Washington State Department of
Labor & Industries

IME Roundtable Virtual Meeting

September 18, 2025

Announcements

Online Meeting Reminders:

- Mute when not speaking to limit background noise
- Raise hand or use chat feature
- Opt out of video if having connection issues
- Meeting Minutes will be posted on L&I Webpage

09/18/25 IME Roundtable Meeting Agenda

Time	Topic	Presenters
9:30AM	**Safety Message, Accountability Log Review**	Melissa Dunbar, Troy Parks
9:35AM	**Program Updates:** • Examiner Pool • Complaints • Examiner Exit & Retention Surveys • IME Data Report	Troy Parks
9:45AM	**Complaint Process:** • IME Complaint Process • Recent Trends (Page Count Declines Forensic Exam Declines)	Cicely Hartwick, Troy Parks
10:15AM	**IME Recording:** • Third-Party Recording Pilot Update • Utilization Data	Troy Parks
10:25AM	**Interpreter Scheduling:** • Interpreter Services Update & Data • Language Link Update	Cristy Miller
10:35AM	**L&I Unit Updates:** • Claims • Scheduling • Self-Insurance	Nancy Adams Shannon Rushing LaNae Lien
10:45AM	**Break**	
11:00AM	**CLAS Standard Presentation:** • Culturally Linguistically Appropriate Services	Troy Parks, Cicely Hartwick, Cristy Miller, James Simonowski
11:50AM-12:30PM	**Q&A-Open discussion Round Robin** • Examiner Topics • Fee Schedule • Future Topic Suggestions	All

National Preparedness Month – September

- Make sure at least one family member knows first aid and CPR
- Download the FEMA app for resources, weather alerts and safety tips
- Have a family communication plan in place; all members of the family should review and practice the plan
- Have all family members' and other important phone numbers written down or memorized
- Have an emergency kit in your car and at least three days of food and water at home
- Be sure to store all important documents – birth certificates, insurance policies, etc. – in a fire-proof safe or safety deposit box
- Know how to shut off utilities

The National Safety Council offers safety tips specific on preparing for earthquakes, floods, hurricanes and tornadoes, and how to minimize fire risks. Federal agencies, like Ready.gov and the National Oceanic and Atmospheric Administration also are valuable resources for emergency preparedness.

Accountability: Issue Log

Issue:	Department Updates / Outcomes:
Interpreter scheduling issues	**9/18/25: Utilization data update.** 5/22/25: utilization data presented; discussion on mitigation efforts to ensure weekend coverage for IME firms. 1/16/25: update on IME utilization and roll out of on-demand over the phone 1/2/25. 6/17/24 Go Live!
Legislative Bill that allowed recording of IMEs	**9/18/25: Pilot feedback and extension.** 5/22/25: recording pilot update. Co-recording rule writing abandoned/code reviser filing repealed. 1/7/25: GovDelivery message on delay in co-recording rule writing. Upcoming 3rd party recording pilot March-August 2025. 9/19/24: CR101 filed in August for Co-recording and Third-party recording pilot rules. Listening sessions held. Draft language shared Oct 10. Co-recording rules anticipated to file in December. Third-party recording pilot estimate to last 6 months.
Large addendum Requests	**9/18/25: Clinical IME Roundtable session topic for 2026 to ensure objective questions are being asked of examiners and to refine scope of future requests.** 5/22/25: firms shared concerns with large addendum requests associated with state fund claims and fraud investigations. Current reimbursement rate of $168.19 is a global fee (file review included). Department is exploring payment options to address the extra amount of time it takes for examiners to review new records. One option is quantifying # of pages included in the fee reimbursement and allowing billing of 1129M (Extensive File Review) for pages after set threshold. L&I met with CSP on fraud investigator requests and explored ways to improve processes. Additional engagement expected to scope questions being asked of examiners and to refine scope of future requests.

IME Program Updates

Retention Survey (4 responses YTD 2025)

"On a scale of 1-10, with 10 representing the most satisfied, how satisfied are you conducting IMEs for L&I?"

	0	1	2	3	4	5	6	7	8	9	10	Responses
Satisfaction												
Count	0	0	0	0	0	1	0	0	0	1	2	4
Row %	0.0%	0.0%	0.0%	0.0%	0.0%	25.0%	0.0%	0.0%	0.0%	25.0%	50.0%	

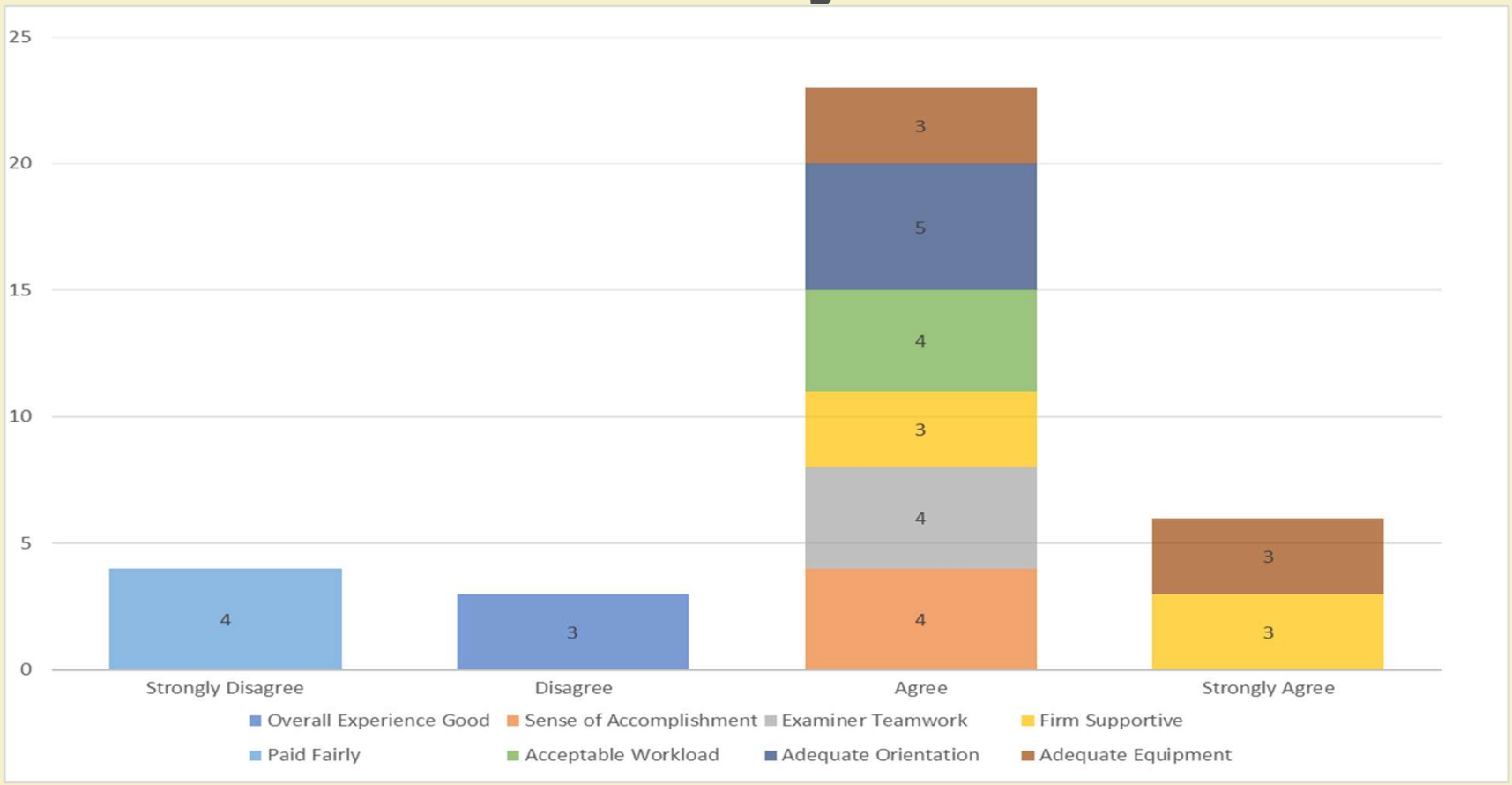
Positive/Neutral Feedback:

