

MDR Tracking Number: M5-03-0901-01

Under the provisions of Section 413.031 of the Texas Workers' Compensation Act, Title 5, Subtitle A of the Texas Labor Code, effective June 17, 2001 and Commission Rule 133.305 titled Medical Dispute Resolution –General 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 dispute was received on 11-25-02.

On June 6, 2003, the Medical Review Division issued an Order for Payment of IRO fee, instructing the requestor that failure to pay the IRO fee within 10 days would result in an immediate dismissal of the medical dispute. The provider failed to pay the IRO fee and the medical dispute portion of the dispute was 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 not addressed by the IRO and 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 requestor did not submit documentation necessary to support charges and to challenge the reason the respondent had denied reimbursement for dates of service 2-27-023 and 3-6-02; therefore, no reimbursement is recommended.

This Decision is hereby issued this 2<sup>nd</sup> day of October 2003.

Elizabeth Pickle  
Medical Dispute Resolution Officer  
Medical Review Division