

Securing your Benefits

A Nevada Worker's Comp Guide





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Injured on the Job in Nevada?

We're Here to Help



Suffering an injury while performing your job duties can turn your life upside down instantly. Beyond the physical pain and recovery process, you're likely facing worries about medical bills, lost wages, and how you'll support yourself and your family. Navigating the Nevada Workers' Compensation system during this stressful time can feel confusing and overwhelming.

You are not alone.

Here at Shook & Stone, we understand the challenges injured workers face in Nevada, from Las Vegas and Spring Valley to Reno and across the state. We know the system, we know your rights, and we are dedicated to helping employees like you get the support and benefits you are entitled to receive.

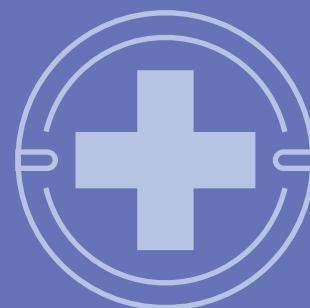
That's why we created this guide. Its purpose is to simplify the Nevada Workers' Compensation process, explain your rights in clear terms, and outline the essential steps you need to take after a work-related injury or illness. We want to empower you with knowledge so you can navigate your claim with greater confidence.

Think of this booklet as a starting point and a helpful resource throughout your claim.

Disclaimer: Please remember that this guide provides general information about Nevada Workers' Compensation law as of the date above. It is intended for informational purposes only and does not constitute legal advice for your specific situation, nor does it create an attorney-client relationship. Every work injury case is unique, and laws and procedures can change. For legal advice tailored to your circumstances, we strongly encourage you to contact the experienced Workers' Compensation attorneys at Shook & Stone or another qualified lawyer.

What is Nevada Workers' Compensation?

Nevada Workers' Compensation (often called "workers' comp") is a state-required insurance program designed specifically to help employees who get injured or become ill because of their job. Think of it as a safety net mandated by state law.



Key Things to Understand:

- **It's a No-Fault System**

This is crucial. It generally doesn't matter who was at fault for the injury (you, your employer, a coworker, or just an accident). If you were injured arising out of and in the course of your employment, you are typically entitled to benefits. You don't need to prove your employer was negligent, and your own carelessness usually doesn't disqualify you (unless the injury resulted from intoxication or willful intent to harm oneself or others).

- **Purpose**

The main goals are to ensure injured workers receive necessary medical treatment promptly and to provide wage replacement benefits while they are recovering and unable to work, without the need for lengthy and uncertain lawsuits.

- **Who Pays for It?**

Nevada employers are legally required to provide workers' compensation coverage for their employees. They do this either by purchasing insurance from an authorized private insurance carrier or by becoming certified by the state to be self-insured. **You, the employee, do not pay premiums for this coverage.**

- **Who Oversees It?**

The system is governed by Nevada state laws (Nevada Revised Statutes Chapters 616A–616D and 617) and administered primarily by the **Nevada Division of Industrial Relations (DIR)**, specifically its Workers' Compensation Section (WCS).

In exchange for this no-fault coverage, employees generally give up the right to sue their employer directly for damages related to a work injury covered by workers' compensation. The system is designed to be the "exclusive remedy" for most work-related injuries against the employer.

Are You Covered? Eligibility Basics



Understanding whether you and your specific situation are covered by Nevada Workers' Compensation is a fundamental first step.

A Who is Generally Covered?

The good news is that Nevada law requires **most employers** to provide workers' compensation coverage for **most of their employees**. This coverage generally begins the moment you start working. It doesn't matter if you are a full-time, part-time, temporary, or seasonal employee – if you are legally considered an employee, you are likely covered.

B Potential Exceptions to Coverage

While coverage is broad, there are a few specific exceptions under Nevada law. Individuals in these categories might not be covered by their employer's workers' compensation insurance:

- **True Independent Contractors:** Determining who qualifies as an independent contractor versus an employee involves specific legal tests. Misclassification sometimes occurs.

- **Domestic Workers:** Such as housekeepers or nannies employed directly by a homeowner (though homeowners can elect to provide coverage).
- **Casual Employees:** Those whose work is brief, temporary, and not in the usual course of the employer's business.
- **Some Agricultural Workers**
- **Volunteers:** Working for non-profit organizations (though coverage may sometimes be elected).
- **Federal Employees:** They are covered by a separate federal workers' compensation system.

***Important:** If you are unsure whether you fall into an excluded category, it's best to seek clarification, as the specific definitions can be complex.*

C What Types of Injuries and Illnesses Are Covered?

To be covered by Nevada Workers' Compensation, your injury or illness must meet two key conditions:

1. Arising Out Of Employment

The injury or illness must be caused by a risk or hazard related to your job duties or work environment.

2. In the Course Of Employment

The injury or illness must occur while you are performing activities required by your job or reasonably related to it, during your work hours or required work-related travel.

This includes:

- **Accidental Injuries**

Specific incidents that cause harm, such as a fall, lifting injury, cut, burn, or being struck by an object.

- **Occupational Diseases**

Conditions that develop gradually over time due to exposure to hazards or conditions specific to your employment. Examples include carpal tunnel syndrome from repetitive motions, lung disease from inhaling dust or chemicals at work, or hearing loss from prolonged exposure to loud noise. Proving an occupational disease can sometimes be more complex than proving an accidental injury.

Injuries that occur during regular commutes to and from work are generally not covered, nor are injuries resulting from purely personal activities or horseplay at the worksite.



Injured at Work? **CRITICAL First Steps**



What you do immediately after a work injury happens is extremely important and can significantly impact your ability to receive workers' compensation benefits. Follow these steps carefully:

STEP 1: Report Your Injury to Your Employer IMMEDIATELY

- **Notify Your Supervisor**
Tell your immediate supervisor, manager, or designated company representative about your injury as soon as possible after it happens. Do not delay!
- **Written Notice (Form C-1)**
Nevada law requires you to provide written notice to your employer. You should complete the Form C-1, Notice of Injury or Occupational Disease (Incident Report). Your employer should provide this form. Fill it out accurately and completely.
- **Keep a Copy**
Always keep a copy of the completed C-1 form for your records. Note who you gave it to and the date/time.
- **Deadline**
While you should report immediately, Nevada law requires written notice within **7 days** of the injury. For occupational diseases, the timeline relates to when you knew or should have known the condition was work-related. **Do not wait – report right away.**

STEP 2: Seek Necessary Medical Treatment PROMPTLY

- **Get Medical Care**

Your health is the priority. Get the medical attention you need without delay. For emergencies, go to the nearest emergency room.

