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**Rules of  
Department of Labor and  
Industrial Relations**

**Division 20—Labor and Industrial Relations  
Commission**

**Chapter 3—Rules Relating to Division of  
Workers’ Compensation**

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**Title 8—DEPARTMENT OF  
LABOR AND  
INDUSTRIAL RELATIONS  
Division 20—Labor and Industrial  
Relations Commission  
Chapter 3—Rules Relating to Division  
of Workers' Compensation**

**8 CSR 20-3.010 Jurisdiction**

*PURPOSE: This rule states powers, duties, and functions delegated to the division and separates jurisdiction of the division and commission in contested cases and settlements.*

(1) The Division of Workers' Compensation shall have and exercise the following powers, duties and functions on behalf of the commission in the administration of the Workers' Compensation Law, section 287.410, RSMo:

(A) The receiving and filing of all reports of injury, claims for compensation, answers to claims for compensation, receipts, notices of termination of compensation, and all other forms, instruments, and documents required to be used or filed in connection with Workers' Compensation claims before the time of the issuance of a final award, order, or decision of any administrative law judge;

(B) The receiving, filing, processing, and recordkeeping of all exempted employers' acceptances of the Workers' Compensation Law and withdrawals of exempted employers' acceptances of the law;

(C) The duties and responsibilities given the commission by the legislature under section 287.280, RSMo relative to employers who carry their own insurance (self-insurers);

(D) The duties and responsibilities given the commission by the legislature under section 287.220, RSMo relative to the Second Injury Fund;

(E) The duties and responsibilities given the commission by the legislature under section 287.810, RSMo relative to a change of administrative law judge; and

(F) All documents and instruments referred to in subsections (1)(A)–(E) and required to be filed by either the employer or employee shall be filed with the division.

(2) Original Hearings—Administrative Law Judges, Authority and Power.

(A) All original hearings in contested cases shall be heard by the administrative law judges of the division. In any case which has been regularly assigned to an administrative law judge by the director of the division, that administrative law judge shall have full power, jurisdiction and authority to issue all

interlocutory orders necessary to the proper and expeditious handling of the case.

(B) Those interlocutory orders, including formal dismissal of unnecessary parties, shall be entered in the minutes of hearings and shall become final upon the issuance of a final award by the administrative law judge.

(C) An administrative law judge shall not have any authority to change or modify a final award issued by an administrative law judge after the lapse of twenty (20) days from the date of issuance of an award or after an application for review (see 8 CSR 20-3.030) has been filed with the commission in connection with any final award, order, or decision of an administrative law judge.

(D) Any administrative law judge shall have authority and power to approve motions for settlement of workers' compensation claims; provided, the claim is pending in the division for adjudication. No administrative law judge shall have authority to approve settlement of workers' compensation claims pending before the commission.

(3) Original Hearings—Compromise Settlements.

(A) No original hearings in contested cases shall be heard by the commission or any member of the commission. No compromise settlement of a workers' compensation claim shall be accepted for consideration by the commission or any of its members for approval if the claim is pending in the division.

(B) All motions for settlement of claims pending before the commission shall be submitted to the commission for approval.

(C) All compromise settlements of workers' compensation claims pending in the circuit or appellate courts shall be submitted to the commission for approval. Before filing the settlement for consideration by the commission, the parties seeking to settle the claim shall first petition the court for an appropriate order remanding the matter or otherwise restoring jurisdiction to the commission for consideration of the settlement. The commission cannot act on any request to consider a settlement until the court so disposes of the matter.

(4) Modifying Benefit Awards. The commission shall have sole authority to modify final awards allowing benefits to employees or dependents. The commission may modify benefit awards from time-to-time upon motion by an interested party. All motions for modification of final awards shall be made to the commission and the movant shall have the burden to submit proof of the change of condition or status of the parties receiving the

benefits, and will also be responsible for providing to the commission, with the motion, contact information for the employee, and/or each dependent affected by the motion, including current addresses. Moving parties are advised that if the commission is unable to provide due notice of the sought modification to each interested party, the commission will not take any action to modify the award. Proof of the remarriage of the dependent surviving spouse shall be made by filing a copy of the marriage license of the remarried dependent surviving spouse or affidavit of the surviving spouse admitting remarriage. Proof of the death of the employee or any dependent shall be made by filing a copy of the death certificate of the employee or dependent. Evidence of the remarriage of the dependent surviving spouse or the death of the employee or dependents may be made by deposition or other evidence as the commission may specify.

