

# IMO MED-SELECT NETWORK®

A Certified Texas Workers' Compensation  
Health Care Network

## Employee Packet for Jefferson County



# NETWORK EMPLOYEE PACKET

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## **IMO Med-Select Network® | Frequently Asked Questions**

*The purpose of this employee packet is to provide general information by addressing frequently asked questions to all who are employed by Jefferson County, as of 04/03/2023, which represents the effective date of the above named organization joining the IMO Med-Select Network®.*

*This program is for any injury that occurs as of 04/03/2023 and thereafter.*

### **1. What is a Texas workers' compensation health care certified network?**

It is a program that has been certified by the State of Texas to provide health care services to you if you become injured at work.

### **2. What is Injury Management Organization, Inc. (IMO)?**

IMO is a Certified Utilization Review Agent (URA) and the parent company to the IMO Med-Select Network®. IMO provides Case Management, Pre-Authorization, Medical Bill Review, Industry Care Programs, along with other health care management services.

### **3. How do I find out more about the IMO Med-Select Network®?**

- Visit our website at [www.injurymanagement.com](http://www.injurymanagement.com). To watch the FAQ video, click "Provider Network FAQs" under the "Services" tab. Direct Link: [www.injurymanagement.com/faqs](http://www.injurymanagement.com/faqs)
- Write to: IMO Med-Select Network®, P.O. Box 260287, Plano, TX 75026
- Call the Network Main Line: 214.217.5939 or 888.466.6381
- Call the Customer Care Line: 214.217.5936 or 877.870.0638

### **4. What is a service area?**

A service area is any county where the network operates with physicians and other health care providers to care for injured employees. If the network lists a county as part of its service area there will be providers for all zip codes in that county ready to provide health care services to the injured employees. If you live in a county covered by a service area, you are required to use a network provider.

### **5. What should I do if I move to a different zip code?**

Notify your employer immediately to assist them in making sure that the network has service area coverage for you.

### **6. May I use a P.O. Box for my official address when I participate in the network?**

No. The network requires a physical address in order to ensure all communication reaches the injured employee.

**7. Where does the network operate?**

The network operates in the following counties or service areas:

IMO Med-Select Network®								
Anderson	Burleson	Crosby	Glasscock	Hunt	Liberty	Newton	Shackelford	Ward
Andrews	Burnet	Dallas	Goliad	Irion	Limestone	Nolan	Shelby	Washington
Angelina	Caldwell	Delta	Gonzales	Jackson	Live Oak	Nueces	Smith	Wharton
Aransas	Calhoun	Denton	Grayson	Jasper	Llano	Orange	Somervell	Wichita
Archer	Callahan	DeWitt	Greeg	Jefferson	Lubbock	Panola	Starr	Willacy
Atascosa	Cameron	Ector	Grimes	Jim Wells	Lynn	Parker	Sterling	Willbarger
Austin	Camp	El Paso	Guadalupe	Johnson	Madison	Polk	Tarrant	Williamson
Bandera	Cass	Ellis	Hale	Jones	Marion	Rains	Taylor	Wilson
Bastrop	Chambers	Falls	Hardin	Karnes	Martin	Reagan	Terry	Winkler
Baylor	Cherokee	Fannin	Harris	Kaufman	Matagorda	Red River	Titus	Wise
Bee	Clay	Fayette	Harrison	Kendall	McLennan	Refugio	Tom Green	Wood
Bell	Coke	Fisher	Hays	Kenedy	Medina	Robertson	Travis	
Bexar	Coleman	Floyd	Henderson	Kerr	Menard	Rockwall	Trinity	
Blanco	Collin	Fort Bend	Hidalgo	Kleberg	Midland	Runnels	Tyler	
Bosque	Colorado	Franklin	Hill	Lamar	Milam	Rusk	Upshur	
Bowie*	Comal	Freestone	Hockley	Lamb	Montague	Sabine	Upton	
Brazoria	Concho	Frio	Hood	Lampasas	Montgomery	San Augustine	Van Zandt	
Brazos	Cooke	Galveston	Hopkins	Lavaca	Morris	San Jacinto	Victoria	
Brewster	Coryell	Garza	Houston	Lee	Nacogdoches	San Patricio	Walker	
Brooks	Crane	Gillespie	Howard	Leon	Navarro	Schleicher	Waller	

**8. (a) Will I need to sign any forms to participate in the network?**

Your employer / carrier will provide you with a **Notice of Network Requirements** and an **Acknowledgement Form**. You will also be presented with an Acknowledgement Form for signature at the time of injury.

**(b) What will happen if I choose not to sign the Acknowledgement Form?**

If an employee receives the Notice of Network Requirements and refuses to sign the Acknowledgement Form, they are still required to participate in the network.

**9. Who is responsible for paying for my medical care if I receive treatment outside of the network?**

If you receive care from an out-of-network provider, you *may* be financially responsible for the health care services if it is determined that you live in the network service area.

**10. Who can be a network treating doctor?**

The IMO Med-Select Network® requires your treating doctor to be a physician chosen from the network directory who is a licensed Medical Doctor (MD) or Doctor of Osteopathy (DO). The treating doctor must be a specialist in Family Practice, General Practice, Internal Medicine or Occupational Medicine. In El Paso, TX, all specialists listed above in addition to Physical Medicine

Rehabilitation.

