



# Oregon

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## **BULLETIN NO. 308 (Rev.) December 5, 2005**

**TO:** Medical providers, insurers, self-insured employers,  
and other interested parties

**SUBJECT:** Invasive medical procedures during an independent medical examination (IME)

**EFFECTIVE:** January 1, 2006

**This bulletin provides a form to be given to an injured worker whenever a medical provider decides to perform invasive procedures as part of an IME. This bulletin supersedes Bulletin 308 issued April 15, 1999.**

Form 440-3227, "Invasive Medical Procedures Authorization," has been developed to ensure that workers are fully informed of their right to refuse invasive procedures without jeopardizing their benefits.

The IME provider may ask the worker to undergo an invasive procedure. If so, the IME provider must give the worker the attached consent form to complete and sign. OAR 436-010-0265(12) states in part, "If a medical service provider intends to perform an invasive procedure as part of an IME, the provider must explain the risks involved in the procedure to the worker and the worker's right to refuse the procedure."

The insurer must provide the form to the medical service provider when the examination is scheduled.

You may duplicate the form or download a copy of the Microsoft Word 2000® (automated) form from the Workers' Compensation Division's Web site:  
[www.wcd.oregon.gov/policy/bulletins/formsbyno.html](http://www.wcd.oregon.gov/policy/bulletins/formsbyno.html).

If you have any questions about this bulletin, please contact the Workers' Compensation Division's Medical Review Unit [**Medical Section, Resolution Team**] at (503) 947-7816 [**new number: 503-947-7606**].

/s/ John L. Shilts

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John L. Shilts, Administrator  
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Attachments: Form 440-3227  
Distribution: WCD-ID, S0, S1, S4, S7, LY