(5) Lump Sum Payment of Compensation (Motion for Commutation).

(A) A motion for commutation of compensation due may be filed with the division or one of its administrative law judges at the time a hearing is held and evidence shall be heard on the motion. If payment of compensation is awarded by the administrative law judge, a decision shall be made by the administrative law judge relative to the motion for lump sum payment.

(B) The commission has jurisdiction over any motion for commutation in all cases in which the award has become final.

(C) Where the motion for commutation is not jointly agreed by the parties, the moving party has the burden to: (1) file a copy of the motion for commutation with the commission; and (2) serve a copy of the motion to all interested parties.

(D) When interested parties are notified of the motion, they may file a response with the commission within twenty (20) days of notification. If no objection is filed, the commission will review the motion upon the facts and evidence submitted by the movant and make a decision without ordering a formal hearing.

(E) If objections to the commutation are filed, the commission may remand the matter to the division for a hearing. Upon return of the file, the commission shall review the evidence and render its decision.

(F) The commission shall send an order allowing or denying the motion by United States mail to all interested parties.

(G) A commutation of compensation due a minor dependent shall not be approved or ordered until a legal guardian for the dependent has been appointed by the probate court



of the county in which the dependent resides and proof of the appointment of a guardian and a certificate of the probate court certifying that the guardian has qualified shall be filed with the commission.

(H) In cases where there is a prior award of benefits or a duly approved settlement that has finally resolved the parties' respective rights and duties with regard to periodic benefits payable in the claim, the commission cannot consider a joint motion for payment of a lump sum as a compromise settlement under section 287.390, RSMo, unless the parties are able to identify, in their motion, a legitimate, presently justiciable dispute, over which the commission would have jurisdiction. In the absence of such dispute, and where the parties desire merely to close out or redeem the remaining obligations under the award or settlement via payment of a lump sum, the commission will treat the motion as one for commutation pursuant to section 287.530, RSMo.

(I) Where a motion for commutation is jointly agreed by the parties, the commission will consider the motion provided it includes the following:

1. For motions to commute permanent total disability or death benefits:

A. The employee or dependent's date of birth and presumed life expectancy, including, in the event the parties are requesting that the commission presume a life expectancy that substantially differs from that indicated in the most recent edition of the *National Vital Statistics Reports* published by the U.S. Department of Health & Human Services, a written opinion from a medical professional explaining why the life expectancy so differs;

B. The discount rate and actuarial assumptions utilized by the parties in calculating the present-day or commutable value of the future installments that may be expected under the award or settlement;

C. The specific facts and circumstances that would support a determination by the commission that commutation will be in the best interests of the employee or dependents; or will avoid undue expense or undue hardship to either party; or that the employee or dependent has removed or is about to remove from the United States; or that the employer has sold or otherwise disposed of the greater part of its business or assets; and

D. In the event the parties are seeking commutation on the basis that such will be in the best interests of the employee or dependents, or will avoid undue expense or undue hardship to either party, the specific facts and circumstances that would support a determination by the commission that unusual circumstances exist in the case that warrant a

departure from the normal method of payment; and

2. For motions to commute open future medical benefits where the underlying award or settlement does not expressly preserve to the employer/insurer the discretionary right to close future medical benefits by funding an annuity or Medicare Set-Aside trust account—

A. The employee's date of birth and presumed life expectancy, including, in the event the parties are requesting that the commission presume a life expectancy that substantially differs from that indicated in the most recent edition of the *National Vital Statistics Reports* published by the U.S. Department of Health & Human Services, a written opinion from a medical professional explaining why the life expectancy so differs;

B. The medical expenses incurred by the employee in connection with the claim for at least the last five (5) years, if any, listed by date, provider, treatment, and amount;

C. The discount rate and actuarial assumptions utilized by the parties in calculating the commutable value of the future installments of medical expenses that may be expected under the award or settlement;

