

MISSOURI

EMPLOYMENT LAW

Workers' Compensation – Claims Process



Workers' compensation is a system of no-fault insurance that provides medical and monetary benefits to employees (or their survivors) for work-related injuries, diseases and deaths. Workers' compensation is governed by state law.

The Missouri Workers' Compensation Law (WCL) establishes the process for handling workers' compensation claims in the state. The [Missouri Division of Workers' Compensation](#) (Division) administers the WCL and resolves disputed claims.

STATE RESOURCES

Missouri Division of Workers' Compensation [website](#)

Workplace Poster

Employers may use [this notice](#) to satisfy their workers' compensation posting requirements.

Employer's First Report

Employers must file [this report](#) within 30 days after learning of an employee's work-related injury.

INJURY REPORTS

The WCL requires employers (or their insurance carriers, if applicable) to file a [First Report of Injury](#) with the Division within **30 days** after learning of an employee's work-related injury. This requirement applies any time an employee's injury results in the need for:

- Medical attention beyond immediate first aid; or
- Lost time from work.

The WCL also requires employers to pay workers' compensation benefits at least once every two weeks after accepting a claim.

Employers must file supplemental reports with the Division, including a notice that payments have commenced and a notice that payments have been terminated. When payments to an employee are terminated, the employer must also provide the Division with a physician's report and provide the employee with written notice stating the reason for the termination of benefits.

EARLY DISPUTE MANAGEMENT SERVICES

The Division offers mediation and other informal services to help employees and employers resolve disputes before a formal workers' compensation claim is initiated.

Either party may request these services by filing a [Request for Conference](#) with the Division. The Division will then schedule a mediation conference, during which an administrative law judge (ALJ) will discuss the case with the parties and try to facilitate a settlement.

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FORMAL CLAIMS

A formal workers' compensation claim is initiated when an employee files a [Claim for Compensation](#) with the Division.

The employee must file this within **two years** after the later of either the date of injury or the date the employer last paid workers' compensation benefits. If an employee fails to file a claim within the required time period, he or she may lose the right to receive benefits.

ADMINISTRATIVE HEARINGS

After an employee initiates a formal claim, either party may file a [Request for Hearing](#) with the Division. The party filing this request must also send a copy of the request to the opposing party.

The Division will assign the case to an ALJ and set a hearing date at the earliest practicable time, unless the opposing party objects to the hearing request within **10 days**. The Division will then send a notice of the hearing to all parties.

Prior to the hearing, the parties may subpoena and depose witnesses, and the ALJ may issue orders to for the parties to produce any evidence that may be relevant to the claim. The ALJ may also hold informal conferences with the parties in order to narrow the issues and explore any settlement options. Any party may request this pre-hearing assistance by filing a [Request for Pre-hearing](#) or a [Request for Mediation](#) with the ALJ.

At a formal hearing, the ALJ gives each party the opportunity to present evidence, question witnesses and make legal arguments related to the claim. Although workers' compensation hearings are similar to court trials, the procedure is generally less formal, and the ALJ is not required to strictly observe technical rules of evidence. However, all testimony and other evidence introduced at a hearing becomes part of a formal record.

After a formal hearing is over, the ALJ will issue a written decision within **90 days**, and copies of the decision will be sent to the parties. The ALJ's decision may award or deny benefits and must include specific information to explain the award or denial.

APPEALS TO THE LABOR AND INDUSTRY REVIEW COMMISSION

Any party may appeal an ALJ's order by filing an [Application for Review](#) with the Labor and Industry Review Commission (Commission) within **20 days** from the date of the award. The appealing party must also provide a copies of the Application for Review to the opposing party and to the Division. The other party will then have **10 days** to file an answer, and the Commission may set a schedule for the parties to submit written arguments for the appeal.

In general, the Commission will only review the evidence that was presented at the hearing that was held before the ALJ. However, the Commission is authorized to make its own determinations regarding the facts of a case and regarding the credibility of witnesses who testified before the ALJ. The Commission may also grant the parties an opportunity to present certain newly-discovered evidence in the appeal. In addition, the parties may ask the Commission to allow oral arguments.

The Commission will issue a written order as soon as possible after giving the parties an opportunity to present their arguments during the appeal. The Commission's order may affirm, reverse or modify the ALJ's decision. The Commission may also send the case back to the ALJ for a more complete finding of facts.

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APPELLATE COURT REVIEW

Commission orders are subject to review by the appellate court in the county where the injury occurred. Any party may obtain this review by filing a [Notice of Appeal](#) with the Commission within **30 days** of the issue date of the Commission's order. The Commission will send a copy of the Notice of Appeal, along with the entire case file and a transcript of the evidence, to the appellate court.

The appellate court may only review questions of law and may not consider any new evidence. In general, the court must affirm the Commission's decision, unless it finds that:

- The Commission acted without or in excess of its powers;
- The award was procured by fraud;
- The facts found by the Commission do not support the award; or
- No sufficient competent evidence in the record warrants the award.

MORE INFORMATION

Contact Heffernan Insurance Brokers or visit the Division [website](#) for more information on workers' compensation laws in Missouri.