

**MDR Tracking Number: M5-03-0039-01**

Under the provisions of Section 413.031 of the Texas Workers' Compensation Act, Title 5, Subtitle A of the Texas Labor Code, effective January 1, 2002 and Commission Rule 133.305 and 133.308 titled Medical Dispute Resolution by Independent Review Organizations, the Medical Review Division assigned an IRO to conduct a review of the disputed medical necessity issues between the requestor and the respondent.

This case was forwarded to an IRO for review pursuant to Rule 133.308. On 6-5-03 an Order for Payment of IRO fee was sent to provider. The provider did not comply with Order; therefore, the services denied based upon medical necessity were dismissed. Based on review of the disputed issues within the request, the Medical Review Division has determined that **medical necessity was not the only issue** to be resolved.

This dispute also contained services that were denied based upon "F" and "N" that will be reviewed by the Medical Review Division.

On June 24, 2003, the Medical Review Division submitted a Notice to requestor to submit additional documentation necessary to support the charges and to challenge the reasons the respondent had denied reimbursement within 14 days of the requestor's receipt of the Notice.

The provider did not submit medical records to support billed services per Rule 133.307(g)(3); therefore, reimbursement for these services is not recommended.

This Decision is hereby issued this 5<sup>th</sup> day of August 2003.

Elizabeth Pickle  
Medical Dispute Resolution Officer  
Medical Review Division