D. Whether the employee is currently, or reasonably anticipated to become, within the next thirty (30) months, a Medicare beneficiary, and if so, whether Medicare has made any conditional payments for medical treatment related to the work injury;

E. If a Medicare Set-Aside trust account is proposed to commute the future installments of medical care, whether all reasonably anticipated future medical expenses are of the type that will be covered by Medicare upon exhaustion of the commutation funds, or, in the alternative, an identification of what additional sums are being paid to cover expenses not covered by Medicare, including any evidence, attestation, or other information that would support a finding by the commission as to the sufficiency of such additional sums;

F. A signed statement from the employee memorializing his or her understanding and agreement that the funds from the proposed commutation should be used exclusively for the purpose of paying for medical treatment related to the work injury, and that failure to expend the commutation funds for such purpose may jeopardize the employee's later ability to obtain any financial assistance (via Medicare, private insurance, or otherwise) for future medical expenses related to the work injury; and

G. The specific facts and circumstances that would support a determination by the commission that commutation will be in

the best interests of the employee or dependents; or will avoid undue expense or undue hardship to either party; or that the employee or dependent has removed or is about to remove from the United States; or that the employer has sold or otherwise disposed of the greater part of its business or assets.

(6) The commission retains jurisdiction over disputes pertaining to the parties' respective rights and obligations with regard to future medical treatment whenever a final award or settlement in the case leaves the issue of future medical treatment "open" or otherwise indeterminate. See *State ex rel. ISP Minerals, Inc. v. Labor & Indus. Rels. Comm'n*, 465 S.W.3d 471 (Mo. 2015). The commission will only consider issues falling within its statutory authority, such as whether a disputed treatment is reasonably required to cure and relieve the effects of the work injury for purposes of section 287.140, RSMo, and will not entertain requests to "compel" or "enforce" any award or settlement, because such powers are reserved to the judiciary.

(A) Upon receipt of a motion identifying a dispute pertaining to future medical treatment, the commission will allow opposing parties to respond within twenty (20) days from the date of the commission's correspondence acknowledging the motion; provided, however, that the commission, in its discretion, may extend or accelerate the period for filing such a response. If the commission determines that there is a presently justiciable dispute between the parties over which the commission would have jurisdiction, and that the movant has alleged a *prima facie* claim for relief of a type that the commission would be authorized to provide, the commission will remand the matter to the division of workers' compensation for a hearing to take evidence on the parties' allegations set forth in the motion and responsive pleadings, if any. Otherwise, the commission may dismiss the motion.

(B) Parties will be entitled to reasonable discovery in advance of the hearing. Any disputes pertaining to discovery should be brought to the commission's attention for a ruling. The administrative law judge will hold in abeyance any action in connection with the commission's order of remand until the discovery dispute is resolved. The administrative law judge will hear and rule upon all evidentiary objections made at the hearing, and will allow the proponent to make an offer of proof where evidence is ruled inadmissible. At the close of the hearing, the division will return the file to the commission for a determination of the disputed issues.



(C) Mediation may be pursued at the discretion of the administrative law judge assigned to the matter. If such mediation is successful, the administrative law judge may sign, if the parties so request, an informal memorandum of understanding outlining and memorializing the parties' agreement, which should be executed by all parties and/or their attorneys; provided, however, if the parties desire approval of a formal settlement agreement resolving the disputed issue of future medical treatment, such should be forwarded to the commission for approval pursuant to section 287.390, RSMo. Any formal settlement agreement should be submitted to the commission in accordance with the guidelines for compromise settlements set forth in these rules.

(D) If, at any time, the dispute becomes moot, the parties are directed to advise the commission, and also the division in the event proceedings are pending in connection with an order of remand from the commission, that no further action is necessary in connection with the motion, whereupon the commission will dismiss the motion.

(E) Where the parties' dispute pertains to future medical treatment which is alleged to be imminently necessary to prevent harm to the health or well-being of the employee, the commission will entertain a request to hear the dispute on an expedited or hardship basis. Such request should include a written opinion from a medical professional explaining why the requested medical treatment is imminently necessary to prevent harm. Where the commission grants such expedited review, the commission may issue an order resolving the dispute based on its own review of the documentary evidence submitted by the parties, without the formality of ordering an evidentiary proceeding before the division. To be considered, such documentary evidence should be certified or otherwise sworn to be authentic via affidavit.