**11. How do I choose my treating doctor?**

After an injury occurs, you must choose your treating doctor from the network provider list. If you need help, you may call a network customer care representative for assistance at 888.466.6381 Monday-Friday 8-5 p.m. CST or online at [www.injurymanagement.com](http://www.injurymanagement.com) and click "Find a Provider".

**12. May I select my HMO primary care doctor for my network treating doctor?**

Even though your employer does not participate in an HMO, if you do participate in one outside of your employer, you may select your HMO primary care doctor **prior to your injury**. This can be done by completing the Network Form # IMO MSN-5. To obtain this form, please contact the IMO Med-Select Network® at **888.466.6381** or email [netcare@injurymanagement.com](mailto:netcare@injurymanagement.com). The network will contact your HMO doctor to participate in the network. If your doctor does not agree or does not meet the certified network qualification requirements to participate in the network you must choose a treating doctor from the network list.

If you are uncertain of your employer's plan, please contact your Workers' Compensation Coordinator or the Office of Risk Management for clarification.

**13. How do I nominate a doctor?**

1. The network has a nomination form and credentialing process that must be completed prior to any doctor being considered as a network provider. The first step is to fill out a nomination form available on the IMO website at [www.injurymanagement.com](http://www.injurymanagement.com) or by contacting your employer.

2. The network will contact your doctor about participating in the network. If your doctor does not agree *or* does not meet the certified network qualification requirements, you must choose another treating doctor from the network list.

**14. Am I required to see a doctor close to my residence?**

Although the network must provide you with access to a treating doctor within a 30-mile radius of your residence, you can choose any treating doctor on the list of treating doctors in the network.

**15. Can my chiropractor or my orthopedic surgeon be my treating doctor?**

No. The treating doctor must be a specialist in Family Practice, General Practice, Internal Medicine or Occupational Medicine. In El Paso, TX, all specialists listed above in addition to Physical Medicine Rehabilitation. For treatment by any other type of specialist, including a chiropractor or orthopedic surgeon, you must be referred by your treating doctor.

**16. Do you have physician assistants or nurse practitioners in the certified network?**

No. The certified network does not have physician assistants or nurse practitioners contracted to

treat injured employees at this time. You may be treated by one of the above if it is under the direction of a medical doctor in the certified network.

#### **17. Can I change my treating doctor?**

You are limited to the changes that you can make. These limits are set to ensure that you have quality and continuity in your care.

- Change #1 is called the alternate choice. When you contact the network you will be asked to complete the **Request for Alternate Treating Doctor # IMO MSN-1**. The network will not deny your request for your selection of an alternate choice.
- Change #2 is called your subsequent change. If you have used your alternate choice of treating doctor and you are still dissatisfied, you must request and receive permission from the network for the subsequent change of treating doctor.

*You will need to contact the network at:*

- Telephone: 214.217.5939 or toll free 888.466.6381
- E-mail: [netcare@injurymanagement.com](mailto:netcare@injurymanagement.com) or,
- By faxing the completed form to 214.217.5937 or 877.946.6638
- You may also mail a copy of the **Request For Subsequent Change in Treating Doctor Form # IMO MSN-7** to: IMO Med-Select Network®, P.O. Box 260287, Plano, TX 75026
- Complaints: [netcomplaint@injurymanagement.com](mailto:netcomplaint@injurymanagement.com)

#### **18. What do I do if my treating doctor dies, retires, or leaves the network?**

If your current treating doctor dies, retires or leaves the network you are allowed a change of treating doctor at any time during your care.

#### **19. What if I don't live in the service area?**

If you do not live in the service area, you are not required to receive health care from the certified network. You should contact your Workers' Compensation Coordinator or the Office of Risk Management to discuss this matter.

#### **20. The Notice of Network Requirements states that I must receive medical care from the network if I live in the network service area. How is "live" defined?**

*Where an employee lives includes:*

- a. The employee's principal residence for legal purposes, including the physical address which the employee represented to the employer as the employee's address;
- b. A temporary residence necessitated by employment; or
- c. A temporary residence taken by the employee primarily for the purpose of receiving assistance with routine daily activities because of the compensable injury.

*28 Texas Administrative Code §10.2(a) (14)*

#### **21. What if I need to be referred to a specialist?**

If you need a specialist, your treating doctor will refer you. You must go to a health care provider in the network, except in emergencies and other special circumstances. All referrals to a

specialist must be approved by your treating doctor. Appointments with specialists are to be set no later than 21 days after the date of the request. If there is an urgent medical need, a shorter time period may be appropriate.

## 22. What if I need a specialist that is not in the network?

If your treating doctor decides there is no provider or facility in the network that can provide the treatment you need for your compensable injury, he or she will contact the network for permission to send you to a provider outside of the network.

Your treating doctor is required to submit to the network a completed referral called a **Request for Out-of-Network Specialist form # IMO MSN-4**. The network will approve or deny the request within seven days of receiving this form from the treating doctor.

You and your treating doctor will be notified by telephone and in writing if the request is not approved. The notice will also explain the appeal process.