- Challenging, often different cases
- I continue to learn by doing them
- Keeps me current. Enjoy forensic work.
- Cooperation amongst peers
- Enjoy doing exams for both SI and SF

Drawbacks:

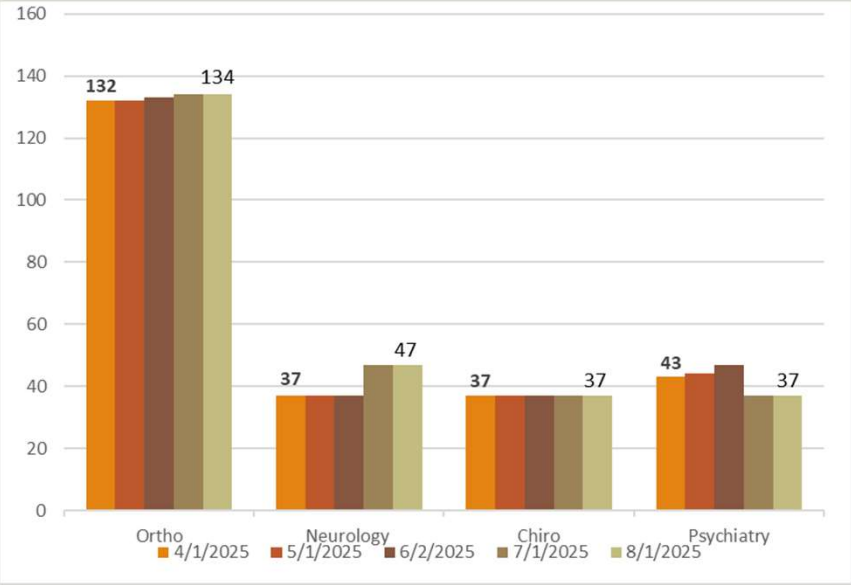
- Reimbursement too low
- Video recordings; lack of protection for examiners around recording misuse
- Too many pages of records to review. Not paid for time reviewed if no show/cancel.

Examiner Exit Survey (6 Responses CY 2025)