- **Authorized Providers**

Be aware that your employer or their workers' compensation insurer may require you to see a specific doctor or clinic from their authorized list, especially for initial non-emergency treatment. Ask your employer who you should see. If they don't provide direction, you may choose a physician, but it's wise to confirm they accept workers' compensation cases.

- **Tell the Doctor it's Work-Related**

This is vital. Clearly inform the doctor, nurse, and all medical staff that your injury or illness happened at work or is because of your job duties. This ensures they document it correctly for workers' comp purposes.

STEP 3: Ensure the Official Claim Form (Form C-4) is Filed

- **The Official Claim (Form C-4)**

This form, called the **Employee's Claim for Compensation/Report of Initial Treatment (Form C-4)**, is what officially starts your workers' compensation claim with the insurer.

- **Your Part**

You need to complete the employee section of the C-4 form accurately. You can often get this form from your employer, the doctor, or download it from the Nevada DIR website.

- **Doctor's Part**

Take the C-4 form with you to your authorized treating doctor. After examining you, the doctor must complete their section of the form.

- **Doctor Files the Form**

The **doctor is legally required** to send the completed C-4 form directly to your employer's workers' compensation insurer (or Third-Party Administrator – TPA) within **3 working days** of treating you.

- **Your Responsibility & Deadline**

While the doctor files the C-4, it's your responsibility to initiate the process by seeking treatment and providing the form to the doctor. You must ensure this process starts within **90 days** of the accident (or within 90 days of knowing, or reasonably knowing, about a work-related occupational disease).

Failure to follow these steps correctly and within the required timeframes can jeopardize your claim and your right to benefits. If you encounter any issues with reporting your injury or getting your claim filed, contact Shook & Stone immediately.

What Benefits Can You Receive?



If your Nevada Workers' Compensation claim is accepted, you may be entitled to several types of benefits designed to help you recover and manage the financial impact of your injury. The specific benefits depend on the nature and severity of your injury and its effect on your ability to work. Key benefits include:

- **Medical Treatment**

This covers all **reasonable and necessary** medical care related to your work injury or occupational disease. This can include:

- Doctor visits (including specialists)
- Hospitalization and surgical procedures
- Prescription medications
- Physical therapy and rehabilitation
- Medical equipment (like crutches or braces)
- Diagnostic tests (X-rays, MRIs, etc.)
- Mileage reimbursement for travel to and from authorized
- Important: Treatment must generally be authorized by the insurer.

- **Temporary Total Disability (TTD)**

If your authorized doctor certifies that you are completely unable to work for a period due to your injury, you may receive TTD benefits.

- **Amount:** Typically calculated as **66 2/3% (two-thirds)** of your **Average Monthly Wage (AMW)** at the time of injury.
 - **Maximum Limit:** TTD payments are subject to a maximum limit set by Nevada law, which changes periodically.
 - **Duration:** Paid while the doctor certifies you cannot work, until you are released to return to work or reach "Maximum Medical Improvement" (MMI).
- **Temporary Partial Disability (TPD)**
If your doctor releases you to return to work with restrictions (light duty) and you either work reduced hours or earn less than your pre-injury wage because of those restrictions, you may receive TPD benefits. These benefits help make up a portion of the wage difference.
 - **Permanent Partial Disability (PPD)**
Once your doctor determines you have reached Maximum Medical Improvement (MMI) – meaning your condition is stable and unlikely to improve further – you will be evaluated for permanent impairment.
 - **Rating:** A specialized rating physician assesses the percentage of permanent impairment based on the **American Medical Association (AMA) Guides to the Evaluation of Permanent Impairment.**
 - **Award:** Based on the impairment rating, your age, and your wage, you may receive a monetary award, paid either as a lump sum or over time, depending on the rating percentage.
 - **Permanent Total Disability (PTD)**
In cases of very severe, catastrophic injuries that prevent you from ever returning to any form of gainful employment in the open labor market (e.g., loss of both eyes, arms, or legs; severe brain injury), you may be eligible for lifetime PTD benefits, typically based on your TTD rate.

- **Vocational Rehabilitation**

If your permanent restrictions prevent you from returning to the job you held when injured, you may be eligible for vocational rehabilitation services. These services, provided by counselors, can include skills assessment, training, education, and job placement assistance to help you find suitable alternative employment. Eligibility depends on specific criteria related to your ability to earn a living wage.

- **Death Benefits**

If a work-related injury or illness tragically results in death, eligible surviving dependents (such as a spouse or minor children) may receive death benefits, including burial expense assistance and ongoing wage replacement payments.

Understanding which benefits you may qualify for can be complex. The insurer should provide information, but if you have questions or disputes about your benefits, seeking legal advice is recommended.

Navigating Medical Care & Treatment



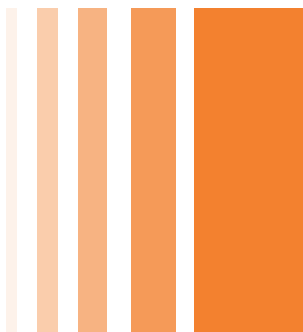
This chapter serves as a guide to the medical aspects of the worker's compensation system in Nevada. It is designed to provide clarity and understanding regarding the rules and procedures for obtaining medical care if you have sustained an injury or illness as a result of your employment. Navigating this process effectively is crucial for ensuring you receive the necessary medical treatment and that your rights and benefits are protected.

Understanding Your Authorized Treating Physician

One of the initial steps in a worker's compensation claim involves understanding the role of the "authorized treating physician." This is the doctor who will primarily manage your medical care for your work-related injury or illness. In Nevada, the process of selecting this physician differs somewhat from typical health insurance scenarios where you might freely choose your primary care provider.