## 23. What is Telephonic Case Management?

When you are injured at work you will be provided with a Telephonic Case Manager (TCM) to assist with coordination of your medical needs. A TCM is a licensed and certified medical professional that will help coordinate the medical services that your doctor recommends. The TCM will also provide education and help with communication between you and your doctor and employer. The network wants you to have the best quality of care and a safe stay at work / return to work health outcome.

## 24. What is considered to be an emergency?

*As defined by the Texas Insurance Code:*

“Medical Emergency” – means the sudden onset of a medical condition manifested by acute symptoms of sufficient severity, including severe pain, that the absence of immediate medical attention could reasonably be expected to result in:

- a. Placing the patient’s health or bodily functions in serious jeopardy; or
- b. Serious dysfunction of any body part or organ.

## 25. How do I receive emergency care?

You should seek treatment from the nearest urgent care facility or hospital emergency room if emergency care is necessary. The network provider directory lists urgent care centers and hospitals that participate in the network.

## 26. How can I get a network provider directory?

Your employer will have a network provider directory available. A network provider directory also will be available at:

1. IMO website: [www.injurymanagement.com](http://www.injurymanagement.com)
2. Or you may call us directly at:

- a. Network Main Line – 214.217.5939 or 888.466.6381
- b. Customer Care – 214.217.5936 or 877.870.0638

## 27. Will medical services need prior approval?

Some medical services must be approved in advance. Unless there is an emergency need, your treating doctor must contact the network for approval prior to providing the following health care services:

### **IMO Network Preauthorization List:** *Emergency care never requires preauthorization*

1. *Hospital and Surgical Care:*
  - a. All inpatient admissions including length of stay and, when necessary, extending the authorized length of stay. Including all nursing home/convalescent services.
  - b. All inpatient and outpatient surgical procedures performed in hospital or Ambulatory Surgical Center (ASC)
2. *Mental Health Care:*
  - a. All psychological/psychiatric services after the completion of the initial evaluation.
  - b. Testing, therapy, repeat interviews, and biofeedback.
3. *Physical Medicine Services (PT, OT, ST, CHIRO):*
  - a. Any additional requested beyond Network notification listed below
    1. Physical medicine outside of the first six sessions rendered/completed within 2 weeks following the initial date of injury
    2. Physical medicine outside of the first six sessions rendered/completed within 2 weeks post authorized surgical intervention.
4. *Diagnostics:* Repeat Diagnostics study > \$350 per fee schedule, or without fee schedule value.
5. *Injections:* All injections to include steroid, ESI, facet, trigger point, synvisc, SI, prolotherapy, chemonucleolysis, discograms, medial branch blocks and rhizotomies.
6. *Rehabilitation Programs:* All Rehabilitation, Work Conditioning, and Work Hardening programs. This includes home health/residential treatment.
7. *Durable Medical Equipment:* (DME) billed at \$1000 or greater per item, either cumulative rental or purchased including Bone Growth Stimulator and TENS Unit.
8. *Treatment not addressed or not recommended by Evidence Based Guidelines:* Unless pre-approved as part of a treatment plan.
9. *RX:* Drugs on the “N” list and all compounds.
10. *Dental:* Procedures requested after initial evaluation.
11. *Investigational TX:* Any investigational or experimental service or device for which there is early, developing, scientific or clinical evidence demonstrating the potential efficacy of the treatment, service, or device that is not yet broadly accepted as the prevailing standard of care.
12. *Pain Medicine/Other Programs:* Chronic Pain Management/Interdisciplinary Pain Rehabilitation.
13. *Treatment for Disputed Body Part & Conditions:* Any treatment for an injury or diagnosis that is not accepted by the carrier per Labor Code §408.0042 and 28 Tex. Admin. Code §126.14.
14. *Misc.:* K-Wire removal, Chemo, Radiation.

## 28. What happens if I am unable to work?

Your Telephonic Case Manager will work with your doctor, employer and Workers' Compensation Coordinator to coordinate possible work programs to accommodate your restrictions while rehabilitating.

## 29. How do I file a complaint?

1. If you are dissatisfied with any aspect of the network, you may file a complaint by completing the **Complaint Form # IMO MSN-3**.
2. You must file the complaint within 90 days of the event about which you are dissatisfied.
3. To obtain and submit this form you can contact the **Network Complaint Dept.** by:
  - a. Writing: P.O. Box 260287, Plano, TX 75026
  - b. Calling: 877.870.0638
  - c. E-mailing: netcomplaint@injurymanagement.com
4. The network will respond to your complaint with a letter of acknowledgment within seven calendar days after receipt of the complaint.
5. Every complaint will be investigated and resolved within 30 calendar days after receipt of the complaint.
6. The network will send a letter to you explaining its decision and recommendations.

## 30. How do I file an appeal?

1. If you are dissatisfied with the complaint response, you must submit your appeal either by calling the network at 877.870.0638 or writing to the network. This process does not require a form completion, but you may use the Complaint Form # IMO MSN-3 and check the appropriate box to indicate that you are filing an appeal:

IMO Med-Select Network® Attention:  
**NetAppeal Committee** P.O. Box 260287  
Plano, TX 75026

2. File the appeal within 15 days of receiving the decision letter.
3. The network will send a letter when it receives the appeal and once again when the decision is made.

