

MDR Tracking Number: M5-03-0900-01

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.

The Medical Review Division has reviewed the IRO decision and determined that **the requestor prevailed** on the issues of medical necessity. Therefore, upon receipt of this Order and in accordance with §133.308(r)(9), the Commission hereby orders the respondent and non-prevailing party to **refund the requestor \$650.00** for the paid IRO fee. For the purposes of determining compliance with the order, the Commission will add 20 days to the date the order was deemed received as outlined on page one of this order.

In accordance with §413.031(e), it is a defense for the carrier if the carrier timely complies with the IRO decision.

Based on review of the disputed issues within the request, the Medical Review Division has determined that **medical necessity was the only issue** to be resolved. The unlisted psychiatric medicine and psychiatric services rendered 8-12-02 to 10-25-02 were found to be medically necessary. The requestor withdrew disputed dates of service 9-10-02, 9-16-02, and 10-25-02. The respondent raised no other reasons for denying reimbursement for these charges.

The above Findings and Decision are hereby issued this 13<sup>th</sup> day of August 2003.

Dee Z. Torres  
Medical Dispute Resolution Officer  
Medical Review Division

On this basis, and pursuant to §§402.042, 413.016, 413.031, and 413.019 of the Act, the Medical Review Division hereby ORDERS the respondent to pay the unpaid medical fees in accordance with the fair and reasonable rate as set forth in Commission Rule 133.1(a)(8) plus all accrued interest due at the time of payment to the requestor within 20 days of receipt of this order. This Order is applicable to dates of service 8-12-02 through 10-25-02 in this dispute.

The respondent is prohibited from asserting additional denial reasons relative to this Decision upon issuing payment to the requestor in accordance with this Order (Rule 133.307(j)(2)).

This Order is hereby issued this 13th day of August 2003.

Judy Bruce, Director  
Medical Review Division

JB/dzt

May 13, 2003

Rosalinda Lopez  
Texas Workers' Compensation Commission  
Medical Dispute Resolution  
4000 South IH-35, MS 48  
Austin, TX 78704-7491

Re: Medical Dispute Resolution  
MDR #: M5-03-0900-01  
IRO Certificate No.: 5055

Dear Ms. Lopez:

\_\_\_ has performed an independent review of the medical records of the above-named case to determine medical necessity. In performing this review, \_\_\_ reviewed relevant medical records, any documents provided by the parties referenced above, and any documentation and written information submitted in support of the dispute.

The independent review was performed by a matched peer with the treating health care provider. This case was reviewed by a physician who is Board Certified in Psychiatry and Neurology.

Clinical History:

The claimant is a 64-year-old female with a history of chronic pain dating back to a fall and injury on the job on \_\_\_\_. At the time of her mental health assessment on 07/25/02, she presented with a complex history including both chronic, debilitating musculoskeletal pain and symptoms of depression. The Mental Health Assessment documents her psychiatric symptoms, which support the diagnosis of major depressive disorder, single episode, moderate severity, as well as a pain disorder associated with both psychological factors and lumbosacral and hip sprain.

Disputed Services:

Psychiatric medication and services during the period of 08/12/02 through 10/29/02.

Decision:

The reviewer disagrees with the determination of the insurance carrier. The reviewer is of the opinion that the medications and therapies were medically necessary in this case.

Rationale for Decision:

The antidepressant medication and group therapy appear justified and medically necessary because of the patient's diagnoses of major depression, single episode, moderate severity, and pain disorder associated with both psychological factors and a general medical condition. The basis for these diagnoses, including diagnostic criteria, are adequately documented in the Mental Health Assessment and subsequent treatment notes. A multi-disciplinary treatment approach was necessary, given the relationship between the experience of pain and the patient's mental status.

I am the Secretary and General Counsel of \_\_\_ and I certify that the reviewing healthcare professional in this case has certified to our organization that there are no known conflicts of interest that exist between him and any of the treating physicians or other health care providers or any of the physicians or other health care providers who reviewed this case for determination prior to referral to the Independent Review Organization.

Sincerely,