(F) All parties to awards or settlements are hereby advised that the commission generally disfavors the practice of ordering further proceedings in open future medical cases except where strictly necessary; and that the process set forth in this rule does not constitute an invitation or opportunity to relitigate issues in the case that were previously adjudicated or stipulated. Accordingly, if the record before the commission reveals that any party has failed, without reasonable ground, to fully and faithfully comply with its obligations under the law pursuant to an award or settlement previously entered in the case, the commission may assess an award of costs and attorney's fees against said party, pursuant to section 287.560, RSMo. All parties are thus

strongly encouraged to resolve their disputes without recourse to the commission except in those extraordinary cases where intervention by an impartial, fact-finding tribunal is necessary.

*AUTHORITY: section 286.060, RSMo 2016. \* This version of rule filed Dec. 18, 1975, effective Dec. 28, 1975. Amended: Filed July 11, 1991, effective Dec. 9, 1991. Amended: Filed Sept. 30, 1992, effective April 8, 1993. Rule action notice invalidating subsection (2)(C) March 12, 1996. Rule action notice validating subsection (2)(C) Aug. 28, 1998. Amended: Filed April 11, 2019, effective Oct. 30, 2019.*

*\*Original authority: 286.060, RSMo 1945, amended 1947, 1980, 1995, 2011.*

*Farm v. Barlow Truck Lines Inc., 979 SW2d 169 (Mo. banc 1998)*

*State ex rel. Doe Run Company v. Brown, 918 SW 2d 303 (Mo App. 1996). An administrative law judge set aside a dismissal of a claim for workers' compensation. The claim had been dismissed for the failure to prosecute. A regulation promulgated by the Labor and Industrial Relation Commission, 8 CSR 20-3.010(2)(C), implied that an administrative law judge had authority to change or modify any final award within twenty days. Twenty days is the period of time in which to file an application for review with the Labor and Industrial Relations Commission. The Doe Run Company (employer) filed a petition for writ of prohibition of mandamus in circuit court, challenging the administrative law judge's authority to set aside the dismissal of the claim for compensation. A permanent order in prohibition was denied by the circuit court and the employer sought review in the appellate court.*

*The Missouri Court of Appeals, Eastern District, said that section 287.610.2, RSMo (1994), provides an administrative law judge with no jurisdiction to review or authority to reopen any prior award. Another statute, section 287.655, RSMo (1994), provides that an order of dismissal for lack of prosecution is an award, subject to review the same as any other award. The appellate court held that the proper avenue for review of an order of dismissal for failure to prosecute is by filing an application for review with the Labor and Industrial Relations Commission within twenty days of the date of the dismissal. Section 287.480, RSMo (1994). The administrative law judge was without jurisdiction to reinstate the employee's compensation claim against the employer. To the extent that 8*

*CSR 20-3.010(2)(C) is interpreted as granting an administrative law judge with authority to reinstate a dismissed workers' compensation claim within twenty days of a dismissal order, the rule conflicts with section 287.610.2, RSMo (1994), and is invalid.*

*Cowick v. Gibbs Beauty Supplies, 430 SW2d 626 (Mo. App. 1968). Court of Appeals limited in review of award of Industrial Commission concerning workers' compensation claim to a determination of whether the award was supported by competent and substantial evidence and whether an award could have reasonably been made upon a consideration of all of the evidence. The commission is the sole judge of the credibility of witnesses and the weight to be given to their testimony.*

*Collins v. Eicher Heating Company, 319 SW2d 666 (Mo. App. 1959). Application for review by the full Industrial Commission filed by insurer and employer on form prepared by and furnished by the Industrial Commission and setting forth specific findings of administrative law judge appealed from, a request for permission to argue the case orally before the full commission because of conflicting medical evaluation of record, requesting the commission to appoint a qualified impartial physician to examine the employer and report his/her findings, court held to be in substantial compliance with the rules of the commission concerning applications for review; and therefore commission had jurisdiction to review the findings and award of the administrative law judge.*