## 31. What should I do next, if I do not agree with the network's complaint or appeal resolution?

If you are dissatisfied with the network's complaint or appeal resolution, you may file a complaint with the Texas Department of Insurance (TDI). A complaint form can be accessed at:

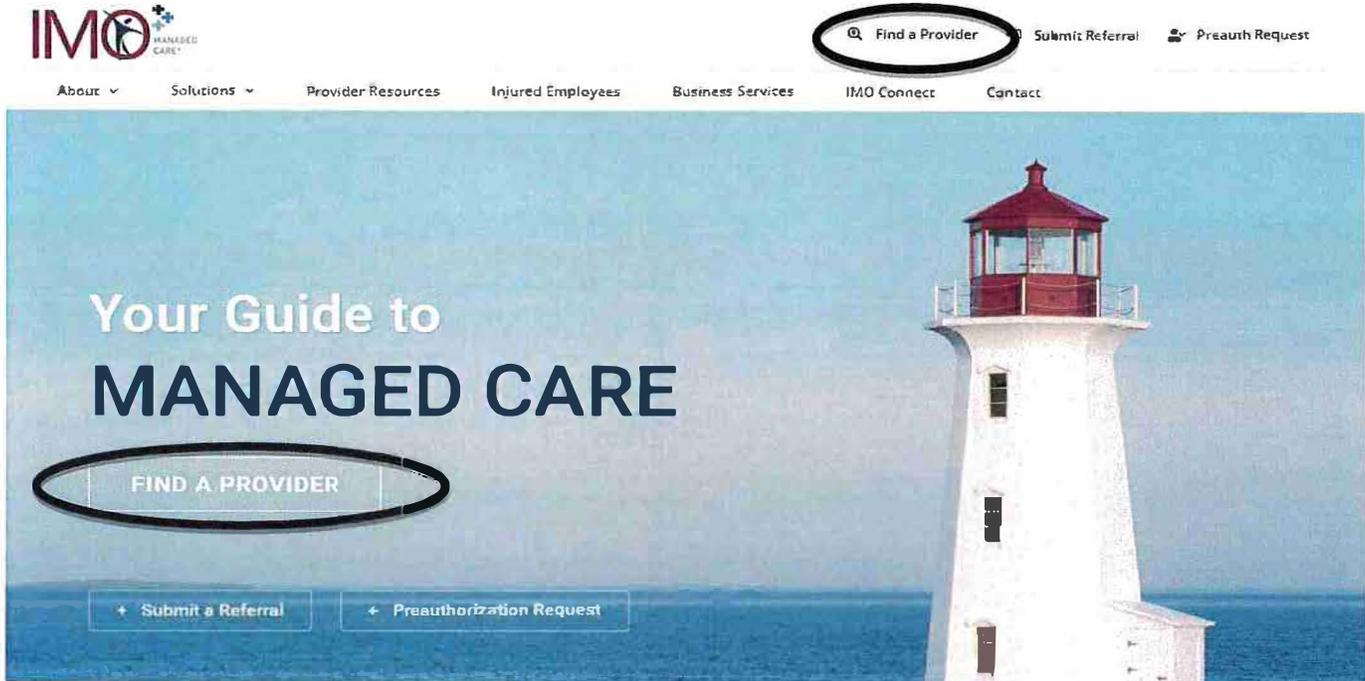
1. TDI Website at [www.tdi.state.tx.us](http://www.tdi.state.tx.us), or
2. TDI HMO Division at the following address: HMO Division, Mail Code 103-6A, Texas Department of Insurance, P.O. Box 149104, Austin, TX 78714-9104



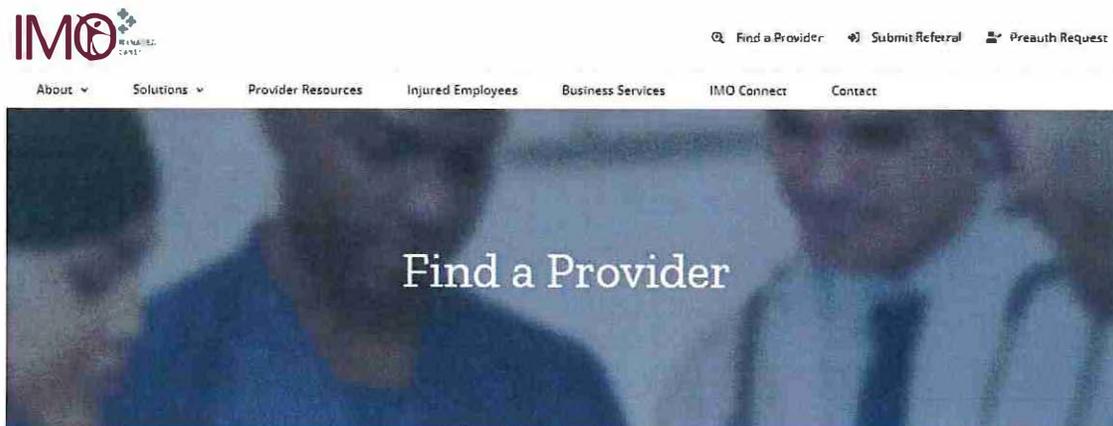
## Find a Provider Search

Based on IMO Website | [www.injurymanagement.com](http://www.injurymanagement.com)

The "Find a Provider" search button is in the upper right corner of the website or on the home page.



