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**DEPARTMENT OF BUSINESS AND INDUSTRY
DIVISION OF INDUSTRIAL RELATIONS
WORKERS' COMPENSATION SECTION**

February 03, 2026

Senior Appeals Officer Denise McKay, Esq.
Department of Administration
Hearings Division
2200 South Rancho Drive, Suite 220
Las Vegas, Nevada 89102

RE: Review of Lung and Heart Disease Denied Claims in the Appeals Process

Dear Ms. McKay:

The Division of Industrial Relations, Workers' Compensation Section, conducted a review of claims related to occupational disease pursuant to NRS 617.455 and 617.457. This review covers the period from January 1, 2024, through December 31, 2024. A summary of the results is enclosed for your review. Please let us know if you have any questions by February 17, 2026.

If you have any questions regarding the report findings, please contact Stephen Samiotes, Chief Compliance Audit Investigator, Workers' Compensation Section at 775-684-7278.

Sincerely,

A handwritten signature in blue ink that reads "Jodi McCollins".

Jodi McCollins
Chief Administrative Officer
Workers' Compensation Section

JM/SS

STATE OF NEVADA
DEPARTMENT OF BUSINESS AND INDUSTRY
DIVISION OF INDUSTRIAL RELATIONS
WORKERS' COMPENSATION SECTION

REPORT
REVIEW OF LUNG AND HEART DISEASE CLAIMS¹
IN THE APPEAL PROCESS FOR LONGER THAN SIX (6) MONTHS
SUMMARY OF FINDINGS
DEPARTMENT OF ADMINISTRATION, HEARINGS DIVISION

Contributors to this review:

February 03, 2026

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1 Claims for lung diseases as occupational diseases of firefighters, police officers, and arson investigators per NRS 617.455 and NRS 617.457.

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INTRODUCTION

1. BACKGROUND

In accordance with NRS 617.455, Section 10, and NRS 617.457, Section 15, the Division of Industrial Relations shall review claim files that have been in the appeals process for longer than six (6) months to determine the circumstances causing the delay in processing the claim. The Department of Administration, Hearing Division, oversees the appeal process and provides the Division of Industrial Relations, Workers' Compensation Section a listing of denied claims for periodic review.

2. OBJECTIVE AND SCOPE

OBJECTIVE

To identify denied lung and heart disease claims in the appeals process for longer than six (6) months and determine the circumstances causing the delay in accordance with NRS 617.455, Section 10 and NRS 617.457, Section 15.

SCOPE

The scope of this review covers lung and heart disease claims that were denied and subsequently appealed to the State of Nevada Hearings Division. The claims included in this report had a "Decision Signed" date of January 1, 2024 through December 31, 2024, plus all cases that remained pending on December 31, 2024.

3. SUMMARY

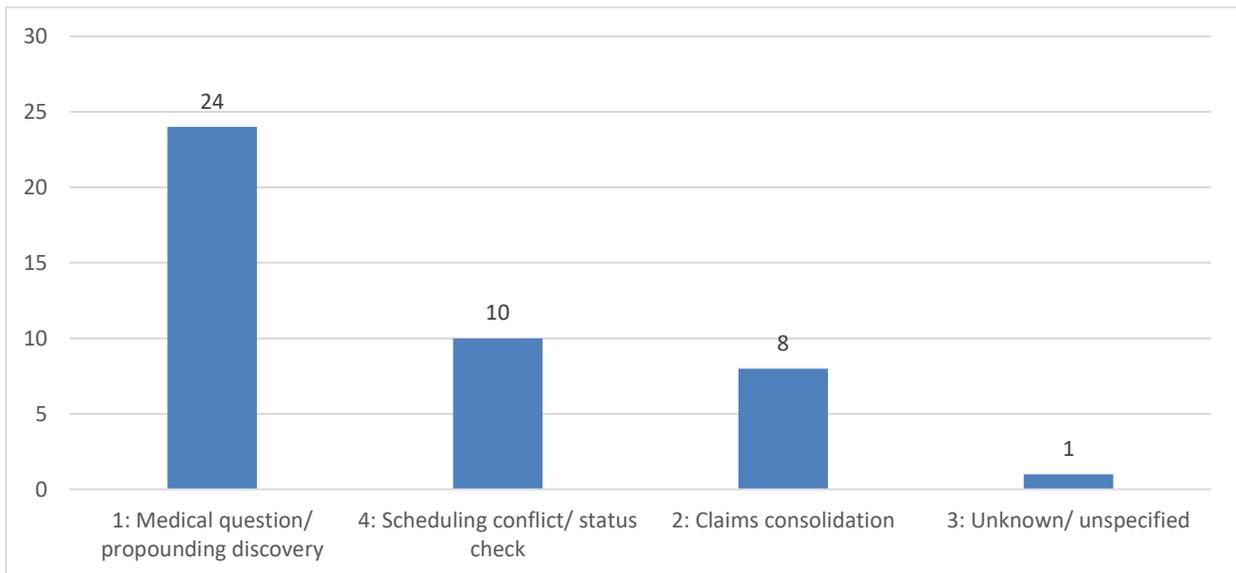
The Hearings Division in the State of Nevada provided 54 claims identified as denied lung and heart disease claims. In the scope of the review, 43 of the total 54 claims, or 80% were in the appeals process for longer than six (6) months as of December 31, 2025. The remaining 11 claims were not within the scope of the review due to either not meeting the requirements or were processed in less than six (6) months.