*Hogue v. Wurdack, 298 SW2d 492 (Mo. App. 1957). Industrial Commission is a creature of the legislature, and its jurisdiction and the question of what persons are subject to it is to be determined from the act of legislature. Commission's jurisdiction cannot be dependent on or enlarged by estoppel, waiver, conduct or agreement.*

*E.B. Jones Motor Company v. Industrial Commission, Division of Employment Security, 298 SW2d 411 (1957). Industrial Commission of Missouri is an entity subject to being sued in its official name; however, it is not a "state officer" within the meaning of the constitutional provision, Art. V, Section 3, Constitution of Missouri; thus, Supreme Court did not have jurisdiction of an appeal from decision of the commission, because of the absence of a "state officer" as a party. Employment Security Law is not a revenue law.*



**8 CSR 20-3.020 Motions to Review Awards  
—Change in Condition**

*PURPOSE: This rule states the policy of the commission on reviewing awards on grounds of change in condition.*

The sole issue in all proceedings under section 287.470, RSMo is whether there has been a substantial change in the employee's condition between the date of the commission's final award and the date of rehearing. On rehearing, the commission will not admit, nor will it consider, any evidence the only purpose of which is to show that the extent or duration of the employee's disability by reason of the condition existing at the time of the final award actually was either more or less in extent or longer or shorter in duration than the commission then found and declared.

*AUTHORITY: section 286.060, RSMo 1986.\* This version of rule filed Dec. 18, 1975, effective Dec. 28, 1975.*

*\*Original authority: 286.060, RSMo 1945, amended 1947, 1980.*

**8 CSR 20-3.030 Review of Awards or Orders Issued by Administrative Law Judges**

*PURPOSE: This rule outlines procedures for appeals from a final award, order, or decision made by an administrative law judge of the Division of Workers' Compensation.*

(1) Review—Appeal. Any interested party in a contested case may appeal from a final award, order, or decision made by an administrative law judge of the Division of Workers' Compensation by making an application for review within twenty (20) days from the date of the award, order, or decision with the commission as provided by section 287.480, RSMo. A form to be used in making an application for review has been promulgated by the commission and is available upon request. The applicant for review need not use the promulgated form; provided, the application sets forth information in regard to the case and award which is sought to be reviewed and the reasons for making the application for a review of the evidence. An application for review shall be signed by the applicant or the applicant's attorney. An application filed on behalf of a corporation shall be signed by an attorney licensed in Missouri.

(2) Additional Evidence.

(A) After an application for review

has been filed with the commission, any interested party may file a motion to submit additional evidence to the commission. The hearing of additional evidence by the commission shall not be granted except upon the ground of newly discovered evidence which with reasonable diligence could not have been produced at the hearing before the administrative law judge. The motion to submit additional evidence shall set out specifically and in detail—

1. The nature and substance of the newly discovered evidence;

2. Names of witnesses to be produced;

3. Nature of the exhibits to be introduced;

4. Full and accurate statement of the reason the testimony or exhibits reasonably could not have been discovered or produced at the hearing before the administrative law judge;

5. Newly discovered medical evidence shall be supported by a medical report signed by the doctor and attached to the petition, shall contain a synopsis of the doctor's opinion, basis for the opinion, and the reason for not submitting same at the hearing before the administrative law judge; and

6. Tender of merely cumulative evidence or additional medical examinations does not constitute a valid ground for the admission of additional evidence by the commission.

(B) The commission shall consider the motion to submit additional evidence and any answer of opposing parties without oral argument of the parties and enter an order either granting or denying the motion. If the motion is granted, the opposing party(ies) shall be permitted to present rebuttal evidence. As a matter of policy, the commission is opposed to the submission of additional evidence except where it furthers the interests of justice. Therefore, all available evidence shall be introduced at the hearing before the administrative law judge.

(3) Applications and Briefs.

(A) An applicant for review of any final award, order, or decision of the administrative law judge shall state specifically in the application the reason the applicant believes the findings and conclusions of the administrative law judge on the controlling issues are not properly supported. It shall not be sufficient merely to state that the decision of the administrative law judge on any particular issue is not supported by competent and substantial evidence. The allegations of error in an application for review are not an opportunity for early briefing, but rather serve to notify the commission and opposing parties of the nature of the issues that will be

addressed on appeal. Accordingly, the application for review should not extend beyond a maximum of five (5) pages. The commission may decline to consider any portion of an application for review that extends beyond this page limitation.