Pressing the button will take you to the "Find A Provider Page":



## Search the IMO Med-Select Network

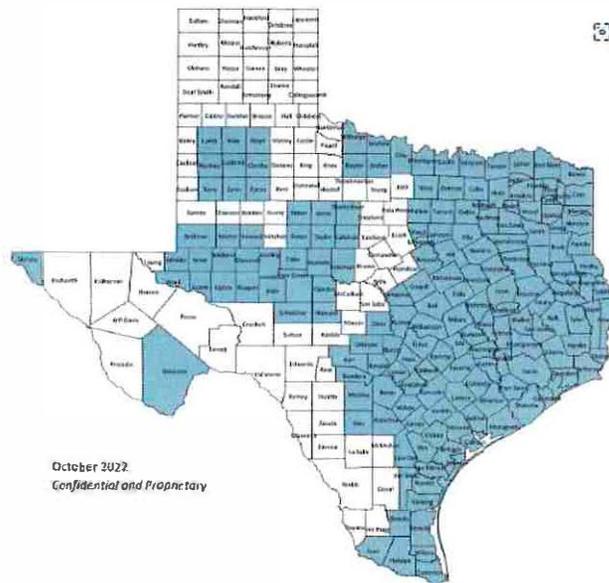
### Determine Your Service Area

As you scroll down on the page you will see Determine Your Service Area. "The IMO Med-Select Network® service areas include the following counties:

IMO Med-Select Network*								
Anderson	Burleson *	Crosby *	Glasscock *	Hunt	Liberty	Newton *	Shackelford *	Ward *
Andrews *	Burnet *	Dallas	Goliad *	Irion *	Limestone *	Nolan *	Shebby *	Washington *
Angelina	Caldwell *	Delta *	Gonzales *	Jackson *	Live Oak *	Nueces	Smith	Wharton *
Aransas *	Calhoun *	Denton	Grayson	Jasper *	Llano *	Orange	Somervell *	Wichita
Archer *	Callahan *	DeWitt *	Gregg	Jefferson	Lubbock	Pa nola *	Starr	Willacy *
Atascosa *	Cameron	Ector	Grimes *	Jim Wells *	Lynn *	Parker	Sterling *	Willbarger *
Austin *	Camp *	El Paso	Guadalupe	Johnson	Madison *	Polk *	Tarrant	Williamson
Bandera *	Cass *	Ellis	Hale *	Jones *	Marion *	Rains *	Taylor	Wilson *
Bastrop	Chambers *	Falls *	Hardin	Karnes *	Martin *	Reagan *	Terry *	Winkler *
Baylor *	Cherokee	Fannin *	Harris	Kaufman	Matagorda *	Red River *	Titus *	Wise
Bee *	Clay *	Fayette *	Harrison	Kendall *	McLennan	Refugio *	Tom Green	Wood *
Bell	Coke *	Fisher *	Hays	Kenedy *	Medina *	Robertson *	Travis	
Bexar	Coleman *	Floyd	Henderson	Kerr *	Menard *	Rockwall	Trinity *	
Blanco *	Coilin	Fort Bend	Hidalgo	Kleberg *	Midland	Runnels *	Tyler *	
Bosque *	Colorado *	Franklin *	Hill *	Lamar *	Millam *	Rusk	Upshur *	
Bowie	Comal	Freestone *	Hockley *	Lamb *	Montague *	Sabine *	Upton *	
Brazoria	Concho *	Frio *	Hood	Lampasas *	Montgomery	San Augustine *	Van Zandt	
Brazos	Cooke *	Galveston	Hopkins *	Lavaca *	Morris *	San Jacinto *	Victoria	
Brewster *	Coryell	Garza *	Houston *	Lee *	Nacogdoches	San Patricio	Walker	
Brooks *	Crane *	Gilliespie *	Howard *	Leon *	Navarro *	Schleicher *	Waller *	

\* Rural Counties

If you **do not** live in a geographical county listed, please contact your insurance carrier whose information can be given by your employer. If you **do** live in a geographical county listed, please proceed to Step 1." Note: A service area map is available (see below).



The IMO "Find a Provider" process includes a total of two steps.

