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BULLETIN

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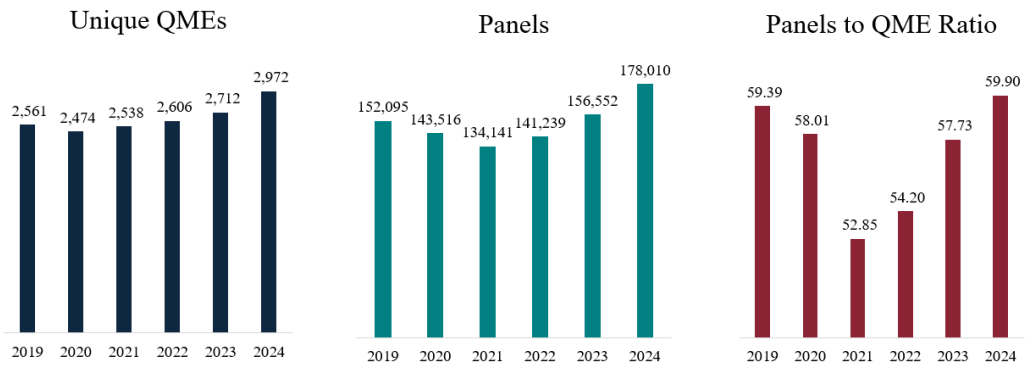
A new CWCI analysis of the availability of Qualified Medical Evaluators (QMEs) who are used to resolve California workers' compensation medical disputes shows that the number of QMEs certified by the state jumped 16% between 2019 and 2024, with most of that growth occurring after a new medical-legal fee schedule (MLFS) took effect in 2021, but that increase was offset by a 17% increase in the number of requests for QME panels over the same period.

QMEs provide medical-legal opinions on disputed workers' compensation claim issues including causation, permanent and stationary status, work status, and any associated permanent impairment, apportionment, work restrictions, or the need for future medical care. In April 2021, the California Division of Workers' Compensation (DWC) implemented a new Medical Legal Fee Schedule that changed the payment formulas for med-legal services performed by QMEs, replacing a schedule that had been in place since 2006 that provided flat fees for "basic" (ML102) and "complex" (ML103) comprehensive evaluations, and time-based payments for evaluations involving "extraordinary circumstances" (ML104). The new schedule consolidated those three levels of service into a single code (ML201) for which evaluating physicians are paid a single flat fee plus an additional $3 per page for record reviews exceeding 200 pages (MLPRR), and additional fees for evaluations involving an Agreed Medical Evaluator (AME), certain medical specialists, or an interpreter. One of the goals in adopting the new schedule was to adequately compensate med-legal evaluators in order to attract and retain enough QMEs to meet the needs of injured workers seeking med-legal evaluations.

To gauge the impact that the new schedule had on the availability of QMEs, CWCI analyzed data compiled by the DWC on the number and specialties of registered QMEs, as well as each QME's location and the number of QME panel assignments by medical specialty over the 6-year period ending in December 2024 (the final two years under the old MLFS and the first four years under the new schedule). This data was used to measure changes in the number and location of registered QMEs and the number of QME panel assignments by medical specialty so the ratio of panels per QME by specialty could be calculated and compared over time.

As noted below, the number of certified QMEs increased by 16% from 2,561 in 2019 to 2,972 in 2024, as the number of QMEs fell slightly between 2019 and 2020, then climbed steadily in each of the four years under the new MLFS. At the same time, however, the number of requested QME panel assignments rose from 152,095 in 2019 to 178,010 in 2024, a 17% increase over the six-year span, though panel requests fell sharply during the pandemic years of 2020 and 2021, so all of the growth in requested panel assignments during that 6-year period was due to the 32.7% increase that occurred between 2021 and 2024 – which coincided with the end of the pandemic and implementation of the new MLFS. The ratio of panels to QMEs showed only a marginal increase in the number of panel assignments to registered QMEs between 2019 and 2024, though with the increase in QMEs and the decrease in the number of panel assignments in 2021the ratio dipped as low as 52.85 panel assignments per registered QME in 2021 before it began to rebound as the growth in the panel requests outpaced the growth in the number of QMEs in 2022, 2023, and 2024.