(B) If the applicant for review (known as the petitioner) desires to file a brief or memorandum of law in support of the application, it shall be indicated in the application. When briefing is requested, the commission secretary will provide, via written correspondence to all parties, a briefing schedule after the transcript is prepared by the division of workers' compensation. Unless a modified briefing schedule is ordered by the commission, the petitioner's brief will be due thirty (30) days from the date of the commission secretary's correspondence establishing the briefing schedule, and respondent briefs or memoranda of law will be due within fifteen (15) days after the date of the commission secretary's letter acknowledging the commission's receipt of the petitioner's brief or memorandum of law. The commission shall have discretion, after notice to the parties, to extend or accelerate the briefing schedule.

(C) Parties requesting an extension of time to file a brief, an extension of page length, or any other extraordinary request pertaining to briefing, may make such request to the commission, in writing, prior to the last date for filing their brief, such request to include the following:

1. The number of additional days, pages, or other specific relief requested;

2. A certification that a copy of the request has been served to all opposing parties upon the same date and time, and via the same means, that such request is sent to the commission;

3. An indication whether the requesting party has conferred with opposing parties regarding the request, and if not, why;

4. An indication whether opposing parties have registered any objection to the request; and

5. The specific facts or circumstances motivating the request.

(D) The commission may decline to consider a party's request where it fails to comply with the foregoing, and may decline to consider a party's brief where it appears the party has engaged in any dilatory practice, or other conduct prejudicial to the efficient and timely adjudication of the appeal.

(4) Answers and Briefs.

(A) An opposing party (known as the respondent) may file an answer to the petitioner's application for review, concisely addressing each of the contentions set forth in



the application. The answer(s) shall be filed within ten (10) days from the date of the commission secretary's correspondence acknowledging the filing of the application for review. The commission shall have discretion to extend the time for filing an answer.

(B) If the petitioner does not include a request for a briefing schedule in the application for review and the respondent desires to file a brief or memorandum of law, that request shall be included in the answer. If the petitioner has requested a briefing schedule, but fails to file a timely brief after that, the respondent may file a brief or memorandum of law within fifteen (15) days from the date the petitioner's brief was due.

(5) Briefs—Typewritten. Briefs filed in any case pending before the commission shall be typewritten. The original shall be filed with the commission and a copy served upon the opposing party(ies).

(A) All briefs shall be subject to the following requirements:

1. Be on paper of size eight and one-half inches by eleven inches (8 1/2" × 11");

2. Be on paper weighing not less than nine (9) pounds to the ream;

3. Be typed on one (1) side of the paper;

4. Have a left, right, bottom, and top margin of not less than one inch (1"). Page numbers may appear in the bottom margin, but no other text may appear in the margins;

5. Have all pages consecutively numbered;

6. Use characters throughout the briefs, including footnotes that are not smaller than thirteen (13) font, Times New Roman on Microsoft Word;

7. Be double-spaced, except the cover, if any, certificate of service and signature block may be single-spaced.

(B) The brief of the petitioner shall not exceed thirty (30) pages. A respondent's brief shall not exceed twenty-five (25) pages. A reply brief is not required or suggested but if the petitioner believes it is necessary to file a reply, it shall not exceed eight (8) pages. A reply brief must be filed within ten (10) days of receipt of the respondent's brief. A cover sheet or index to the brief need not be counted in the page limitation, but any attachments, exhibits, or appendices to the brief will be considered as pages of the brief and subject to the page limitation for the entire brief. (Parties should note that the commission file contains the award and decision of the administrative law judge along with a complete transcript of the record. It is unnecessary to attach any of these materials to the brief. Any other attachment would not be of record and not subject to consideration, which is limited to the

record or transcript of the hearing.)