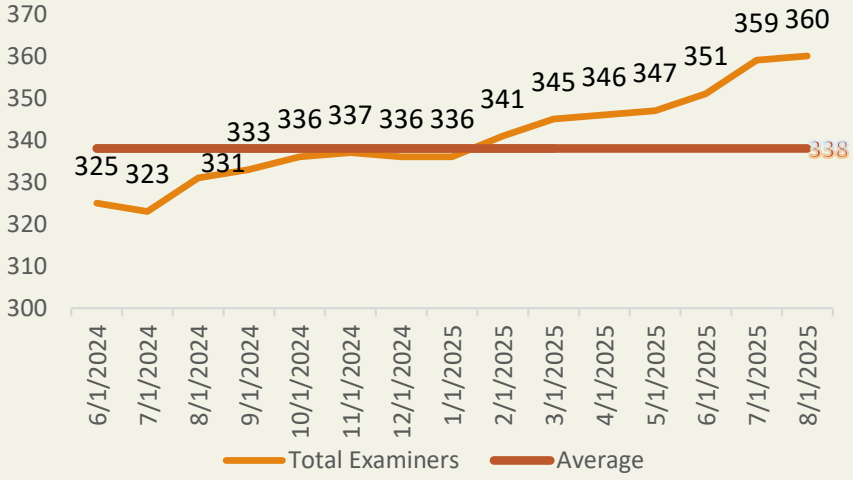


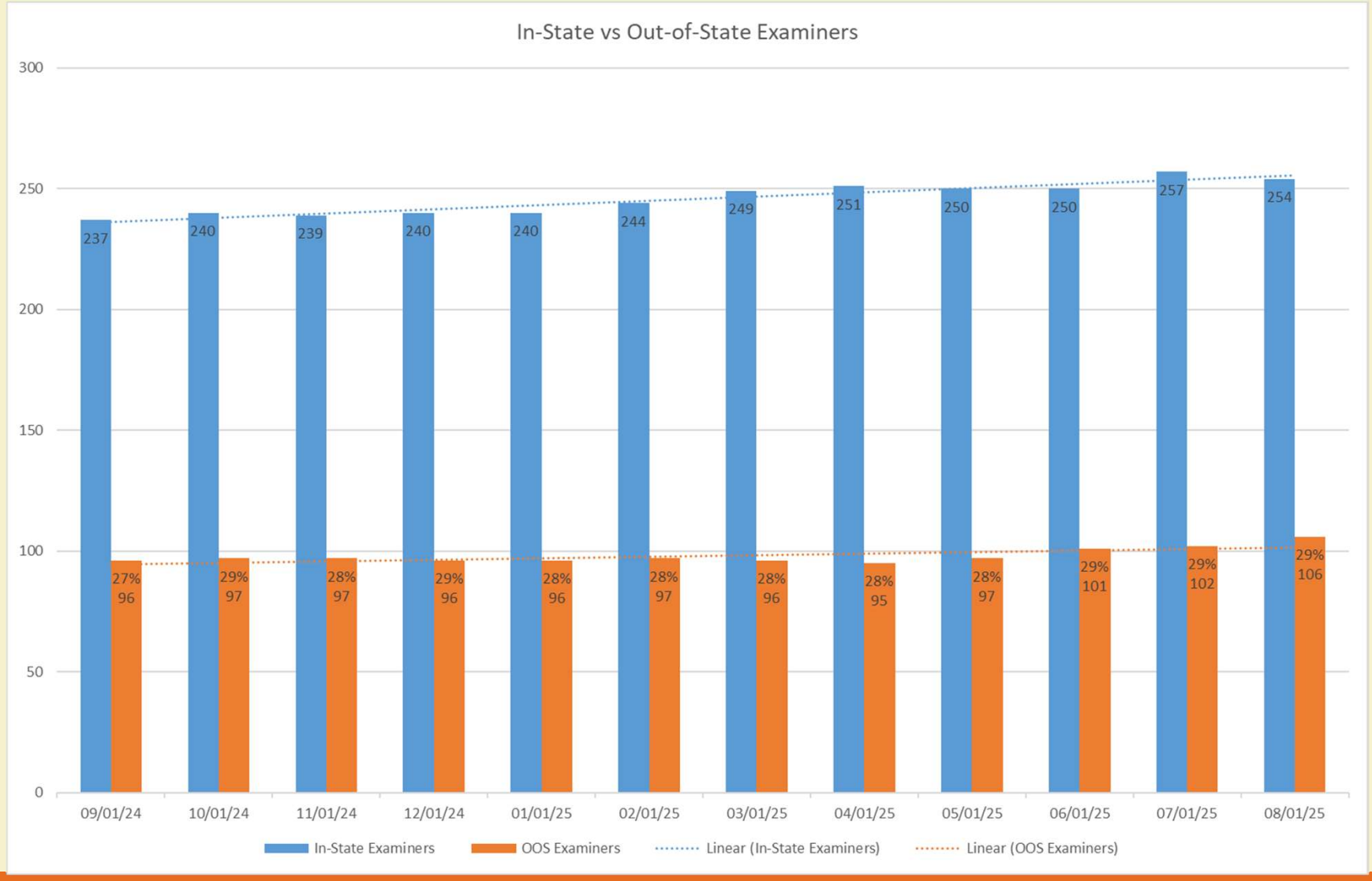
IME Examiner Pool

TOP EXAMINER SPECIALTIES

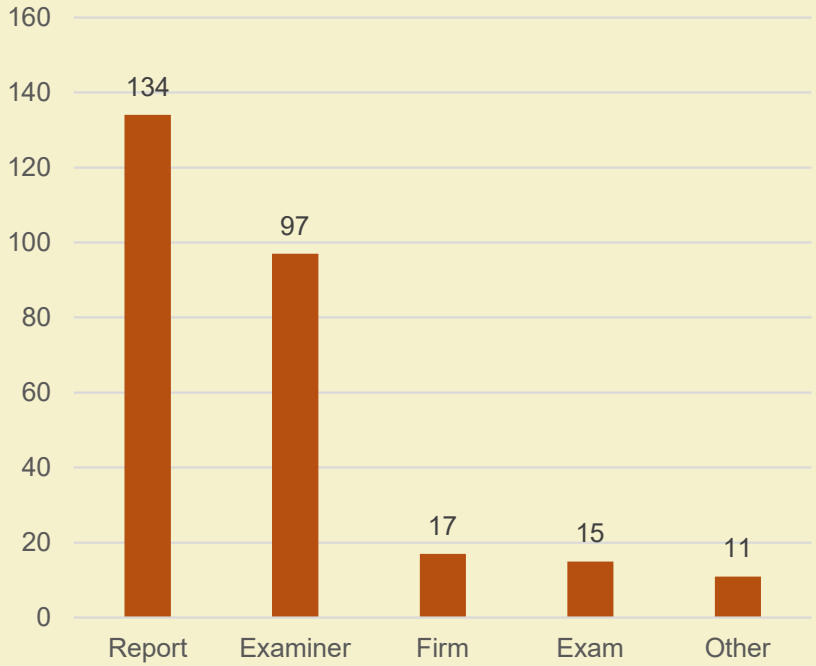


TREND ALL EXAMINERS




In-State vs Out-of-State Examiners
300
250
200
150
100
50
0
237
240
239
240
240
244
249
251
250
250
257
254
27%
96
29%
97
28%
97
29%
96
28%
96
28%
97
28%
96
28%
95
28%
97
29%
101
29%
102
29%
106
09/01/24
10/01/24
11/01/24
12/01/24
01/01/25
02/01/25
03/01/25
04/01/25
05/01/25
06/01/25
07/01/25
08/01/25
In-State Examiners
OOS Examiners
Linear (In-State Examiners)
Linear (OOS Examiners)

2025 Complaints-YTD



Note: Approx. 12,600 exams in 2024; complaints comprise <1%

- 274 Complaints YTD as of 9/17/25
- Top Specialties:
  - Orthopedic Surgery(97)
  - Neurology (50)
  - Psychiatry (42)
  - Occupational Medicine (14)
- 262 (96%) involving state fund claims

IME Data Report

- 2020 legislation amended requirements for IMEs and tasked L&I with establishing IME Work Group to improve IME processes and report findings and recommendations back to legislature.

- WAC 296-23-403 resulted and established reporting requirement *"The department will regularly provide independent medical examination data to interested parties that includes emerging trends. As much as possible, the data should include and differentiate between examinations for claims insured by the department and those covered by self-insured employers."*

- Self-Insurance Medical Bill EDI and State Fund billing data used.

Last published May 2023 covering claims w/ initial injury dates of 1/1/18 through 6/30/22.

Data Presented broken out by SF and SI…

- # IMES per claim since date of injury
- % claims with an IME broken out in various iterations (1 IME, any claims in excess of 1, multiples e.g. 2, 3, 4, 5+)
- Days to first IME
- Days between IMEs
- # IMES by date of service (calendar year)
- Top purposes for IMEs (SF data only)

https://www.lni.wa.gov/agency/_docs/IMEreportMay2023.pdf

Feedback…

- Is report useful?
- Cadence (annually, quarterly)?
- Metrics redundant?
- What's missing or would better meet your needs?

Questions?

IME Complaint Process

Cicely Hartwick, RN
IME ONC

Complaint Process

IMEComplaints@lni.wa.gov

Accept all complaints related to IMEs

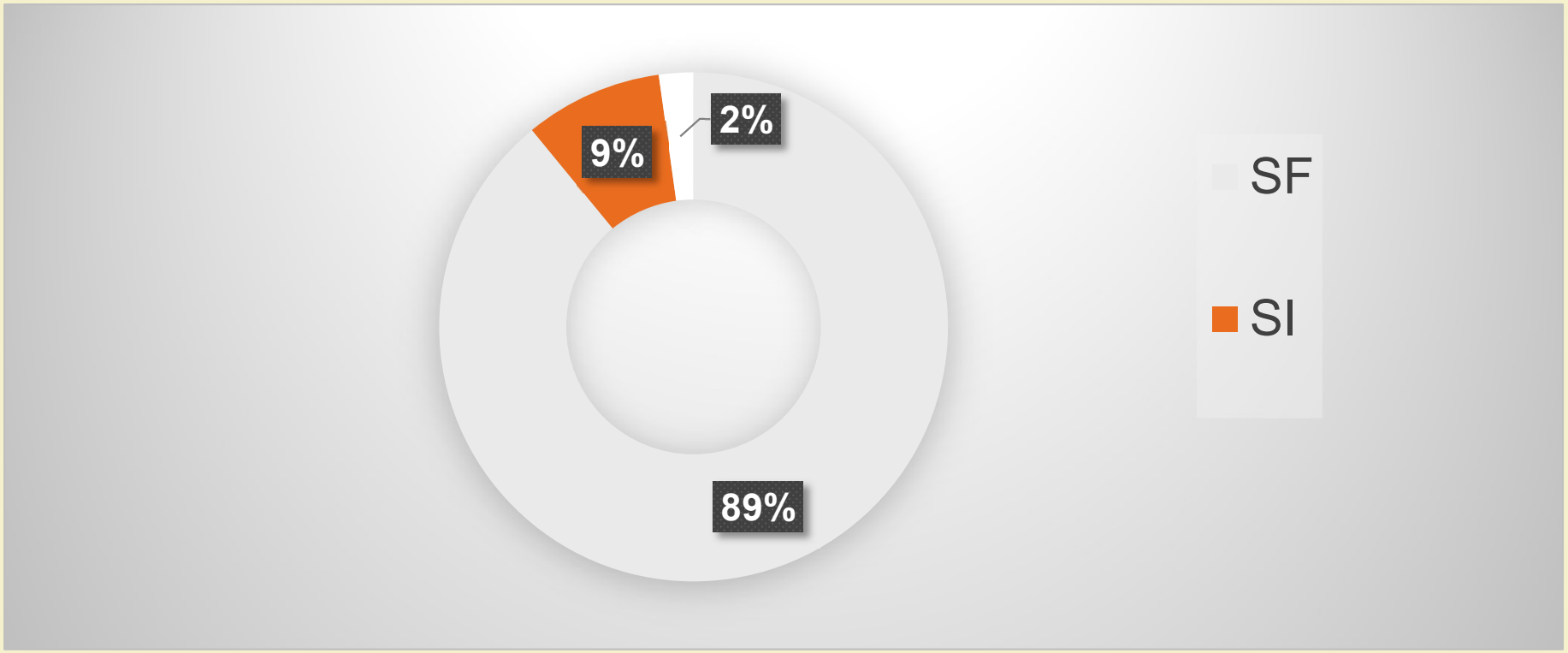
Complaints are triaged and logged in SharePoint site

Data based on logged complaints from Jan-June 2025 (138 total)