## Step 1: Define Your Search

1 SEARCH BY ZIP CODE      OPTIONAL PROVIDER DETAILS

Enter Your Zip    Within 15 Miles ▾    Practice Name    Provider Last ▾    Provider City    Tax ID#

2 CHOOSE PROVIDER TYPE  
*See Network Disclaimer Below for Provider Restrictions*

Treating Doctors     Specialists / Facilities     MMI / IR Physicians     Telemedicine     All Providers

Select Practice Type ▾    Select Specialty / Facility ▾

Search

- Enter Your Zip Code
- Tell us Your Preferred Distance
  - Less than 5 Miles
  - 15 Miles
  - 30 Miles
  - 60 Miles
  - 75 Miles

**Other boxes you can fill in, but it is not required: (if one of these is selected, the zip code is not required)**

- Search by Practice / Facility Name
- Search by Provider Last Name
- Search by City Name
- Search by Provider Tax ID Number

## Step 2: Choose Your Provider Type

- Treating (Note: When selected, the following disclaimers will appear)
  - The IMO Med-Select Network® requires your **Treating Doctor** to be a physician chosen from the network directory and who is a licensed Medical Doctor (MD) or Doctor of Osteopathy (DO).
  - Treating Doctors' primary service **must** be one of the following: Family Practice / Family Medicine, General Practice / General Medicine, Occupational Medicine, Internal Medicine, or Physical Medicine / Rehabilitation (El Paso service area only).
- Specialist (Note: When selected, the following disclaimer and dropdown options will appear)
  - Your Treating Doctor **must** be the one to refer you to a Specialist.
  - Note: To see a list of dropdown fields visit [www.injurymanagement.com](http://www.injurymanagement.com) and click on the "Select Specialty" within the Specialists/Facilities box.
- MMI / IR (Note: When selected, the following disclaimer will appear)

- Your Treating Doctor **must** be the one to refer you to a Maximum Medical Improvement and / or an Impairment Rating Provider.
- All Providers (Note: When selected, the following disclaimer will appear)
  - Your Treating Doctor **must** be the one to refer you to a Specialist or a Maximum Medical Improvement and / or an Impairment Rating Provider.

**After the above is submitted,** the person will see the following information in this order (from left to right). A snapshot of our current Website provider list is below for zip code 78702.

1. Practice / Facility Name
2. Provider Name, Last, First
3. Specialty
4. Address
5. City
6. State
7. Zip Code
8. Phone Number
9. County

115 Providers Found In Your Area

New Search

[Print List](#)   [Nominate Provider](#)

Practice / Facility Name	Provider	Specialty	Address	City	State	Zip	Phone	County
CareNow South Congress	Joseph Bernier, MD	Internal Medicine	208 W Ben White Blvd.	Austin	Texas	78704	(512) 851-8060	Travis
CareNow Barton Springs	Joseph Bernier, MD	Internal Medicine	517 S Lamar Blvd	Austin	Texas	78704	(512) 851-8055	Travis
CareNow South Congress	Stephen Blair, MD	Family Medicine	208 W Ben White Blvd.	Austin	Texas	78704	(512) 851-8060	Travis
CareNow Barton Springs	Peggy Burpee, DO	Family Medicine	517 S Lamar Blvd	Austin	Texas	78704	(512) 851-8055	Travis
CareNow Barton Springs	CareNow Barton Springs, UCF	Urgent Care Facility	517 S Lamar Blvd	Austin	Texas	78704	(512) 851-8055	Travis
CareNow South Congress	CareNow South Congress, UCF	Urgent Care Facility	208 W Ben White Blvd.	Austin	Texas	78704	(512) 851-8060	Travis
Concentra Medical Center	Concentra Medical Center Lamar, UCF	Urgent Care Facility	3801 South Lamar Blvd.	Austin	Texas	78704	(512) 447-9661	Travis
Concentra Medical Center	Terence MacConnell, MD	Family Practice	3801 South Lamar Blvd.	Austin	Texas	78704	(512) 447-9661	Travis

In the upper right-hand corner of the screen, you can print or email the listing. If you press the facility (highlighted in red) you will be taken to another screen from which you can print or save to a pdf.

## CareNow South Congress

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**Provider:**  
Joseph Demery,  
MD

**Specialty:**  
Internal Medicine

**Address:**  
208 W Ben White Blvd,  
Austin, Texas,  
78704

**County:**  
Travis

**Phone:**  
(512) 851-8030

**Fax:**  
(512) 851-4310

**Areas of Focus:**  
All



## Disclaimers:

### IMO Med-Select Network® Directory Disclaimers

#### Choosing a Provider Type

**Treating Doctors:** The IMO Med-Select Network requires your treating doctor to be a physician chosen from the network directory and who is a licensed Medical Doctor (MD) or Doctor of Osteopathy (DO). Treating doctors' primary service *must* be one of the following: Family Practice / Family Medicine, General Practice / General Medicine, Occupational Medicine, Internal Medicine or Physical Medicine & Rehabilitation (in El Paso only).

**Specialists:** Your treating doctor must be the one to refer you to a specialist.

**MIM / IR Physicians:** Your treating doctor must be the one to refer you to a Maximum Medical Improvement and / or an Impairment Rating Physician.

**Telemedicine:** You may choose a Telemedicine Treating Specialty as your Primary Treating Doctor. There is no service area requirement for Telemedicine.

#### Network Service Areas

Main coverage areas include Austin, Houston, North Texas, San Antonio, El Paso, Corpus Christi, West Texas and the Valley. More information can also be found on the IMO Med-Select Network® page.