Nevada's Rules on Initial Doctor Selection: Employer/Insurer Influence

Nevada law requires most employers with one or more employees to have worker's compensation insurance. This insurance is in place to cover medical treatment costs for injuries and illnesses that occur as a direct result of work activities. When an employee sustains a work-related injury, the employer or their worker's compensation insurance company often plays a significant role in directing the initial medical care. This initial direction aims to ensure that medical treatment aligns with the insurer's protocols and can help in managing the overall costs associated with the claim.



To facilitate this, employers and insurers frequently have established relationships with specific doctors or medical facilities. They might also utilize organized networks such as Managed Care Organizations (MCOs), Preferred Provider Organizations (PPOs), Health Maintenance Organizations (HMOs), or their own internal managed care units to guide employees to particular medical providers. In some instances, an employer may have a direct contract with an authorized medical provider to handle all work-related injuries for their employees. Therefore, it is essential for an injured employee to communicate directly with their employer or supervisor to understand the specific procedures and identify the authorized medical providers they should seek for initial treatment. For example, the Nevada System of Higher Education (NSHE) has a specific list of approved medical providers that their employees are required to use for non-emergency work-related injuries. This demonstrates how particular organizations might have their own well-defined protocols for directing medical care under worker's compensation.

Approved Lists and Networks: What You Need to Know

Worker's compensation insurance companies operating in Nevada are mandated to submit their list of approved medical providers to the Nevada Department of Industrial Relations (DIR)/Workers' Compensation Section (WCS) on an annual basis, with a deadline of October 1st each year.

This requirement ensures that there is a formal and documented record of the medical professionals authorized by each insurer to treat injured workers. These provider lists must be submitted directly by the insurance companies themselves and not by any third-party administrators (TPAs) who might be managing the claims on their behalf. In addition to these insurer-specific lists, the DIR/WCS may also maintain a general Panel of Physicians and Chiropractors who are authorized to provide treatment to individuals who have sustained work-related injuries. This suggests a broader state-level panel that could be relevant in certain circumstances, particularly if an insurer's list is unavailable or when a worker exercises their right to change doctors.

To ascertain which doctors are on the approved list for your specific worker's compensation claim, the most direct approach is to ask your employer or the worker's compensation insurance adjuster who is handling your case. You may also find valuable information regarding authorized providers on the worker's compensation poster that your employer is legally obligated to display prominently in the workplace.



Furthermore, in some instances, the DIR/WCS website may also offer access to these insurer-specific lists of medical providers. An important point to note is that if a worker's compensation insurance company fails to submit its provider list to the DIR by the established deadline of October 1st, an injured worker might have the opportunity to select a treating physician from the DIR's master list of all physicians in Nevada who are authorized to treat worker's compensation patients. This could potentially provide a wider range of choices for the injured worker if the insurer does not comply with the regulatory requirements.

Your Rights Regarding the Initial Choice of Physician

While the employer or insurer often guides the initial medical care in Nevada's worker's compensation system, Nevada law (NRS 616C.090) does grant an injured employee the right to choose a treating physician or chiropractor from the established panel of physicians and chiropractors. This indicates that even with the employer's or insurer's influence, the selection typically comes from a pre-approved group of medical professionals, offering the injured worker some level of choice. It is worth noting that different sources may present slightly different perspectives, with some emphasizing the employer's initial selection and others highlighting the worker's ability to choose from a list provided by the employer or insurer.

The common thread is that the employer or insurer often provides a list of authorized providers from which the injured worker must make their selection.

A significant right provided by Nevada law is the ability for an injured employee who is not satisfied with their initial choice of physician or chiropractor from the panel to make an alternative choice of physician from the same panel within the first 90 days after the date of their injury. This change can be made without requiring approval from the insurance company. This is a crucial provision often referred to as the "90-day rule." It's important for injured workers to be aware of this right, as it allows them to seek medical care from a provider they are comfortable with if their initial experience is not satisfactory. Despite this legal right, some insurance companies might attempt to deny requests for a change of doctor within this 90-day period, sometimes necessitating the injured worker to seek legal assistance to ensure their rights are upheld. After the initial 90 days have passed, the process for changing your authorized treating physician becomes more restrictive.

Generally, if you wish to change doctors after this time, you will typically need to obtain written authorization from the worker's compensation insurance company. The insurer will then review the request and decide whether or not to grant it.

Aspect	Description	Snippet IDs
Initial Doctor Selection	Generally directed by the employer or insurer.	
Employer/Insurer Mechanisms	May use MCOs, PPOs, HMOs, or their own managed care units. Some employers have contracts with specific providers.	
Approved Provider Lists	Insurers must submit lists annually to the DIR/WCS. Injured workers should request this list from their employer or insurer or check the DIR/WCS website.	
Worker's Initial Rights	Can choose a treating physician/ chiropractor from the insurer's panel.	
90-Day Rule	If dissatisfied with the initial choice, the injured worker can change to another provider on the insurer's list within 90 days of the injury without insurer approval.	
After 90 Days	Changing doctors typically requires written permission from the insurer.	

The Importance of Following Your Doctor's Orders

While understanding your rights regarding the choice of an authorized treating physician is important, actively participating in your medical care by diligently following the instructions provided by that physician is equally crucial.

Attending Appointments: Why It Matters

It is absolutely critical to comply with all medical treatments and rehabilitation plans prescribed by your authorized treating physician. This demonstrates your commitment to recovery and cooperation with the medical process, which is an expectation within the worker's compensation system. This includes making sure you attend all scheduled medical appointments, whether they are with your primary treating doctor or with any specialists to whom you might be referred. Consistent attendance at these appointments is vital as it allows your medical providers to properly monitor your condition, assess the effectiveness of your treatment, and make any necessary adjustments to your care plan. Furthermore, it provides a documented record of your ongoing medical needs and progress, which is important for your worker's compensation claim. Failing to attend these appointments or not adhering to the prescribed treatment plan can have significant negative consequences for your worker's compensation case.

Insurance companies may view missed appointments or non-compliance with treatment as a lack of engagement in your recovery, which could potentially lead to a delay, reduction, or even termination of your benefits.