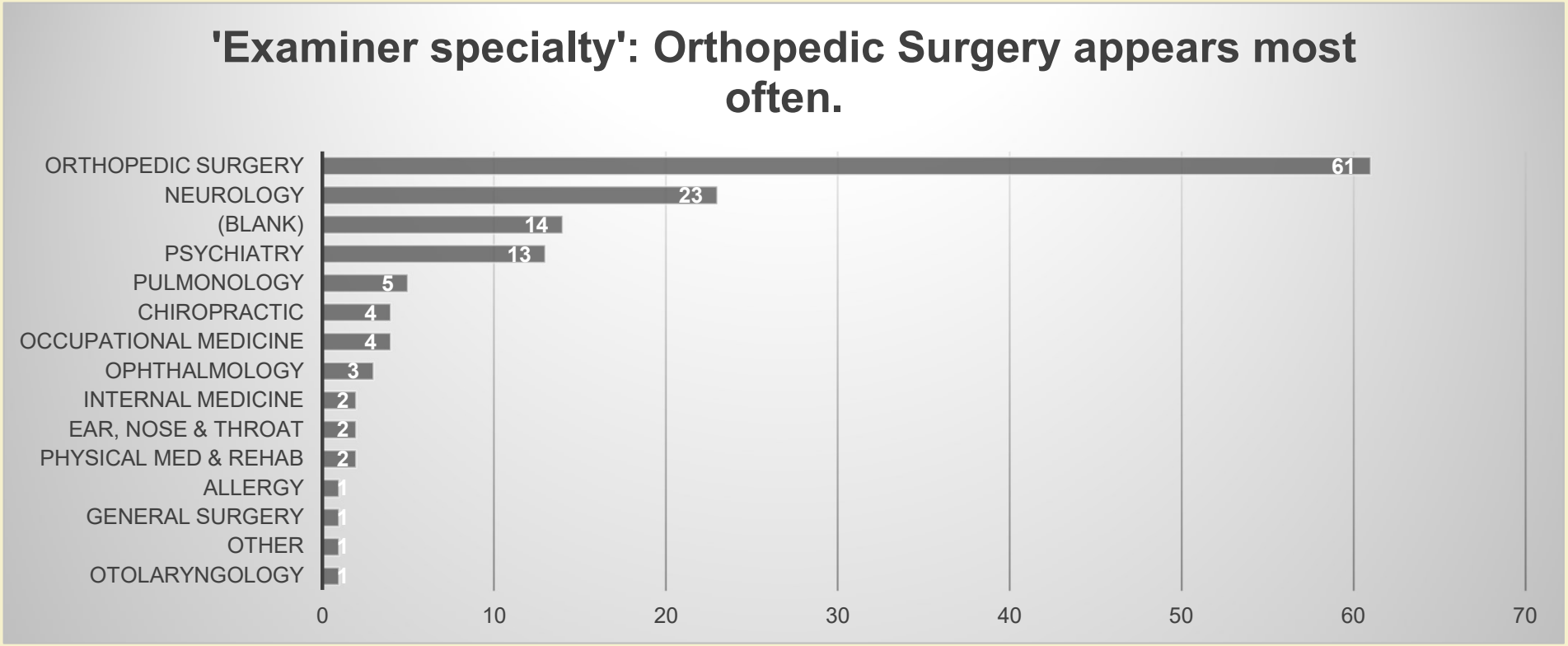
Review for Action

- Unsubstantiated complaint/track and trend
- Communication with IME firm and Provider
- Claims Management
- Language Services
- Scheduling
- Clinical review (ONC and/or AMD)
- Civil Rights Program CivilRights@lni.wa.gov
- Review Team
- Department of Health

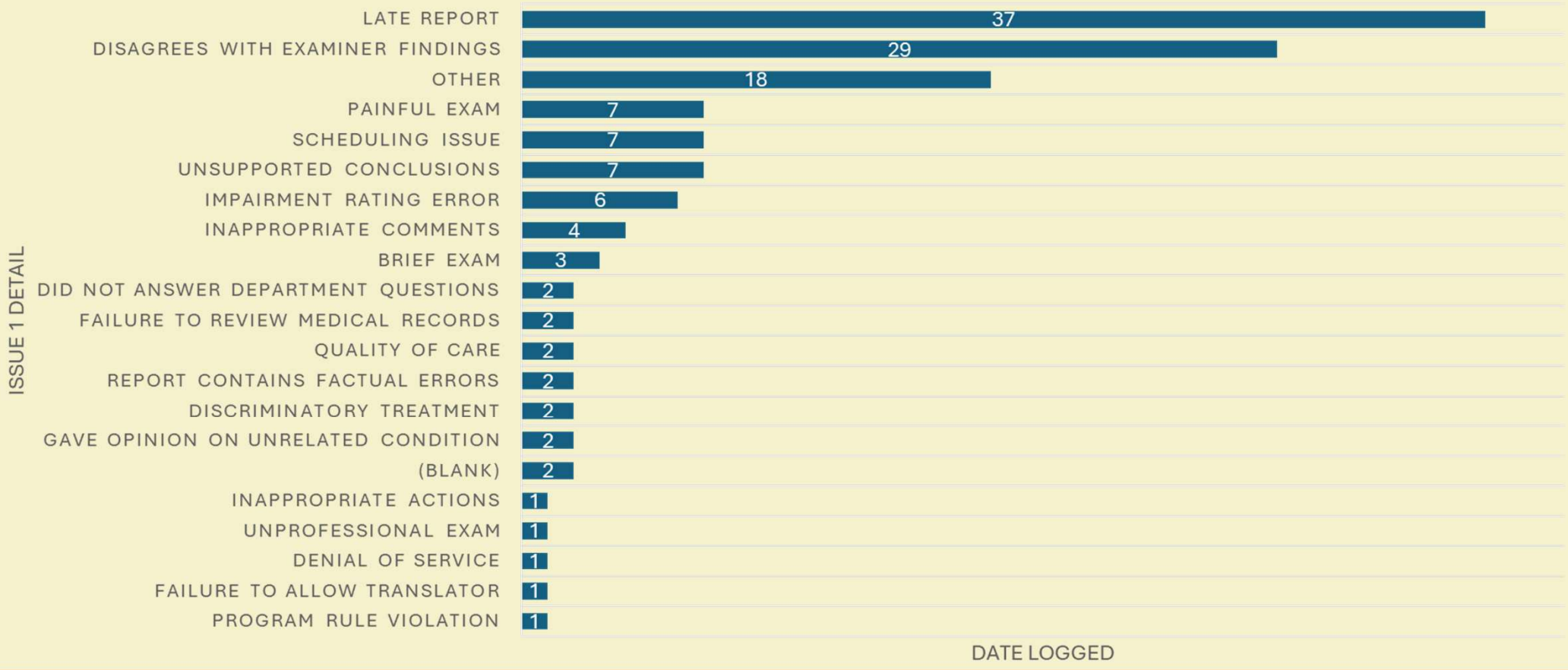
State Fund vs Self Insured



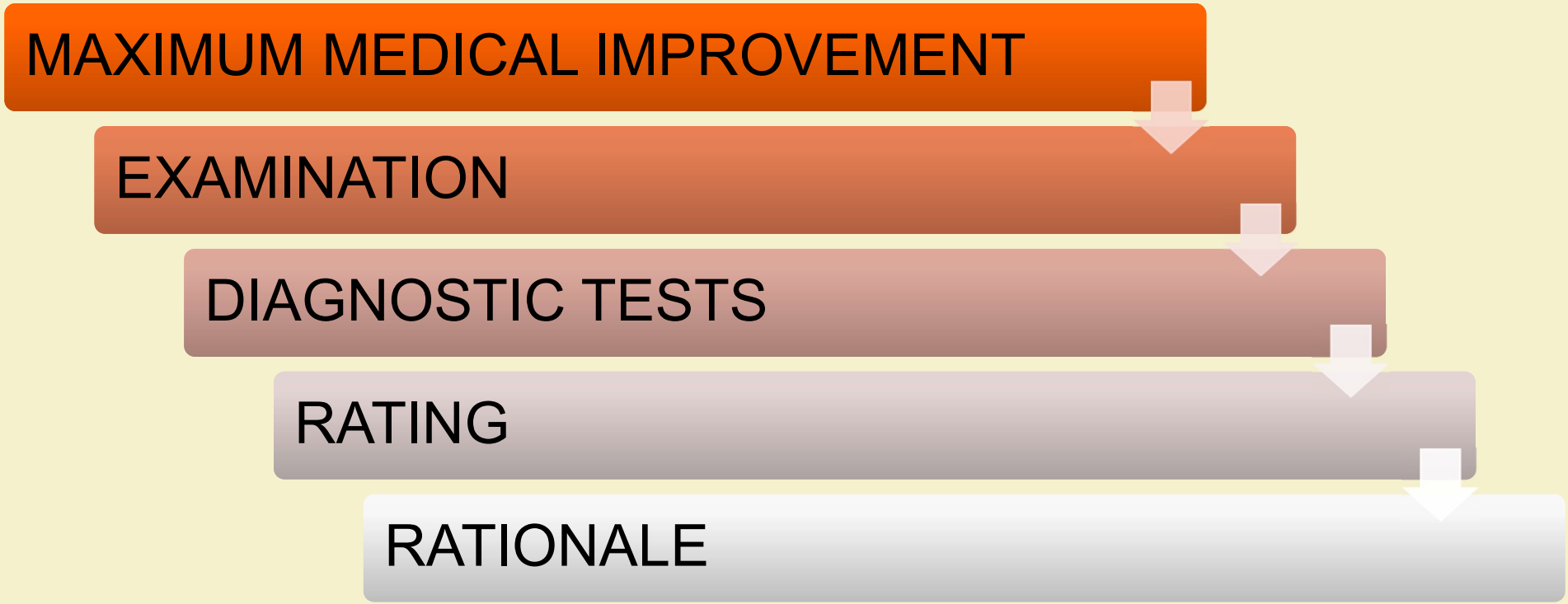
Complaints by Specialty



'ISSUE 1 DETAIL': LATE REPORT AND DISAGREES WITH EXAMINER FINDINGS APPEAR MOST OFTEN.