All providers listed in this directory are accepting new patients. IMO has made every effort to ensure the accuracy of this listing. However, changes may occur daily. We recommend that you confirm with the health care provider, prior to receiving services, that he/she is currently participating in the IMO Med-Select Network®. The network ensures access to a treating doctor or general hospital located within 30 miles of your residence if you live in a non-rural area or within 50 miles of your residence if you live in a rural area. The network also ensures access to a specialist or specialty hospital located within 75 miles of your residence if you live in either a non-rural or rural area. If you are unable to locate a provider on this list within the applicable distance, please contact the network at [888-466-6381](tel:888-466-6381).



## Notice of Network Requirements

1. Jefferson County is using a certified workers' compensation health care network called the **IMO Med-Select Network**.
2. For any questions you may contact IMO by:
  - a. Calling IMO Med-Select Network at 888.466.6381
  - b. Writing to P.O. Box 260287, Plano, Texas 75026
  - c. E-mailing questions to [netcare@injurymanagement.com](mailto:netcare@injurymanagement.com)
3. Each certified workers' compensation network must have one or more service areas where doctors and other health care workers are available to treat you if you are hurt on the job. The network's service areas are in the following counties:

IMO Med-Select Network								
Anderson	Burleson *	Crosby *	Glasscock *	Hunt	Liberty	Newton *	Shackelford *	Ward *
Andrews *	Burnet *	Dallas	Gollad *	Irion *	Limestone *	Nolan *	Shelby *	Washington *
Angelina	Caldwell *	Delta *	Gonzales *	Jackson *	Live Oak *	Nueces	Smith	Wharton *
Arañas *	Calhoun *	Denton	Grayson	Jasper *	Llano *	Orange	Somervell *	Wichita
Archer *	Callahan *	DeWitt *	Gregg	Jefferson	Lubbock	Panola *	Starr	Willacy *
Atascosa *	Cameron	Ector	Grimes *	Jim Wells *	Lynn *	Parker	Sterling *	Willbarger *
Austin *	Camp *	El Paso	Guadalupe	Johnson	Madison *	Polk *	Tarrant	Williamson
Bandera *	Cass *	Ellis	Hale *	Jones *	Marion *	Rains *	Taylor	Wilson *
Bastrop	Chambers *	Falls *	Hardin	Karnes *	Martin *	Reagan *	Terry *	Winkler *
Baylor *	Cherokee	Fannin *	Harris	Kaufman	Matagorda *	Red River *	Titus *	Wise
Bee *	Clay *	Fayette *	Harrison	Kendall *	McLennan	Refugio *	Tom Green	Wood *
Bell	Coke *	Fisher *	Hays	Kenedy *	Medina *	Robertson *	Travis	
Bexar	Coleman *	Floyd	Henderson	Kerr *	Menard *	Rockwall	Trinity *	
Blanco *	Collin	Fort Bend	Hidalgo	Kleberg *	Midland	Runnels *	Tyler *	
Bosque *	Colorado *	Franklin *	Hill *	Lamar *	Mllam *	Rusk	Upshur *	
Bowie	Comal	Freestone *	Hockley *	Lamb *	Montague *	Sabine *	Upton *	
Brazoria	Concho *	Frio *	Hood	Lampasas *	Montgomery	San Augustine *	Van Zandt	
Brazos	Cooke *	Galveston	Hopkins *	Lavaca *	Morris *	San Jacinto *	Victoria	
Brewster *	Coryell	Garza *	Houston *	Lee *	Nacogdoches	San Patricio	Walker	
Brooks *	Crane *	Gillespie *	Howard *	Leon *	Navarro *	Schleicher *	Waller *	

\* Rural Counties

4. A map of the service area with the above counties can also be viewed on the IMO website at [www.injurymanagement.com](http://www.injurymanagement.com) or on page 21 of this packet.
5. You have the right to select your HMO primary care physician (PCP) as your treating doctor if your HMO PCP was selected prior to your injury at work. The network prefers that you make this decision as soon as possible. Your HMO PCP must agree to abide by the workers' compensation health care network's contract and rules.

6. Except for emergencies, if you are hurt at work and live in the network service area, you must choose a treating doctor from the list of network doctors. All services and referrals are to be received from your treating doctor.
7. Except for emergencies, the network must arrange for services, including referrals to specialists, to be accessible to you on a timely basis and within the time appropriate to the circumstances and your condition, but no later than 21 days after the date of the request.
8. If you need emergency care, you may go anywhere. If you become injured after business hours and it is not an emergency, go to the closest health care facility.
9. If you cannot contact your treating doctor after business hours, and you are in need of urgent care, go to the closest health care facility.
10. You may not live in the network service area. If so, you are not required to receive care from network providers.
11. If you are hurt at work and you do not believe that you live within the network service area, call the Third Party Administrator (TPA) at 888.285.6708. The TPA must review the information within seven calendar days and notify you of their decision in writing.
12. The TPA may agree that you do not live in the network service area. If you receive care from an out-of-network provider, you may have to pay the bill for health care services if it is later determined that you live in the network service area.
13. If you disagree with the TPA decision in regards to the network service area, you may file a complaint with the Texas Department of Insurance. Complaint form information is addressed in #30.
14. Even if you believe you do not live in the network service area, you still may receive health care from network doctors and other network health care staff while your complaint is reviewed by the TPA and the Texas Department of Insurance.
15. The TPA will pay for services provided by the network treating doctor and other network health care providers. Except for emergency care, you may have to pay the bill if you get care from someone other than a network doctor without approval.
16. All network doctors and other providers will only bill the TPA for medical services as related to the compensable work injury. The employee should not be billed by the network provider.
17. Unless there is an emergency need, the network must approve any of the following health care services before they are provided to you:
  - a. Admission to a hospital
  - b. Physical therapy/occupational therapy, beyond allowable sessions
  - c. Chiropractic care, beyond allowable sessions
  - d. Any type of surgery
  - e. Some initial and repeat diagnostic testing