Adhering to Your Treatment Plan: Ensuring Your Recovery and Benefits

Following the treatment plan prescribed by your doctor is not only essential for your physical recovery but also plays a direct role in maintaining your worker's compensation benefits. This plan might include various components such as taking medications exactly as directed, attending all scheduled physical therapy or other forms of rehabilitation sessions, and strictly adhering to any work restrictions that your doctor has put in place. These instructions are designed to facilitate your healing and safe return to work, when appropriate. Deviating from your treatment plan without proper medical consultation can hinder your recovery and may be viewed by the insurance company as a failure to cooperate with the recommended medical care. This lack of adherence can unfortunately lead to your worker's compensation benefits being reduced or even terminated by the insurance company. Therefore, it is imperative to communicate any difficulties you might be having with your treatment plan to your doctor so that adjustments can be made if necessary.

Furthermore, maintaining up-to-date medical records and ensuring that your treatment is consistently documented by your healthcare providers are also vital for the ongoing success of your worker's compensation claim.

This documentation serves as evidence of the medical necessity of your treatment and your adherence to the prescribed plan.

Independent Medical Examinations (IMEs): What to Expect

At some point during your worker's compensation claim in Nevada, the insurance company has the right to request that you undergo an Independent Medical Examination (IME). This right is granted to them under Nevada law, specifically in Nevada Revised Statute (NRS) 616C.140.

The Insurer's Right to Request an IME: Understanding the Purpose

The primary purpose of an IME is for the worker's compensation insurance company to obtain an independent evaluation of your medical condition, the treatment you are receiving for your work-related injury or illness, and your current ability to return to work. It essentially serves as a second medical opinion, one that is obtained by the insurance company from a doctor of their choosing. Insurance companies might request an IME for a variety of reasons.

For instance, they may do so if they have concerns or disagreements with the findings or treatment recommendations provided by your authorized treating physician. An IME might also be requested if the cost of your medical treatment is substantial or if there are questions regarding whether you have reached the point of maximum medical improvement (MMI) or if you have sustained a permanent disability as a result of your work-related injury. Additionally, the doctor conducting the IME may be asked to specifically evaluate whether your reported injuries are indeed a direct result of your work activities. This helps the insurance company in verifying the legitimacy of your worker's compensation claim.

Your Obligation to Attend: Mandatory Nature of IMEs

Generally, if the worker's compensation insurance company or your employer requests that you attend an IME, you are usually required to do so. Nevada law (NRS 616C.140(1)(a)) explicitly states that any employee who is entitled to receive worker's compensation benefits must submit to a medical examination if requested by the insurer or the employer. This legal requirement underscores the importance of your cooperation with the IME process.



Potential Repercussions of Not Attending

If you refuse to attend a scheduled IME or if you obstruct the examination in any way, your right to receive worker's compensation benefits can be immediately suspended. This suspension of your benefits will remain in effect until you do attend the examination, and you will not receive any compensation payments during this period. This can include important payments such as Temporary Total Disability (TTD) benefits, which are designed to replace the wages you lose while you are unable to work due to your work-related injury. Therefore, unless you have a very valid and urgent reason for not being able to attend the IME as scheduled, it is always advisable to go. If you do have a legitimate reason why you cannot attend at the specified time and need to reschedule, it is crucial to communicate this to the insurance company as soon as possible. Providing proper notification and a valid explanation might help you avoid the suspension of your benefits.

Changing Your Authorized Treating Physician

As discussed earlier in this chapter, Nevada law (NRS 616C.090(3)) provides you with the right to choose an alternative physician or chiropractor from the insurer's approved panel if you are not satisfied with your initial choice. You can exercise this right at any point within the first 90 days after the date of your injury, and you are not required to obtain permission from the insurance company to make this change.

Nevada's Rules on Switching Doctors After the Initial Selection

It is important to remember that even when you decide to change your treating physician within this initial 90-day period, you must select another physician or chiropractor who is included on the worker's compensation insurance company's list of approved medical providers. Your choice is limited to the doctors within this network. After the initial 90-day period has passed, the rules regarding changing your treating physician become more restrictive. Generally, if you wish to change doctors after this timeframe, you will typically need to obtain written authorization from the worker's compensation insurance company. The insurer will then review your request and has the discretion to decide whether or not to grant it.

To initiate a change of doctor, especially if you are beyond the initial 90-day period, it is advisable to submit your request in writing to the insurance adjuster who is handling your worker's compensation claim. In your written request, you should clearly state the reasons why you are seeking to change physicians. It is also a good practice to request a copy of the insurance company's most current list of approved medical providers if you do not already have one, as you will need to select your new doctor from this list.

Addressing Concerns and Disagreements About Your Medical Treatment

If you find yourself having concerns or disagreements regarding the medical care you are receiving under Nevada's worker's compensation system, there are several resources and procedures available to help you address these issues.

Available Resources and Procedures for Resolving Issues

If you have concerns that you are being released from medical care too early or that you need different or additional medical treatment than what has been recommended, one option is to seek guidance from a worker's compensation attorney.

An experienced attorney can help you understand your rights under Nevada law and can potentially arrange for you to be evaluated by a physician they trust who is familiar with worker's compensation cases. If you encounter significant delays in getting necessary medical treatment authorized by the insurance company, you have the right to file a formal complaint with the Nevada Department of Industrial Relations (DIR). When filing such a complaint, it is important to ensure that you also send a copy of your complaint to the insurance adjuster who is managing your worker's compensation claim. This can help to bring attention to the issue and potentially expedite the authorization process. If the insurance company makes a decision to deny your request for a specific type of medical treatment or a particular diagnostic test, they are legally obligated to provide you with information about your right to appeal this decision. It is crucial to carefully review this information and follow the outlined appeal process if you disagree with the insurance company's determination.

The Nevada Attorney for Injured Workers (NAIW) is a state agency that is dedicated to providing free assistance to individuals who have sustained work-related injuries in Nevada. They can offer valuable guidance on navigating the worker's compensation process, explain the necessary forms and procedures, clarify your rights regarding appeals, and provide information about the medical and lost wage benefits to which you may be entitled.