(C) The petitioner's brief shall contain a fair and concise statement of facts without argument, with citations to the pertinent pages of the transcript supporting each factual assertion. The respondent's brief may supplement the statement of facts if necessary. No jurisdictional statement is necessary unless jurisdiction is at issue. (Parties are advised that recitations of basic legal principles of workers' compensation law are not necessary and are discouraged.) The briefs shall identify the issues in dispute and address those issues only, state concisely the factual or legal support for the party's positions, and contain a conclusion in detail as to the decision, award, or action requested from the Labor and Industrial Relations Commission. Upon its own motion, or upon motion by any interested party, the commission may, in its discretion, decline to consider any brief or any portion of a brief that is not filed in accordance with these rules.

(6) Oral Argument. Oral argument may be granted by the commission; provided, the request to present oral argument is made in the application for review or in the answer and includes the reason the argument cannot be made adequately by brief. Untimely requests for leave to present oral argument shall not be entertained nor will any request to present oral argument in lieu of a brief be allowed.

(7) Hardship Setting. If the claimant for workers' compensation requests a hardship setting before the commission, an accelerated briefing schedule may be set and oral argument may be denied. The request for a hardship setting shall be made in the application for review, in an answer to the application or in a separate motion to the commission and shall set forth the reason expedited review is necessary. The commission shall have discretion to designate a cause as a hardship case.

*AUTHORITY: section 286.060, RSMo 2016.\* This version of rule filed Dec. 18, 1975, effective Dec. 28, 1975. Amended: Filed Dec. 31, 1975, effective Jan. 10, 1976. Amended: Filed March 16, 1992, effective Sept. 6, 1992. Amended: Filed Nov. 17, 1998, effective April 30, 1999. Amended: Filed Jan. 15, 2003, effective Aug. 30, 2003. Amended: Filed April 11, 2019, effective Oct. 30, 2019.*

*\*Original authority: 286.060, RSMo 1945, amended 1947, 1980, 1995, 2011.*

### 8 CSR 20-3.040 Temporary or Partial Awards

*PURPOSE: This rule specifies when an application to review a temporary or partial award may be filed.*

(1) Whenever an administrative law judge issues a temporary or partial award under section 287.510, RSMo, the same shall not be considered to be a final award from which an application for review (see 8 CSR 20-3.030) may be made. The time for making an application for review shall not commence until a final award is issued by the administrative law judge in cases where a temporary or partial award has been issued.

(2) Any party who feels aggrieved by the issuance of a temporary or partial award by any administrative law judge may petition the commission to review the evidence upon the ground that the applicant is not liable for the payment of any compensation and especially setting forth the grounds for the basis of that contention and where the evidence fails to support findings of the administrative law judge as to liability for the payment of compensation. The commission will not consider applications or petitions for the review of temporary or partial awards where the only contention is as to the extent or duration of the disability of the employee for the reason that the administrative law judge has not made a final award and determination of the extent or duration of disability.

*AUTHORITY: section 286.060, RSMo 1986.\* This version of rule filed Dec. 18, 1975, effective Dec. 28, 1975.*

*\*Original authority: 286.060, RSMo 1945, amended 1947, 1980.*

### 8 CSR 20-3.050 Consolidation of Claims

*PURPOSE: This rule outlines how a consolidation of claims is to be handled.*

(1) All claims of all persons arising out of the same injury or death shall be filed in the same proceeding.

(2) The administrative law judge may order the consolidation of two (2) or more related proceedings arising out of the same accident for the purpose of taking evidence. In the event of consolidation, all documentary evidence previously filed or filed after that in any such proceeding shall be filed in the proceeding designated by the administrative law judge as the master proceeding and when so



filed shall be considered evidence and part of the record in each of the consolidated proceedings.

(3) Separate pleadings, however, must be filed and separate findings and awards made in each of the proceedings. Joint transcripts of the evidence may be made and a copy filed in each of the consolidated cases or in the master proceeding.

*AUTHORITY: section 286.060, RSMo 1986.\* This version of rule filed Dec. 18, 1975, effective Dec. 28, 1975.*

*\*Original authority: 286.060, RSMo 1945, amended 1947, 1980.*

**8 CSR 20-3.060 Policy of the Commission**

*PURPOSE: This rule states the policy of the commission on continuances of hearing, attorney fees, and agreements or contracts for settlements.*

(1) Continuance. Continuances or further hearings are not favored by the commission. The parties are expected to submit all matters in controversy for decision at a single hearing. The parties cannot agree to a continuance of any case set for hearing without the consent of the division of workers' compensation, consistent with the division's rules and procedures. The purpose of the Workers' Compensation Law is to give a speedy determination of the rights of the employee.