- f. Certain injections
  - g. All work hardening or work conditioning programs
  - h. Equipment that costs more than \$1,000
  - i. Any investigational or experimental services or devices
  - j. Any treatment, service, medication, diagnostic test or durable medical equipment that falls outside of or not recommended by any one of the following Evidence Based Guidelines: i) Official Disability Guidelines; ii) American College of Occupational and Environmental Medicine; iii) Medical Disability Advisor
  - k. Mental health care
  - l. All chronic pain programs
18. Definition: “Adverse Determination” means a determination, made through utilization review or retrospective review, that the health care services furnished or proposed to be furnished to an employee are *not* medically necessary or appropriate.
19. If the proposed health care services are for concurrent hospitalization, the person performing utilization review must, within 24 hours of receipt of the request, transmit a determination indicating whether the proposed services are pre-authorized. For all other requests for pre-authorization, the person performing utilization review must issue and transmit the determination no later than three business days after the date the request is received.
20. If the network issues an adverse determination of the request for health care services, you, a person acting on your behalf or your doctor may file a request for reconsideration by writing a letter or calling the network. Even though you can request a reconsideration of the denial yourself, the network encourages you to talk to your doctor about *filing* the reconsideration. He or she may have to send medical information to the network. This reconsideration must be submitted within 30 days of the date that your doctor receives the adverse determination in writing.
21. The network will respond to the reconsideration request within five business days of receipt demonstrating that the network has received the information. The network has up to 30 business days for the final determination. If it is a reconsideration request for concurrent review, the network will respond within three business days. The network will respond within one business day if it is a reconsideration request which involves a denial of proposed health care services involving post-stabilization treatment, life-threatening conditions or for continued length of stay in a facility.
22. Independent Review Organization (IRO) exemption: An employee with a life-threatening condition is entitled to an immediate review by an IRO and is *not* required to comply with the procedures for a reconsideration of an adverse determination.
23. If the network renders an adverse determination on a reconsideration of the following: i) a pre-authorization review, ii) a concurrent review or iii) a retrospective review, the notification will include information on how to request an IRO. Requests for an IRO must be sent no later than 45 days from the date of the denial of the reconsideration.

24. If the situation is life threatening, you do not have to go through the network reconsideration process. You, the person acting in your behalf, or the requesting provider may request a review by an IRO. IRO requests shall be made to the Texas Department of Insurance on behalf of the patient by the Utilization Review Agent (URA).
25. An IRO review may be requested for several other reasons besides a life-threatening situation. The reasons may include: i) if the network denies the health care a second time by denying your reconsideration; ii) if the network denies the referral made by your treating doctor because it is not medically necessary; or iii) if the network denies your care because it is not within treatment guidelines.
26. After the review by the IRO, they will send a letter explaining their decisions. The TPA will pay the IRO fees.
27. Your treating doctor may decide to leave the network. If so, and if it may harm you to immediately stop the doctor's care, the TPA must pay your treating doctor for up to 90 days of continued care.
28. If you are dissatisfied with any part of the network, you can file a complaint. Any complaint must be filed within 90 days of the event that you are dissatisfied. When a complaint is received, you will be sent a notification letter within seven days, which will describe the complaint procedures. The network will review and resolve the complaint within 30 days of receipt. *You can contact the network by:*

- a. Calling: 877.870.0638
- b. Writing: IMO Med-Select Network®  
**Attention: NetComplaint Dept.**  
P.O. Box 260287  
Plano, TX 75026
- c. E-mailing: netcomplaint@injurymanagement.com

29. The network will not retaliate if:
  - a. An employee or employer, who files a complaint against the network or appeals a decision of the network, or
  - b. A provider who, on behalf of the employee, files a complaint against the network or appeals a decision of the network.
30. If you file a complaint with the network and are dissatisfied with the network resolution, you may file an appeal with the Texas Department of Insurance (TDI). *You can receive a complaint form from:*

- a. The TDI website at [www.tdi.state.tx.us](http://www.tdi.state.tx.us), or
- b. Write to TDI at the following address:  
**Texas Department of Insurance**  
HMO Division, Mail Code 103-6A  
P.O. Box 149104  
Austin, TX 78714-9104

31. Within five business days, the network will send a letter confirming they received the appeal.

32. A list of network providers will be updated every three months, including:

- a. The names and addresses of network providers grouped by specialty. Treating doctors shall be identified and listed separately from specialists; and
- b. Providers who are authorized to assess maximum medical improvement and render impairment ratings shall be clearly identified.

33. To obtain a provider directory:

- a. You can request a copy from your employer, or
- b. You can view, print or email a list online at [www.injurymanagement.com](http://www.injurymanagement.com).