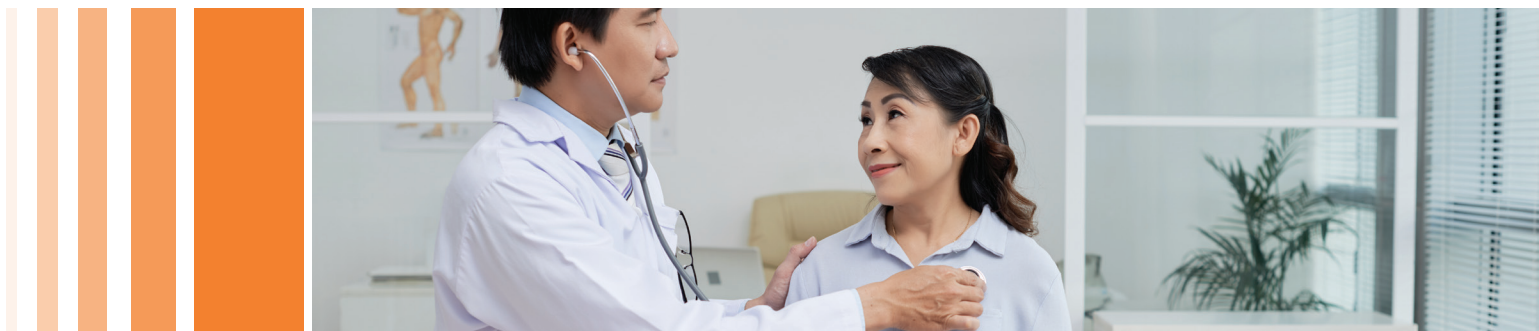
You can find their contact information on the DIR website or by conducting an online search. Similarly, the Office of the Governor Consumer Health Assistance also offers free services to help injured workers in Nevada understand the complexities of the worker's compensation system, including information about medical benefits and the process for filing appeals. Their website and toll-free phone number are readily available. If you ultimately disagree with a formal determination made by the worker's compensation insurance company regarding your claim, including issues related to the medical treatment you are receiving or have been denied, you have the right to formally appeal this decision. In Nevada, you typically have a period of 70 days from the date of the insurance company's written determination to file an appeal with the Hearing Officer at the Department of Administration, Hearings Division. For specific disputes that pertain to medical billing issues, the Medical Unit of the DIR/WCS has the authority to review these situations and make determinations to resolve them. Finally, in some instances, you and the insurance company might mutually agree to participate in mediation.

This is a voluntary process where a neutral third party assists in facilitating communication and negotiation between the involved parties in an effort to reach a mutually agreeable resolution to the disagreement, potentially avoiding the need for a formal hearing or court proceedings.

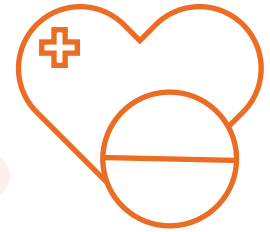
Key Takeaways: Navigating Your Medical Care Successfully

To navigate the medical aspects of your Nevada worker's compensation claim successfully, remember these key points:

- Understand that initially, your employer or their insurer will likely direct your medical care through approved lists or networks of doctors.
- Be aware of your right to change your treating physician once within the first 90 days after your injury without needing the insurer's approval, provided you choose another doctor from their approved list.
- It is crucial to attend all scheduled medical appointments and diligently follow the treatment plan prescribed by your authorized treating physician to ensure your recovery and maintain your worker's compensation benefits.
- You may be required to attend an Independent Medical Examination (IME) requested by the insurance company, and failure to do so can result in the suspension of your benefits.
- Know that there are resources available to help you if you have concerns or disagreements about your medical treatment, including the Nevada Attorney for Injured Workers, the Office of the Governor Consumer Health Assistance, and the formal appeal process through the Department of Administration.



Understanding Your Insurer and Claim Decisions



Dealing with a workplace injury or illness can be a challenging experience. Navigating the worker's compensation system may seem daunting, especially when you are focused on your recovery. This chapter aims to provide you, as an injured worker in Nevada, with a clear understanding of the role that insurance companies (insurers) play in your worker's compensation claim. By understanding the process, your rights, and the responsibilities of the insurer, you can better navigate your claim and focus on getting back to health. This chapter will cover several key aspects of the Nevada worker's compensation system, including the roles of insurers and Third-Party Administrators (TPAs), the timeline for claim decisions, the importance of keeping records of your communications, and where you can find assistance if you need it.



Who Are the Key Players?

Insurers and Third-Party Administrators (TPAs)

In Nevada, if an employer has one or more employees, they are legally required to have worker's compensation insurance.¹ This insurance is designed to provide benefits to employees who experience injuries or illnesses as a direct result of their job duties.³

Generally, the worker's compensation system in Nevada operates on a "no-fault" basis.¹ This means that in most situations, you are entitled to benefits regardless of who was at fault for the incident that caused your injury.⁶

The primary responsibility of the worker's compensation insurer is to manage claims filed by injured workers. This includes investigating the circumstances of the injury or illness to determine if it is work-related, arranging and paying for necessary medical treatment, and providing compensation for lost wages if you are unable to work due to your injury.¹ Depending on the nature and extent of your injury, the insurer may also be responsible for providing benefits for permanent disabilities and vocational rehabilitation services to help you return to gainful employment if you cannot go back to your previous job.⁸ It is important to know that insurance companies operating within Nevada's worker's compensation system must adhere to the rules and regulations established by the Nevada Department of Industrial Relations (DIR).⁸

Often, the insurance company itself may not handle all the administrative aspects of your claim directly. Instead, they might contract with a Third-Party Administrator (TPA).¹²

A TPA is a company that specializes in managing insurance claims and other administrative tasks for insurers or even for employers who choose to handle their worker's compensation responsibilities directly through a process called self-insurance.¹²

When you interact with the "insurer" regarding your claim, you may actually be communicating with a claims adjuster who is an employee of the TPA. The TPA will typically handle tasks such as investigating your claim, coordinating your medical care, and issuing payments for benefits on behalf of the insurance company.¹²

Some larger employers in Nevada choose to become "self-insured".⁸ Instead of paying premiums to an insurance company, these employers take on the direct financial responsibility for any worker's compensation claims filed by their employees.¹⁵ Even when an employer is self-insured, they often hire a TPA to manage the day-to-day administration of these claims.¹²