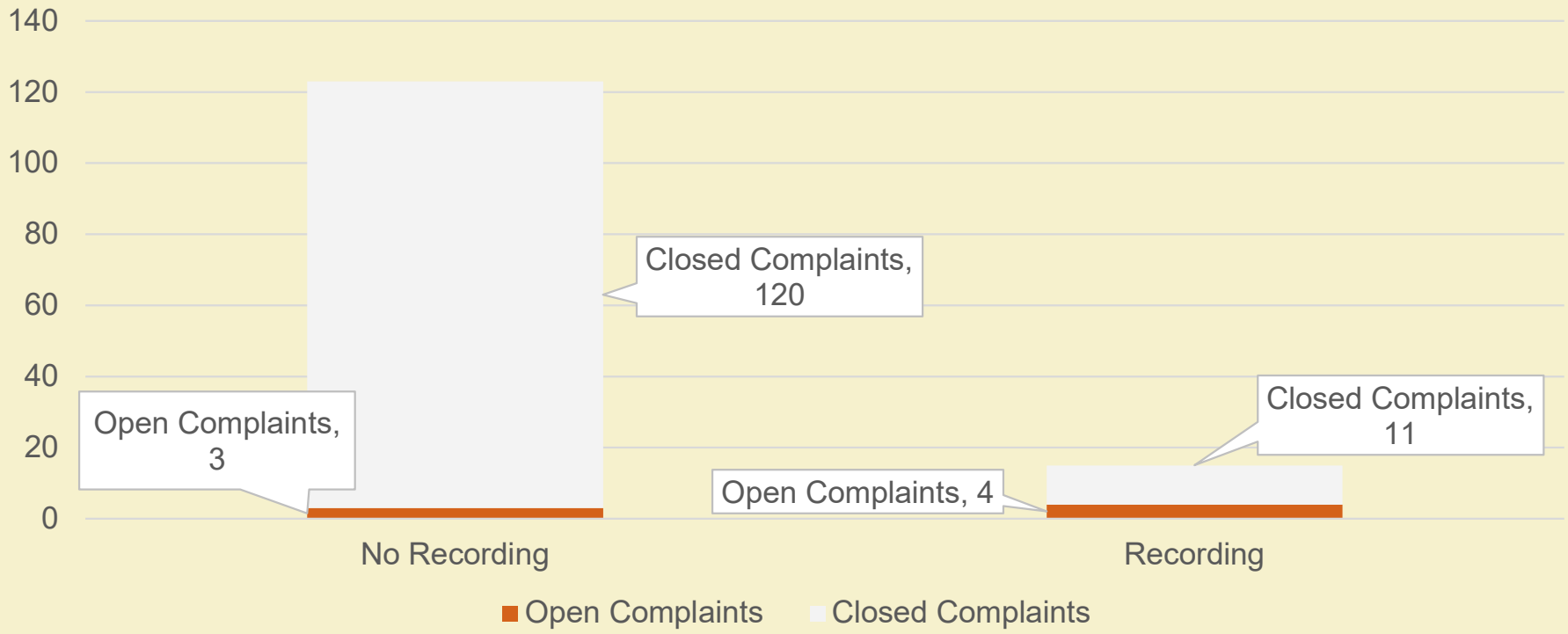
Required Components of All Impairment Ratings



Complaints alleged against Examiner

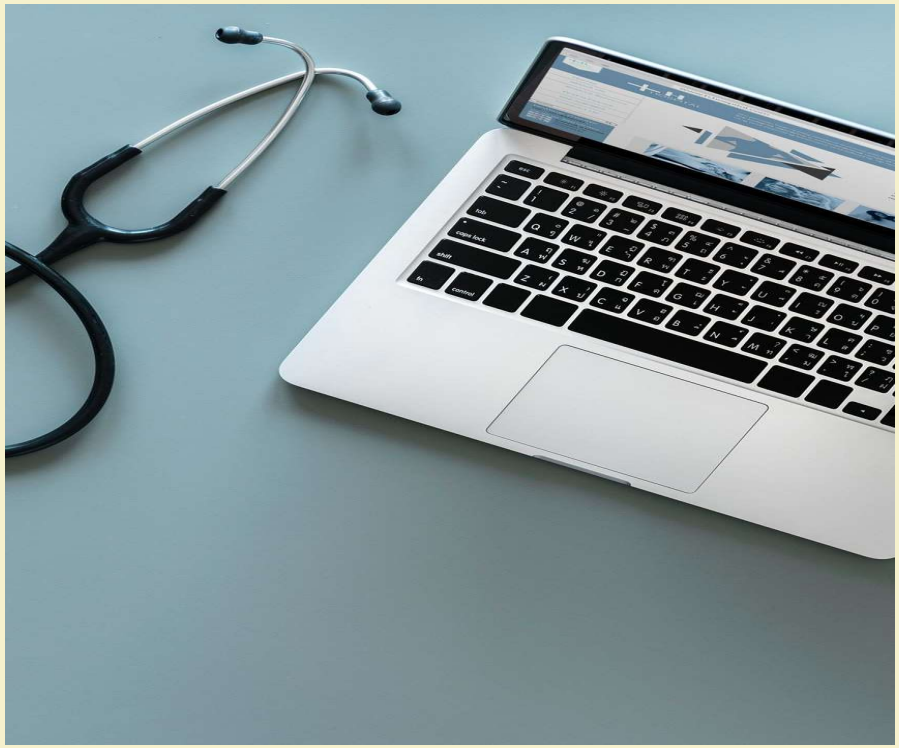
- Discriminatory treatment
- Failure to allow translator
- Inappropriate actions
- Inappropriate comments
- Program rule violation
- Quality of care
- Unprofessional exam
- “Other” category with many related to recording.

Open/Closed Complaints and Recording



Questions?

IME Recording Update



Why a third-party recording pilot?

- **RCW 51.36.070 effective 7/1/23, giving workers the right to record IMEs**
- **WA is a dual consent state for recording (both parties must agree to recording); some examiners placing co-recording as condition to allow worker to record, not allowing unilateral recording by worker**
- **External partners disagree on examiner ability to co-record resulting in delays and/or inability to schedule exams**
- **Department proposed rules to address concerns around co-recording**
- **External feedback did not support moving forward with co-recording rule**
- **Through pilot L&I will be able to assess if both parties would be willing to use 3rd party recording service, thus avoiding need for co-recording**

Pilot Details

- Started 3/1/25, with initial authorization of pilot being 6 months
- Any worker wishing to record can use the service
- Available for co-recording (for those instances when worker still would like to do their own recording)

MEDICAL MEMORY

Desired Outcomes…

- Reduction in the delays resulting from cancellation and rescheduling of IMEs when a worker chooses to record.
- Less risk and administrative burden associated with maintaining multiple recordings of same exam:
  - Workers may opt to use this service in lieu of using their own device to record and make examiner co-recording unnecessary
  - Mitigates concerns around chain of custody, storage security, and misuse of recordings
- Inform any future rulemaking efforts or changes to IME policies.