4. RESULTS

A. Claims in the Appeals Process for Longer than 6 months

A total of 43 claims were identified as being in the appeals process for more than six (6) months. Claims identified as being in the appeals process for longer than six (6) months were reviewed for the reasons for continuance as follows:

#	Reasons	# Of Claims	%
1	Medical question/propounding discovery	24	56%
2	Claims consolidation	8	19%
3	Unknown/unspecified	1	2%
4	Scheduling conflict/status	10	23%
Total		43	100%



As noted in the table and graph above, it was determined the most frequent reason for delays was due to medical questions and/or medical propounding discoveries, which accounts for 24 claims, or 56%. The second most recurring reason was due to scheduling conflicts with legal representation, which accounts for 10 claims, or 23%. The third most recurring reason was due to claims consolidation, which accounts for 8 claims, or 19%.

After reviewing each case file, it was noted that file documentation had increased compared to last year; however, consistency still varied depending on the Hearing or Appeals Officer. This improvement assisted in determining the causes of delays in the appeals process. It is recommended to continue adopting uniform documentation standards for all case files.

An unavoidable factor contributing to delays is the initial scheduling of cases on a “stacked calendar,” followed by the immediate rescheduling of hearings by the injured worker’s legal representation to secure a mutually agreeable date and time. This year, appeals were transitioned to an E-Filing system, which contributed to an increase in claims consolidation findings. Additionally, one claim was categorized as unknown/unspecified due to a cyber-attack that affected the State of Nevada during the review period.

The following table outlines the average number of days delayed in the appeals process for each reason for continuance. Medical questions and/or propounding discovery claims, which account for 56%, had an average delay of 710 days, or approximately 1.94 years. Scheduling conflict or status claims, representing 23%, averaged 525 days, or 1.43 years. Claims consolidation, accounting for 19%, had an average delay of 445 days, or 1.21 years. Finally, unknown or unspecified reasons, representing 2%, averaged 369 days, or about 1.01 years.

#	Continuance Reasons	Average Number of Days in Litigation	Days to Months Conversion	Days to Years Conversion
1	Medical question/ propounding discovery	710	23.34	1.94
2	Claims consolidation	445	14.63	1.21
3	Unknown/unspecified	369	12.13	1.01
4	Scheduling conflict/status	525	17.26	1.43

METHODOLOGY

To gain an understanding of the claim data, a letter was sent to the Department of Administration, Hearings Division. The requested data was obtained from their information technology representative.

NRS 617.455 (10a, 10b) and NRS 617.457 (15a, 15b) indicate that the appeals process begins on the date the claimant first files or submits a request for a hearing or an appeal of a determination regarding that claim and continues until the claim is adjudicated to a final decision. Additionally, NRS 617.455 (11) and NRS 617.457 (16) specify that the review consists of denied claims filed by a claimant.

The scope of this review covers lung and heart disease claims that were denied and subsequently appealed to the State of Nevada Hearings Division. The claims included in this report had a "Decision Signed" date between January 1, 2024, and December 31, 2024, as well as all cases that remained pending on December 31, 2024. The data provided by the Hearings Division included the following: first names and last names of injured workers, date of injury, employers, TPAs, type of health condition, Claim/Hearing/Appeal numbers, filing and decision dates for each claim while being processed by the Hearings Division, results, reasons for continuance, and comments.

Of the total 54 claims, 11 claims, or 20 % were not subject to review because they did not meet the criteria of the scope or were not related to lung or heart disease.

After identifying claims in litigation for more than six (6) months, a qualitative approach was applied to exclude those claims that were not labeled as lung or heart disease.

Reasons for continuance were grouped into four (4) categories: medical questions/propounding discovery, claims consolidation, unknown/unspecified, and scheduling conflicts with legal representation. The average duration, initially measured in days, was converted into months and years and organized by circumstance to ascertain the predominant factors contributing to denied claims extending beyond six months.