Therefore, whether your employer has traditional worker's compensation insurance or is self-insured, your experience as an injured worker and your interactions with the claims administrator might be very similar, as a TPA often plays a central role in managing the claim process.¹⁵

The Claim Process and the Insurer's Decision: What to Expect

To initiate a worker's compensation claim in Nevada, the crucial first step is to complete your portion of the Form C-4, officially titled "Employee's Claim for Compensation/Report of Initial Treatment".¹ This form is essential as it formally starts the process of your claim.¹⁷ It is important that both you and your treating doctor complete and sign this form.¹ Typically, after your initial medical evaluation, the medical provider will submit the completed Form C-4 to your employer and their insurance company or the TPA handling their claims.¹ It is highly recommended that you keep a copy of the completed Form C-4 for your own records.¹⁷

There is a specific timeframe for filing this important form. In Nevada, an injured employee generally has 90 days from the date of the accident or the date they first became aware of an occupational disease to file the Form C-4.¹⁷ Filing this form promptly is crucial. Delays in filing could potentially lead to complications or even the denial of your claim.²²

Once the insurance company or TPA receives the completed Form C-4, they have a specific period in which to review your claim and make a decision. In Nevada, the insurer has 30 days from the date they receive the Form C-4 to either accept or deny your worker's compensation claim.¹ For claims related to occupational diseases, the timeframe for a decision might be 30 working days after the claim is received.²¹

During this 30-day period, the insurance company or TPA will conduct an investigation into your claim.⁹ This investigation helps them determine whether your injury or illness is indeed work-related and if your claim meets the requirements for worker's compensation benefits.¹⁴ They may review the details you provided on the Form C-4, information from your employer's report of the incident (Form C-3), and potentially gather additional information such as witness statements or relevant medical records.¹

After completing their investigation, the insurer is legally obligated to notify you of their decision in writing.²¹ If your claim is accepted, this written notification, often called a Notice of Claim Acceptance, will typically outline the specific benefits you are entitled to receive.²⁶ These benefits can include payment for medical treatment, temporary disability benefits to cover lost wages while you are unable to work, and potentially other benefits depending on your situation.²⁶ If, on the other hand, the insurer decides to deny your claim, they must also notify you in writing. This denial letter will explain the specific reasons why your claim was not accepted and, importantly, it must also inform you of your right to appeal this decision.¹



Staying Informed: Why Keeping Records Matters

Throughout the process of your worker's compensation claim, it is extremely important to keep detailed records of all your communications with the insurance adjuster or anyone else involved in your claim.¹ This includes any letters you receive or send, copies of emails, and comprehensive notes from any phone conversations you have.²⁷ For phone calls, make sure to note the date and time of the call, the name of the person you spoke with, and a clear summary of what was discussed.²⁷

Memories can sometimes be unreliable, and details can be easily forgotten or disputed later on. However, written records serve as clear and objective evidence of what was communicated, when it was said, and by whom.²⁸ These records can prove to be incredibly valuable if any misunderstandings or disagreements arise at any point during your claim.²⁷ For instance, if there is a question about whether a certain medical treatment was authorized or if there is a discrepancy in the dates of your disability, having your own records of communications can help clarify the situation and protect your rights.³⁰

Maintaining thorough documentation demonstrates your diligence in managing your claim and can significantly strengthen your case if you ever need to appeal a decision made by the insurer.²⁸ By keeping organized records, you can easily refer back to past conversations and ensure that you have a clear timeline of events and decisions related to your worker's compensation claim.²⁹

Potential Consequences for Missing the Deadline

If the insurer fails to make a decision on your claim within the 30-day timeframe after receiving the completed Form C-4, there can be potential consequences. Nevada law outlines specific benefit penalties that may be imposed on insurers for unreasonable delays in making payments or for other violations of worker's compensation statutes.¹⁴ While the law mandates a 30-day decision period, a delay beyond this timeframe could be considered a violation, potentially leading to penalties against the insurer.³¹ These penalties are designed to protect injured workers and ensure that claims are handled in a timely and appropriate manner.³¹ If you experience a significant delay in receiving a decision on your claim beyond the 30-day period, it is advisable to contact the insurer or TPA to inquire about the reason for the delay. If the delay seems unreasonable or you suspect a violation, you may also consider contacting the Nevada Department of Industrial Relations (DIR) for assistance or guidance.¹¹

The Role of a Third-Party Administrator (TPA) for Self-Insured Employers

As mentioned earlier, a Third-Party Administrator (TPA) plays a crucial role in the administration of worker's compensation claims, especially for employers who choose to be self-insured.¹² For self-insured employers, the TPA essentially manages the entire claims process on their behalf.¹³ This includes receiving and investigating claims, determining eligibility for benefits, coordinating medical treatment for injured workers, and processing payments for medical expenses and lost wages.¹²

The TPA acts as an intermediary between the self-insured employer and the injured employee, handling the administrative complexities of the worker's compensation system.¹³ They ensure that the claim is processed in accordance with Nevada's worker's compensation laws and regulations.¹³ While the self-insured employer ultimately bears the financial responsibility for the claim, the TPA provides the expertise and infrastructure needed to manage the claim effectively and efficiently.¹³ Injured workers of self-insured employers will likely interact primarily with the TPA throughout their claim process, just as they would with an adjuster from an insurance company if their employer had traditional coverage.¹⁵

Conclusion

Understanding the roles and responsibilities of the insurer and any involved Third-Party Administrators is a vital part of navigating your worker's compensation claim in Nevada. Knowing that the insurer has a 30-day deadline to make a decision on your claim after receiving the Form C-4, and recognizing the importance of keeping thorough records of all communications, can empower you to be an active and informed participant in the process. Remember that resources are available to assist you. If you have questions or concerns about your claim, do not hesitate to reach out to your claims adjuster or to seek guidance from the Nevada Department of Industrial Relations or the Nevada Attorney for Injured Workers. By staying informed and keeping good records, you can help ensure a smoother and more transparent worker's compensation claim experience.



Claim Denied or Benefits Disputed?