Utilization as of August 31, 2025

- 342 recordings using 3rd party Medical Memory service
  (Averaging 2 per day; 90% state fund claims)
- 4 firms currently using (2 more authenticating devices-OMAC, Independent Medical Examiners)
  - Central Seattle Panel
  - ExamWorks
  - Medical Consultants Network
  - Medical Examiner Specialists
- Authenticated 51 devices
- Continued Outreach to broaden awareness of pilot

July 28th Stakeholder Engagement-Qualitative Evaluation Focus Areas:

- System Functionality
- Utilization
- Efficiencies (scheduling or internal)
- Vendor and L&I responsiveness (support)
- Enhancement opportunities

Solicited Recommendations

- Interest in future use post pilot?
- What would it take for you to adopt use?
- Should pilot be…
  - Extended; if so, for how long e.g. 6 months
  - Ended
  - Service made available permanently

Stakeholder feedback and recommendation….

- All stakeholders represented during feedback session; 28 participants
  - 6 representatives across the 4 firms participating
  - 8 worker attorneys
  - 3 self-insured employers
  - WA IME Coalition
  - Internal (SI, Claims)
- External stakeholders asked to vote to end, extend 6 months to further inform policy, make service permanent option. All participants that voted, voted for extending 6 months.

Outcome: Pilot Extended 6 months

- Will help further inform policy
- Changes for Phase 2 of the pilot based on feedback:
  - Allow workers to download app and use their personal device to record with service; this would increase utilization and not be contingent on firm participating in pilot, it is worker right to use service and in spirit of legislation
  - Develop additional educational materials to mitigate misconception that recordings are being stored on local devices

- **Pilot will continue through February 28, 2026**

L&I Third-Party Independent Medical Exam (IME) Recording Pilot Extended

L&I is extending the third-party Recording Pilot through February 28, 2026.

The pilot was testing a third-party video recording option for injured workers and IME examiners. We've extended the pilot in order to collect more data on this option. The recording pilot vendor has been Medical Memory and they will continue through the end of the pilot.

If you haven't used the third-party option, we would like volunteers to test this for us. You do not have to agree to record through Medical Memory but we would appreciate volunteers trying it out. Workers can still record and you will not be penalized for not participating in pilot.

We want to assure you that Medical Memory's recording system is completely secure and meets the high standards of both federal and state privacy laws. Recordings do not save on the device used for recording; they only are saved on Medical Memory's secure server. **For more specifics on system security and the storage of recordings, go to the Medical Memory website at http://www.themedicalmemory.com/ime.**

During the IME exam, workers can record the session through Medical Memory with their "App" or have the IME provider use their device.

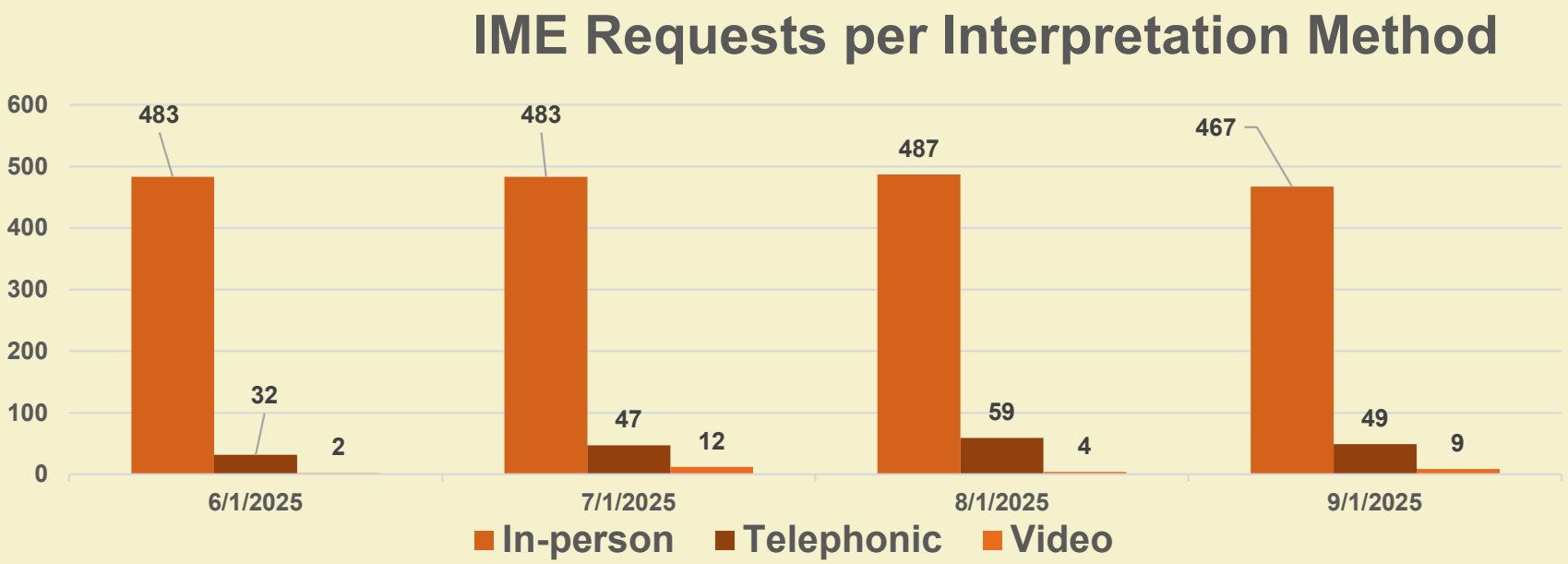
Those workers wishing to use their cell phone should email Medical Memory at: julie@themedicalmemory.com to obtain an authentication code prior to recording.

Workers will be able to request access to view their examination recording by emailing L&I at IMEThirdPartyRecording@lni.wa.gov. The email request must identify the date of the IME, their phone number, and their email address. L&I will then email a secure link to create an account with Medical Memory and view the recording. Medical Memory will store the recording on their server for five years.

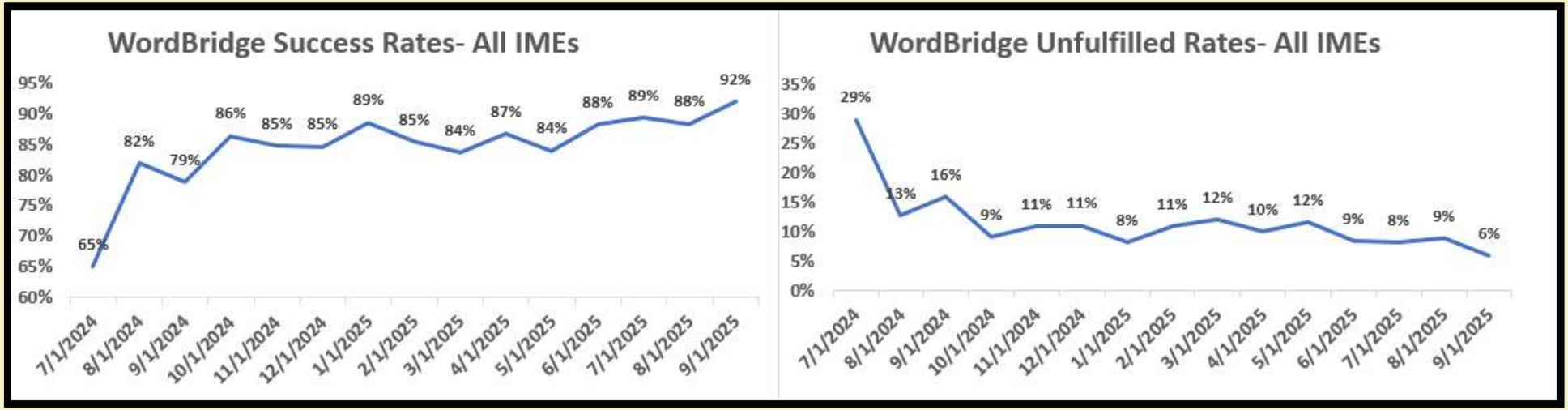
Thank you for helping us with this pilot program.

Questions?

