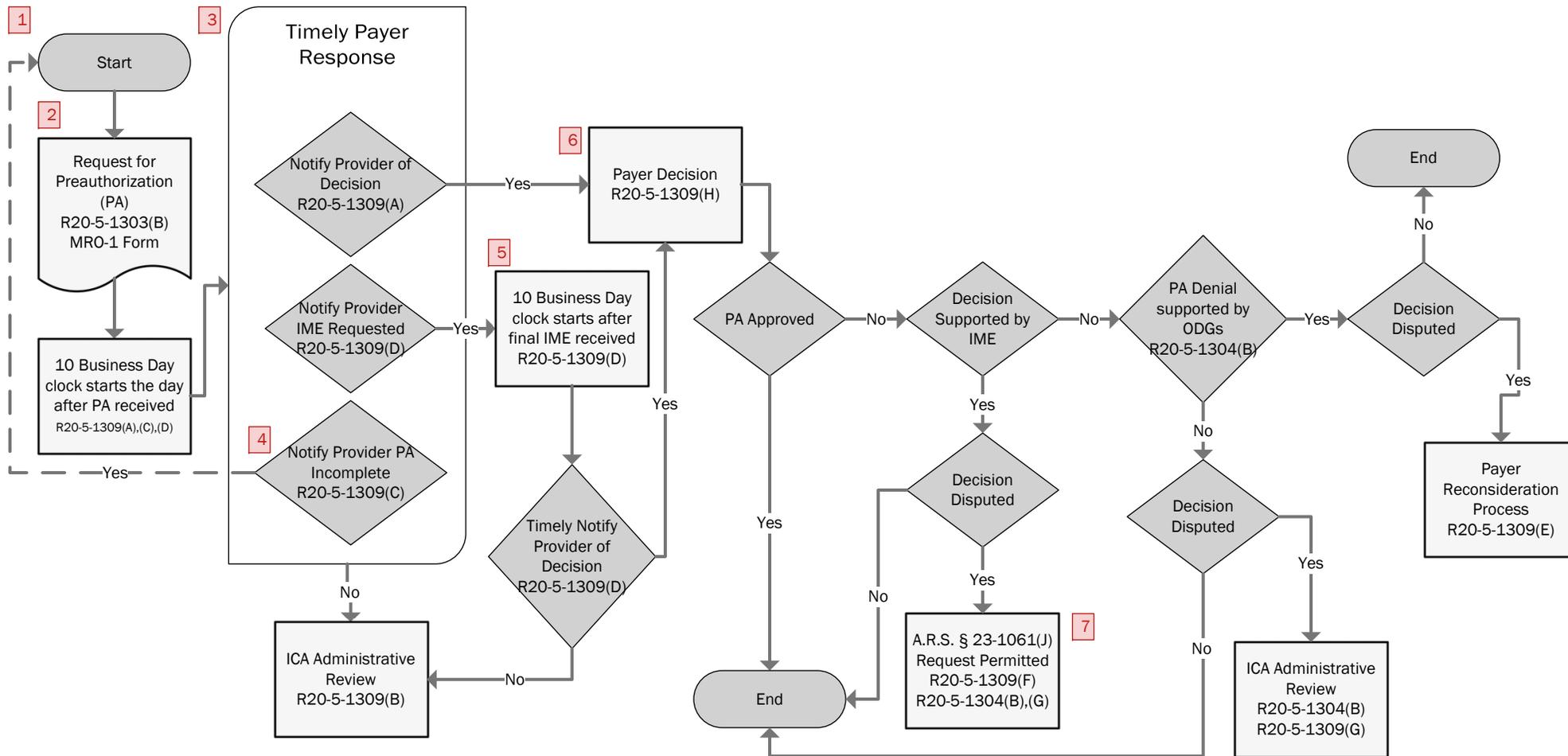


Industrial Commission of Arizona Preauthorization Review Process July 2016



Note Reference

1. This process applies to the management of chronic pain and the use of opioids for all stages of pain management for body parts and conditions that have been accepted as compensable.
2. Requests must be in writing and must include the information listed in R20-5-1303(B). Requests may be submitted by mail, electronically, or by fax. The Commission recommends using the MRO-1 form.
3. Payer may use MRO-1 form to communicate decision, to notify provider that an IME has been requested, or to provide notice that a request for PA is incomplete.
4. Payer may act on incomplete request or, within 10 business days after request is received, provide notice to the provider that the request is incomplete. Process *restarts* upon receipt of amended request.
5. The payer must provide a copy of the final IME report to the provider.
6. The payer must provide a copy of its written decision to deny treatment or services to the injured employee. Payer Decision must include the information listed in R20-5-1309(H). Payer shall not deny a request solely because the ODG guidelines do not address the requested treatment or services.
7. Administrative Review process is not available for a payer decision supported by an IME.