It can be disheartening to receive a letter saying your workers' compensation claim has been denied or that there's a disagreement about the benefits you're receiving. If this has happened to you, please know that **you are not alone**. Denials and disputes over benefits are a part of the workers' compensation process in Nevada. This chapter will outline the general steps you can take if you disagree with a decision made on your claim.

Denials Happen

It's important to understand that a denial or dispute doesn't necessarily mean your claim isn't valid. There can be various reasons why this might occur.

Common Reasons for Denial or Benefit Disputes

Here are some of the more common reasons why your claim might be denied or why there might be a disagreement about your benefits:

- **The insurance company believes your injury is not work-related.** They may argue that your injury happened outside of work or is due to a non-work-related condition.

- **Your claim was filed late.** Nevada has specific deadlines for reporting your injury and filing your claim. Missing these deadlines can lead to a denial.
- **Issues with a pre-existing condition.** The insurance company might argue that your current condition is solely due to a pre-existing condition and not your work injury.
- **Disagreement over the necessity or type of medical treatment.** There might be a difference of opinion between your doctor and the insurance company regarding the appropriate medical care for your injury.
- **Disagreement over your disability status.** This could involve disputes about whether you are temporarily or permanently disabled, or the extent of your disability and your ability to return to work.

Nevada Appeal Steps (Simplified)

If you disagree with a decision made on your workers' compensation claim, Nevada law provides a process for you to appeal. Here are the basic steps involved:

1. Appeal to a Hearing Officer:

The injury or illness must be caused by a risk or hazard related to your job duties or work environment.

- If you receive a denial letter or disagree with a decision regarding your benefits, **you must file a written appeal** with the Nevada Department of Industrial Relations (DIR), Hearings Division.
- **The deadline to file this appeal is strict: you have only 70 days from the date on the denial letter to submit your appeal.**
- Once your appeal is filed, the Hearings Division will schedule an informal hearing. This is an opportunity for you to present your side of the story and provide any supporting documentation.

2. Appeal to an Appeals Officer:

- If you disagree with the decision made by the Hearing Officer, you have the right to appeal that decision.
- **The deadline to file an appeal to an Appeals Officer is also strict: you must file your appeal within 30 days of the date of the Hearing Officer's decision.**
- This level of appeal typically involves a review of the existing record from the Hearing Officer hearing, along with any legal arguments you or your representative may present. It's generally not a new hearing where new evidence is presented.

3. Judicial Review:

- If you still disagree after the Appeals Officer's decision, your final avenue of appeal within the administrative system is to the Nevada District Court.
- **Again, there is a strict deadline: you must file your appeal with the District Court within 30 days of the date of the Appeals Officer's decision.**
- At this stage, the District Court will review the record from the previous administrative hearings to determine if any legal errors were made.



CRITICAL: Strict Deadlines!

It cannot be stressed enough: *the deadlines at each stage of the Nevada workers' compensation appeals process are absolutely critical.* Missing even one of these deadlines can result in the dismissal of your appeal and the end of your right to challenge the decision. Make sure you are aware of the date on any decision letters you receive and act promptly if you intend to appeal.

Recommendation: Seek Legal Assistance

Navigating the workers' compensation appeals process can be complex. The laws and procedures involved can be difficult to understand, and the strict deadlines leave little room for error. *It is strongly recommended that you seek legal assistance from an attorney experienced in Nevada workers' compensation law if you are considering an appeal.* An attorney can help you understand your rights, gather the necessary documentation, meet the required deadlines, and present your case effectively at each level of the appeal process. Having legal representation can significantly increase your chances of a successful appeal.



Do You Need a Workers' Compensation Lawyer?



Navigating the workers' compensation system can sometimes feel overwhelming. You might be wondering if you can handle your claim on your own, or if it's time to seek legal assistance. While not every workers' compensation case requires a lawyer, there are definitely situations where having one in your corner can be incredibly beneficial. This chapter will help you understand when it might be the right time to consider hiring a workers' compensation attorney in Nevada.

When to Consider It

While you have the right to represent yourself throughout the workers' compensation process, there are certain circumstances where the expertise and advocacy of a lawyer can be invaluable. Consider seeking legal help if any of the following situations apply to you:

- **Your claim has been denied.** As discussed in the previous chapter, appealing a denied claim involves specific procedures and deadlines. A lawyer experienced in workers' compensation appeals can guide you through this process and significantly improve your chances of a successful outcome.

- **Your benefits have been stopped prematurely.** If your workers' compensation benefits, such as temporary disability payments or medical treatment, have been cut off before you believe you are ready to return to work or have fully recovered, a lawyer can help you understand your rights and fight to reinstate your benefits.
- **You have suffered a serious or complex injury.** Cases involving severe injuries, permanent disabilities, or complex medical issues often require a deeper understanding of medical evaluations, impairment ratings, and long-term care needs. A lawyer can ensure your long-term interests are protected.
- **The Permanent Partial Disability (PPD) rating seems too low.** If you have reached maximum medical improvement (MMI) and received a PPD rating that you believe doesn't accurately reflect the extent of your permanent impairment, a lawyer can help you challenge this rating and potentially obtain a more appropriate settlement.
- **You are facing issues getting necessary medical care.** Sometimes, insurance companies may dispute the necessity of certain medical treatments recommended by your doctor. A lawyer can advocate on your behalf to ensure you receive the medical care you need to recover from your work injury.
- **Your employer is disputing your claim.** If your employer is challenging whether your injury occurred at work or is otherwise disputing your claim, a lawyer can help you gather evidence and build a strong case to protect your rights.



How a Lawyer Helps

A workers' compensation lawyer can provide a wide range of valuable services to help you navigate the complexities of the system and protect your rights. Here are some key ways they can assist you:

- **Protecting your rights:** A lawyer understands Nevada workers' compensation laws and can ensure your rights are protected throughout the entire process.
- **Navigating deadlines and procedures:** They will be familiar with all the crucial deadlines for filing claims, appeals, and other necessary paperwork, helping you avoid costly mistakes.
- **Gathering evidence:** Lawyers can help you gather the necessary medical records, witness statements, and other evidence to support your claim.
- **Representing you at hearings:** If your case goes to a hearing, your lawyer will represent you, present your case effectively, and cross-examine witnesses.
- **Negotiating settlements:** They can negotiate with the insurance company on your behalf to reach a fair settlement that adequately compensates you for your injuries and losses.
- **Ensuring you receive all entitled benefits:** A lawyer will work to ensure you receive all the benefits you are entitled to under Nevada law, including medical treatment, lost wages, and disability benefits.