(2) Attorney Fees.

(A) All attorney fees to be charged the employee for the prosecution of the employee's claim for compensation, including compromise settlements of the employee's claims, shall be submitted to the commission or to the administrative law judge for approval, depending upon whether the commission or the division has jurisdiction of the claim at the time the final award is issued.

(B) The limitation as to fees shall apply to the combined charges of attorneys who combine their efforts towards the enforcement or collection of any compensation claim.

(C) No attorney fee shall be received or charged for services rendered in connection with a lump sum advance payment, or an agreement to compromise and settle liability, without the approval of the commission or the administrative law judge, as the case may be.

(3) Compromise Settlements. All agreements or contracts for settlement that provide for the payment of less than the full amount of compensation due or to become due, and which

undertake to release the employer from all further liability, will be approved by the commission only where it appears that a reasonable doubt exists as to liability and as to the rights of parties, and where the terms of the agreement are consistent with the requirements of section 287.390, RSMo.

(4) Every compromise agreement or contract for settlement, submitted to the commission should be accompanied by—

(A) A statement or stipulation agreed to by the parties which would contain the facts upon which they are in agreement;

(B) The claims, facts or findings, or both, which are in dispute between the parties;

(C) The latest medical records or reports in the possession of the parties bearing on the case;

(D) A written statement showing whether or not the employee has returned to work and, if so, when;

(E) A separate statement signed by the employee, or dependents in death cases, in which the employee would state under oath that s/he understands that by agreeing to the settlement that s/he understands that s/he has a right to prosecute his/her claim before the commission to a final determination; and that the award of the commission might allow him/her more or less money than is provided by the proposed settlement and that s/he requests the commission to approve the settlement;

(F) An identification of the amount of compensation previously paid, weekly rate of compensation, and the amount of medical aid that has been provided; and

(G) Signatures by the parties and their attorneys, or, in the case of a minor claimant, signature(s) from the minor's parent(s) or legal guardian(s), together with a statement as to the agreed-upon attorney fee, if any, that is requested in favor of the attorney for the employee, claimant, or dependent.

*AUTHORITY: section 286.060, RSMo 2016.\* This version of rule filed Dec. 18, 1975, effective Dec. 28, 1975. Amended: Filed April 11, 2019, effective Oct. 30, 2019.*

*\*Original authority: 286.060, RSMo 1945, amended 1947, 1980, 1995, 2011.*

**8 CSR 20-3.070 Posting of Bonds**

*PURPOSE: This proposed rule outlines procedures for posting of bonds by uninsured employers covered by the Workers' Compensation Act and implements section 287.480.2, RSMo Supp. 1998.*

(1) Any uninsured employer subject to the Workers' Compensation Act as determined by the division must file a certificate of surety or other document issued by a bank, savings and loan institution or an insurance company licensed to do business in Missouri, establishing that the employer has a bond which will satisfy the award in full with its application for review. If no bond accompanies the application for review, the application for review will be returned to the employer as if never filed. The time limit for appeal to the commission shall continue to run and will not be tolled by the filing of an application for review without bond.

(2) Any uninsured employer subject to the Workers' Compensation Act must file a certificate of surety or other document issued by a bank, savings and loan institution or an insurance company licensed to do business in Missouri, establishing that the employer has a bond which will satisfy the award in full, if no bond has been filed under 8 CSR 20-3.070(1), with the filing of a Notice of Appeal with the commission. If no bond accompanies the Notice of Appeal, the Notice of Appeal shall be returned to employer as if never filed. The time limit for filing a Notice of Appeal shall continue to run and shall not be tolled by the filing of the Notice of Appeal without bond.

*AUTHORITY: section 286.060, RSMo Supp. 1997.\* Original rule filed Sept. 15, 1998, effective March 30, 1999.*

*\*Original authority: 286.060, RSMo 1945, amended 1947, 1980, 1995.*