Qualified Medical Evaluators & Panel Assignments



Source: DWC 2025

For each of the six years, the Institute also measured the growth in the number of registered QMEs by medical specialty (with QMEs registered in multiple specialties counted in each of their specialty categories). In nine of the ten specialties examined, as well as the "other" category, the number of QMEs increased between 2019 and 2024, with the only exception being Psychology, where the number of QMEs dropped by 8% from 440 in 2019 to 403 in 2024. On the other hand, specialties with significant increases in registered QMEs included Pain Medicine/Anesthesiology (+65%); Physical Medicine and Rehabilitation (+40%); Spine (+38%); Orthopedic Surgery (+37%); and Internal Medicine (+28%).

However, in several of those specialties, requests for QME panels increased significantly, more than offsetting the increase in registered QMEs, so the Institute calculated the ratio of panel assignments per QME by specialty to determine where the supply of specialists declined relative to the demand. The results, noted in the table below, showed that in five of the 10 medical specialties (Neurology, Psychiatry, Internal Medicine, Chiropractic, and Psychology), the number of panel requests per QME increased between 2019 and 2024, so the availability of QMEs vs. the demand for those specialties declined over the 6-year span, even after the adoption of the new MLFS. On the other hand, the ratio of panel assignments to registered QMEs fell in the other five specialties and in the "other" category, with the most significant improvement being in the availability of spine specialists, where the number of panel requests per QME fell from 27 to 1 in 2019 to 13 to 1 in 2024, though reductions were also noted in the ratio of panel assignments per QME for Pain Medicine and Anesthesia (-51%); Physical Medicine and Rehabilitation (-50%); Hand Specialists (-37%); and Orthopedic Surgery (-16%), indicating improved availability of QMEs in those specialties as well.

Ratio of Panels per QME by Specialty Sorted by 2024 Ratio

Specialty	2019	2020	2021	2022	2023	2024	2024 vs 2019	% change 2024 vs 2019
Orthopedic Surgery	129	131	112	110	114	108	-21	-16%
Neurology	63	55	57	65	64	76	13	20%
Psychiatry	35	35	37	49	60	62	27	77%
Pain Medicine/Anesth	126	103	65	60	63	61	-65	-51%
Internal Medicine	38	36	40	35	30	60	22	58%
Hand	62	56	46	42	42	39	-23	-37%
Phy Med & Rehab	68	59	48	40	36	34	-34	-50%
Chiropractic	15	17	20	24	30	31	16	106%
Psychology	10	10	10	12	14	20	11	109%
Spine	27	24	19	16	14	13	-15	-54%
Other	29	29	29	29	29	23	-6	-20%

Source: DWC 2025

Data Source: DIR QME Data

To assess the relative availability of QMEs in different regions of the state and to determine if there was any shift in access to QMEs within different regions over the 6-year span, the Institute analysts compared the 2019 and 2024 distributions of QMEs across 7 distinct regions. The results showed that overall, California registered QMEs became less concentrated in the state's largest metropolitan areas, as the Bay Area's share of the QMEs fell from 20.8% in 2019 to 18.0% in 2024; while Los Angeles County's share fell from 19.4% to 17.3%; and San Diego County's share dropped from 6.1% to 5.0%. The only other region to experience a decline in the percentage of QMEs was the Central Coast, which fell from 8.6% of the state's QMEs in 2019 to 7.7% in 2024. At the same time, the Central Valley registered the biggest jump, increasing from 18.8% of the QMEs to 22.6% in 2024, followed by the Inland Empire/Orange County, which saw its share of the QMEs jump from 23.9% to 26.8% over the same span. Meanwhile, the least populated and most rural region of the state, the North Counties/Sierra saw only a marginal increase, as it went from 2.6% of the QMEs in 2019 to 2.8% in 2024. Breaking the results out by QME specialty, however, showed some variation from the overall results. For example, while the Bay Area had 20.8% of all QMEs in 2019 and 18.0% in 2024, during those same years it accounted for just 14.7% and 12.1% of the QMEs specializing in Orthopedic Surgery. Conversely, the Inland Empire/Orange County's share of the QMEs specializing in Orthopedic Surgery was 27.1% in 2019 and 33.3% in 2024, which was significantly higher than the 23.9% and the 26.8% of all QMEs it accounted for in 2019 and 2024 respectively.

Given the crucial role that QMEs play in resolving workers' compensation medical disputes, CWCI will continue to track the number of QME panel requests and the availability of QMEs overall and by medical specialty and include the results along with data on the utilization and cost of med-legal services under the new MLFS in future research.

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