Fees: Understanding How Lawyers Get Paid

A common concern for people considering hiring a lawyer is the cost. In workers' compensation cases, the standard fee arrangement is called a *contingency fee*. This means that *you typically don't pay any upfront legal fees*. Instead, your lawyer will only get paid a percentage of the benefits they help you obtain, such as a settlement or back payments of benefits.

It's important to note that the percentage a lawyer can charge in a workers' compensation case in Nevada is often set or regulated by state law. Be sure to discuss the specific fee arrangement with any lawyer you are considering hiring. Furthermore, *initial consultations with workers' compensation lawyers are typically free*. This allows you to discuss your case with an attorney, understand your options, and decide if you want to hire them without any financial obligation.

Don't let concerns about legal fees prevent you from seeking help when you need it most. If you are facing any of the situations described above, reaching out for a free consultation with a workers' compensation lawyer in Nevada could be one of the best decisions you make for your case.



Glossary of Nevada Workers' Comp Terms



Here are some key terms and acronyms you might encounter in the Nevada workers' compensation system:

- **AMA Guides:** Refers to the American Medical Association Guides to the Evaluation of Permanent Impairment. These guides are often used by doctors to determine the extent of permanent physical impairment resulting from an injury.
- **Appeal:** The process of formally requesting a review of a decision made on your workers' compensation claim by a higher authority.
- **Appeals Officer:** An administrative officer who reviews decisions made by Hearing Officers in workers' compensation cases. This is the second level of appeal within the Nevada Department of Industrial Relations.
- **Average Monthly Wage (AMW):** The calculation used to determine the amount of lost wage benefits an injured worker is entitled to. It's typically based on your earnings in the months prior to your injury.
- **C-1:** The Employee's Claim for Compensation form, which is the initial form an employee files to report a work-related injury or illness and claim benefits.
- **C-3 (Employer's Report of Industrial Injury or Occupational Disease):** The form that your employer is required to file when an employee reports a work-related injury or illness.
- **C-4:** The Physician's Report of Industrial Injury or Occupational Disease form, which your treating doctor completes to provide medical information about your injury or illness.
- **Claim:** A formal request for workers' compensation benefits due to a work-related injury or illness.
- **Denial:** The refusal by the insurer or Third-Party Administrator (TPA) to accept a workers' compensation claim or to authorize certain benefits.

- **DIR (Department of Industrial Relations):** The Nevada state agency that oversees the workers' compensation system, including the Hearings Division.
- **Dispute:** A disagreement between the injured worker and the insurance company or TPA regarding any aspect of the workers' compensation claim, such as eligibility, benefits, or medical treatment.
- **Evidence:** Information, including medical records, witness statements, and other documentation, that is presented to support a workers' compensation claim or argument during an appeal.
- **Hearing Officer:** An administrative officer within the DIR Hearings Division who conducts informal hearings to resolve disputes in workers' compensation cases. This is the first level of appeal.
- **IME (Independent Medical Examination):** An examination by a doctor chosen by the insurance company or TPA, often to get a second opinion on your medical condition or treatment.
- **Insurer:** The insurance company that provides workers' compensation coverage to your employer and is responsible for paying benefits.
- **Jurisdiction:** The legal authority of a particular body, such as the Hearings Division or the District Court, to hear and decide a workers' compensation case or appeal.
- **MMI (Maximum Medical Improvement):** The point at which your work-related injury or illness has stabilized, and further significant medical improvement is not expected, even with additional treatment. This is often a key point in determining permanent disability.
- **NAIW (Nevada Association of Industrial Insurance):** A state-created entity that serves as a workers' compensation insurer in Nevada.
- **Ombudsman:** An independent and impartial resource within the Nevada Department of Business and Industry who can provide information, assistance, and help resolve disputes in workers' compensation cases. They do not represent either party but act as a neutral facilitator.

- **PPD (Permanent Partial Disability):** Benefits paid when an injured worker has a permanent physical impairment as a result of their work-related injury, but is still capable of performing some type of work.
- **PTD (Permanent Total Disability):** Benefits paid when an injured worker is permanently unable to return to any type of gainful employment as a result of their work-related injury.
- **Record:** The official documentation of a workers' compensation case, which includes all filings, evidence submitted, hearing transcripts, and decisions made at each stage.
- **Settlement:** An agreement reached between the injured worker and the insurance company to resolve the workers' compensation claim, often involving a lump-sum payment in exchange for closing the claim.
- **Statute of Limitations:** The legal time limit within which a workers' compensation claim or an appeal must be filed. Missing these deadlines can have serious consequences.
- **Subpoena:** A legal document issued by the Hearings Division or a court that requires a person to appear at a hearing or deposition to provide testimony or produce documents.
- **TPA (Third-Party Administrator):** A company hired by an employer or insurance company to manage workers' compensation claims. They handle the day-to-day administration of claims.
- **Transcript:** A written or electronic record of the proceedings of a hearing.
- **TPD (Temporary Partial Disability):** Benefits paid when an injured worker is temporarily unable to perform some of their regular job duties but is still able to do some work with restrictions or reduced hours.
- **TTD (Temporary Total Disability):** Benefits paid when an injured worker is temporarily completely unable to work due to their work-related injury.

Important Contacts & Information

Nevada Division of Industrial Relations (DIR) – Workers' Compensation Section:



dir.nv.gov



(775) 684-7270

Office of the Nevada Attorney for Injured Workers (NAIW) / Ombudsman:



naiw.nv.gov



Northern Nevada: (775) 684-7555



Southern Nevada: (702) 486-2830

Shook & Stone:



shookandstone.com



(702) 570-0000

Your Information:

Claim Number: _____

Adjuster's Name/Contact Info: _____

Treating Doctor's Name/Contact Info: _____

Date of Injury: _____



"Every day may not be good, but there is something good in every day." — Alice Morse Earle