WordBridge Interpretation Services



IME Success and Unfulfilled Rates



SOSi LAP Recruitment Efforts

August Recruiting Requests

City	Language	April RTW	Apr Open	May Open	June Open	June RTW	July Open	Delta	RTW Goal	Additional LAP Requests	Recruiting Progress
Seattle	Spanish	15	48	43 (-5)	49	15	51	0	20	5	3, 1 (Kirkland), 2 (Lynnwood), 1 (Brier)
	Vietnamese	2	10	17 (+7)	5	2	2	0	4	2	1 (Shoreline)
	Swahili	0	10	0 (-10)	0	0	1	0	2	2	1 (Lynnwood)
	Cantonese				11	3	12	0	4	1	1, 1 (Lakewood)
	Amharic	0			9	0	14	0	2	2	1 (Lynnwood)
	Somali	1	9	4 (-5)	4	1	12	0	2	1	3
Renton	Spanish	10	70	60 (-10)	47	10		0	15	5	
	Cambodian	0	10	7 (-3)	0	0		0	2	2	1 (Kenmore)
Kent	Spanish	17	17	26 (+9)	9	18		1	20	2	1
	French	0	15	7 (-8)	1	0		0	2	2	1 (Federal Way), 1 (Tacoma)
	Dari	0	8	6 (-2)	6	2		2	2	0	2, 1 (Seattle),1 (Auburn), 1 (Renton)
Moses Lake	Spanish	3	138	106 (-32)	182	3	147	0	12	9	
Wenatchee	Spanish	6	81	55 (-26)	53	6		0	9	3	1 (Malaga)
Yakima	Spanish	36	147	154 (+7)	120	37	87	1	45	8	1, 1 (Selah), 1 (Kennewick)
Tacoma	Spanish	13	133	103 (-30)	73	13	38	0	18	5	2
	Russian				10	3		0	4	1	1 (Amboy)
Puyallup	Spanish	7	54	39 (-15)	30	8		1	9	1	2
	Dari	0	4	2 (-2)	1	0		0	1	1	
Covington	Vietnamese	0	11	1 (-10)	3	0		0	2	2	1 (Auburn)
	Russian	0		8	0	0		0	2	2	1 (Spokane), 1 (Renton)
Federal Way	Spanish	16	21	18 (-3)	21	16		0	19	3	1
	Persian	0	5	3 (-2)	0	0		0	2	2	1 (Auburn)
	Somali	1	5	2 (-3)	0	1		0	2	1	1
	Vietnamese	1	5	4 (-1)	3	1		0	2	1	
Everett	French	0	5	1 (-4)	2	0		0	2	2	1 (Lynnwood)
	Spanish	18		57	97	19	66	1	21	2	1 (Bothell)
Mount Vernon	Spanish	17		83	103	17	62	0	23	6	1 (Camano)
Bellingham	Spanish	1		48	67	1	80	0	8	7	

***RTW- LAPs ready to work, fully registered**

CTS Language Link

- **SOSi is collaborating with CTS Language Link to ensure that providers can access an interpreter for all appointments or on-demand needs.**

1. Backup option for On-Demand Telephonic Services:

If SOSi cannot secure an LAP for on-demand OPI services, SOSi is transferring the requester to CTS Language Link

2. No LAPs registered in the system for a rare language:

If SOSi does not have any LAPs registered to provide services for L&I in the needed language and CTS Language Link has very limited resources, L&I has authorized providers to utilize the pre-scheduled OPI interpreter services through CTS to increase the possibility of an interpreter being available.

Providers are still required to submit all requests for pre-scheduled services on the WordBridge portal. Once SOSi identifies that they do not have any LAPs registered in the needed language, SOSi will coordinate with CTS to preschedule the interpreter services.

Contact Information

- **Email SOSi: Support@wordbridge.io**
- **Phone: 1-888-224-0126**
- **L&I Interpretation Services: Interpretation@Lni.wa.gov**

Questions?

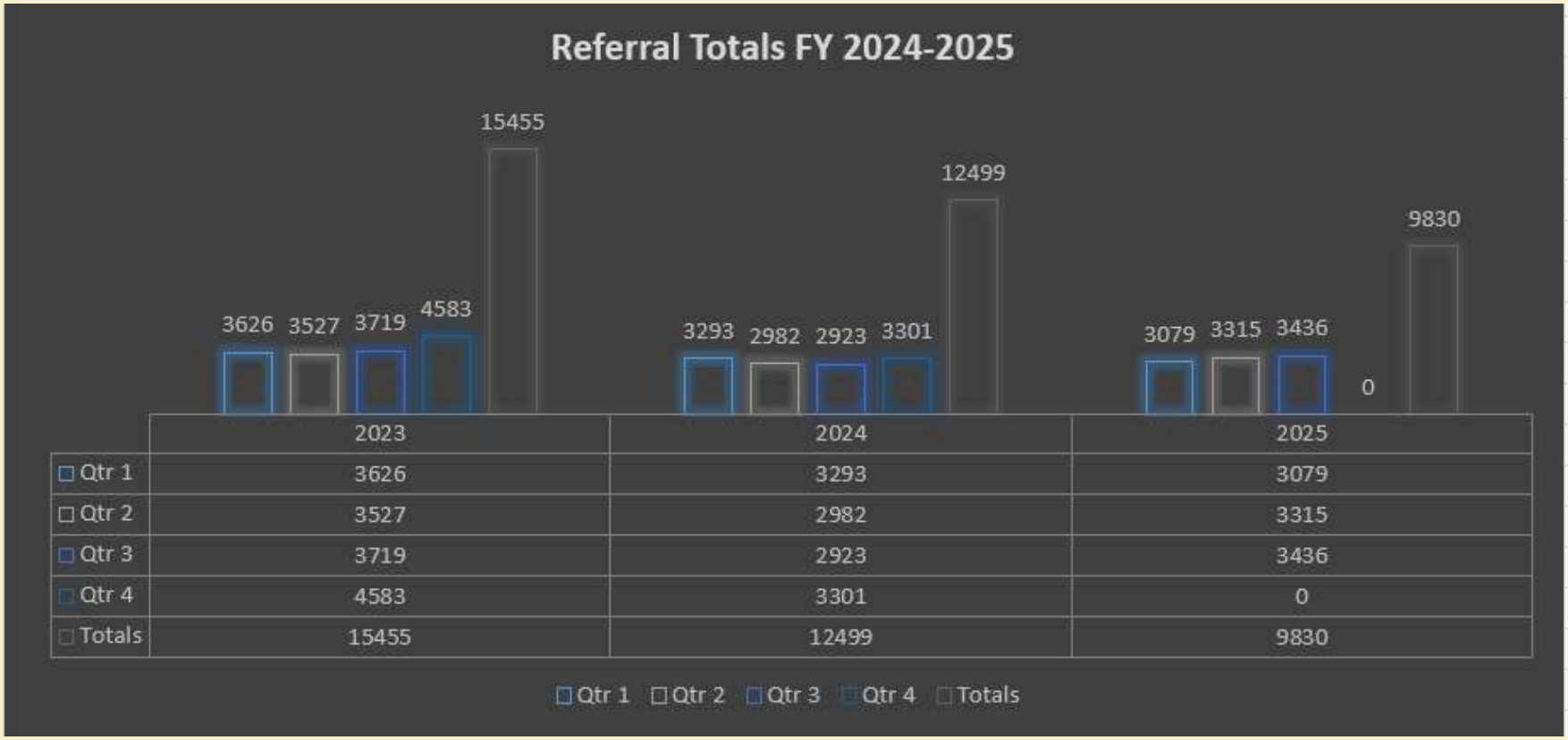
Claims Department – Nancy Adams

- Diagnostic Imaging Files
  - L&I doesn't maintain diagnostic imaging files
- Questions?

IME Scheduling Trends - Shannon Rushing

- Referral Data

There were a total of 9830 referrals created through FY QTR 3 2025 to date
Pending QTR 4 (April, May, June 2025)



	2023	2024	2025
Qtr 1	3626	3293	3079
Qtr 2	3527	2982	3315
Qtr 3	3719	2923	3436
Qtr 4	4583	3301	0
Totals	15455	12499	9830

Self-Insurance – LaNae Lien

- Self-Insurance Questions?

Questions?

10 Minute Break…

Educational Session IME Roundtable

- Review of Examiner Expectations
- CLAS
- Improving Language Access
- Mitigation Approaches

Title VI of the Civil Rights Act of 1964

- Title VI of the Civil Rights Act of 1964 prohibits discrimination based on race, color, or national origin in federally funded programs.
- The law ensures equal access to services for all individuals, regardless of their background.
- Organizations receiving federal funding must comply with Title VI by creating anti-discrimination policies and procedures.
- Accessibility is a key requirement for all programs and activities under Title VI.

Medical Examiner's Handbook and Washington Administrative Code

- Per MEH "Your report must contain unbiased, accurate, sound, and comprehensive information, obtained through a high-quality examination that respects the dignity of the worker."

- WAC 296-23-347 IME provider's responsibilities

Sample of Allegations/Complaints

- IMEComplaints@lni.wa.gov

- Triage and review all complaints/allegations
  - Gender identity (pronouns)
  - Racial comments
  - Immigration status
  - Interpreter service

Washington State Department of
Labor & Industries

CLAS 101

An introduction to cultural and language awareness

Objectives

- Describe CLAS
- Identify areas of your practice that are affected by CLAS
- Understand how culture plays into everyone's life
- Understand what linguistics are
- Understand the value of implementing CLAS To help better your practice and better serve workers

Demographics by the numbers

- According to the most recent data, approximately 20% of the U.S. population, or a little over 58 million people, speak a language other than English at home, and of that 20%, almost 9% (over 24 million people) have limited proficiency in English (Au, Taylor, & Gold, 2009; U.S. Census Bureau, 2010)

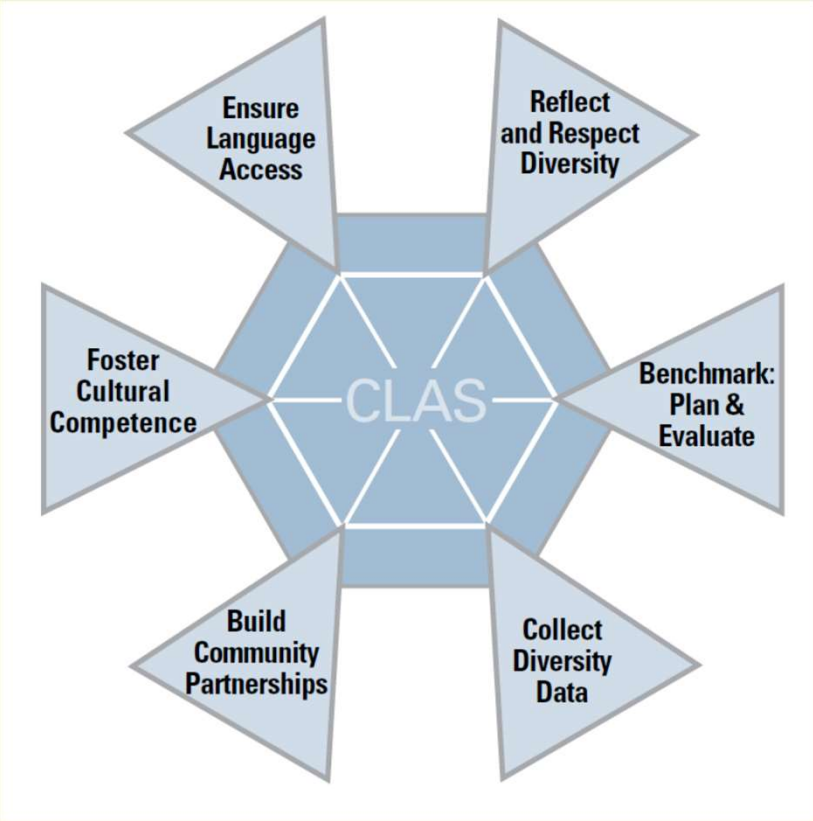
- In Washington State:
- Population : 8,115,100

- Washington State is the 3rd most diverse state behind California and New York
- In Washington, 21.5% of families speak a language other than English in their home
- 15.5% of Washingtonians are foreign born
- Seattle metropolitan area is a top refugee resettlement area in the United States
- There are 39 counties in Washington, 30 which are identified as rural
- Out of the 30 counties, 19 are medically underserved

Introduction

- What is CLAS and how does it relate to the services that you provide to workers:
- CLAS is an acronym for Culturally and Linguistically Appropriate Services
- CLAS ensures:
  - Services that are respectful of and responsive to individual cultural beliefs and practices, preferred languages, literacy levels, and communication needs employed by all members of an organization (regardless of size) at every point of contact.

The 15 CLAS standards encompasses many elements to ensure equitable access to care



Foster Cultural Competence	Build Community Partnerships	Collect Diversity Data
Standards 1, 4	Standards 13, 15	Standards 11, 12

Benchmark: Plan and Evaluate	Reflect and Respect Diversity	Ensure Language Access
Standards 9, 10	Standards 2, 3, 14	Standards 5, 6, 7, 8

What does CLAS Cover?

- **The Trident**
  - Culture, Language and Diversity (social)

- **CLAS has four phases that all need to be met to be successful**
  - Initiation and Engagement
  - Assessment
  - Implementation
  - Sustainability

Let's talk about culture

- What is culture:
- One thing that a lot of people misunderstand is, that culture equates to ethnicity, language or color.
- There is no one definitive way to explain culture, but here are a few examples that may help understand it:
- A great description:
- Culture is, in the words of E.B. Tylor, "that complex whole which includes knowledge, belief, art, morals, law, custom and any other capabilities and habits acquired by [a human] as a member of society."

We must get to Cultural Competence to meet the needs or our workers

- Cultural competence in health care is defined as “the ability of systems to provide care to patients with diverse values, beliefs, and behaviors, including tailoring delivery to meet patients’ social, cultural, and linguistic needs” (Betancourt, Green, and Carrillo 2002).

What is linguistics?

- The study of language as a whole. In its simplistic form means as it relates to us is; providing services to people in a language or form they can understand.
- Who would like to guess the top 5 languages of L&I injured workers?*
  1. English
  2. Spanish
  3. Russian
  4. Arabic
  5. Vietnamese

* Based on number of interpreter encounters paid by L&I per month

So, lets put it all together

- CLAS is providing service that is respectful, courteous and takes into consideration the background and language of the individual you are interacting with.

So why is CLAS so important?

- Let's look at it from a different perspective:

- So, the question is how would you want to be treated?

Language Access Public Service Announcement - YouTube

What's in it for me?

- How will implementing CLAS help your practice:

- Cost Savings
  - Increased efficiency by reducing communication delays between patients and providers
  - Reduction in costs of errors or unnecessary diagnostic services
- Improving the effectiveness of care plans and timely recovery
  - Patients are more willing to adhere to the caregivers instructions if they trust them
  - Language barriers will be reduced helping communicate instructions, concerns or diagnosis
- Reduction of legal risks
  - Discrimination
  - Liability for misinterpreted symptoms, diagnosis and providing wrong treatment or lack of treatment
- Improved client loyalty and retention
  - Your customers feel more welcomed
  - More patients will come to a place where they are understood
- Increased employee morale and retention
  - Employees will feel more comfortable in communications with patients
  - With leaderships' commitment to offer training and potential advancement

Thank you

- Thank you for taking the time to learn about CLAS
- Please provide feedback so that I can make this training better

Best Booking Practices

- Identify the need for an interpreter as early as possible during the initial contact
- Offer language access services to injured workers, at no cost to them
- Submit interpreter request in WordBridge with plenty of advance notice to increase the possibility that the appointment will be filled:
  - Only submit requests for L&I and self-insured requested exams. For BIIA requested exams, work with the BIIA secure interpreter services.
  - Enter the correct claim and insurer information in WordBridge
  - Closely match the requested appointment time with the actual interpretation time. Expect the conversation to be longer due to: interpretation time and additional clarifying questions from the injured worker.
- If an in-person interpreter has not accepted within 48 hours of the exam, update the request to video or telephonic services.

During the appointment

- When using an interpreter, speak directly to the injured worker.
- Speak in short sentences or concise questions and then pause for the interpreter to relay the information.
- Be aware of any potential silent pauses, as that could imply confusion or uncertainty and may need rephrasing.
- Avoid using jargon or acronyms.

Open Discussion – IME Providers

- Questions & Comments
- Future Topic Suggestions
- Next Meeting:

  January 15, 2026