

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, 2003 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 **\$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 psychiatric diagnostic interview was found to be medically necessary. The respondent raised no other reasons for denying reimbursement.

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 date of service 1/11/02 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 15<sup>th</sup> day of July 2003.

Noel L. Beavers  
Medical Dispute Resolution Officer  
Medical Review Division

NLB/nlb

July 10, 2003

## NOTICE OF INDEPENDENT REVIEW DECISION

### MDR Tracking #: M5-03-1142-01

\_\_\_ has been certified by the Texas Department of Insurance (TDI) as an independent review organization (IRO). \_\_\_ IRO Certificate Number is 5348. Texas Worker's Compensation Commission (TWCC) Rule §133.308 allows for a claimant or provider to request an independent review of a Carrier's adverse medical necessity determination. TWCC assigned the above-reference case to \_\_\_ for independent review in accordance with this Rule.

\_\_\_ has performed an independent review of the proposed care to determine whether or not the adverse determination was appropriate. Relevant medical records, documentation provided by the parties referenced above and other documentation and written information submitted regarding this appeal was reviewed during the performance of this independent review.

This case was reviewed by a practicing physician on the \_\_\_ external review panel. This physician is a board certified psychiatrist. The \_\_\_ physician reviewer signed a statement certifying that no known conflicts of interest exist between this physician and any of the treating physicians or providers or any of the physicians or providers who reviewed this case for a determination prior to the referral to \_\_\_ for independent review. In addition, the \_\_\_ physician reviewer certified that the review was performed without bias for or against any party in this case.

### Clinical History

This case concerns a 47 year-old female who sustained a work related injury on \_\_\_. The patient reported that while at work she was feeding sheets of plywood into a machine repeatedly all day when she began to experience wrist discomfort. The patient has undergone an MRI on 4/21/01 of the left wrist and an MRI of the right wrist on 4/28/01. The patient was diagnosed with bilateral carpal tunnel syndrome. The patient was treated with physical therapy and oral medications. The patient then underwent surgery to her right wrist December 2001 and the left wrist as well in July 2002.

### Requested Services

Psychiatric diagnostic interview on 1/11/02.

### Decision

The Carrier's determination that these services were not medically necessary for the treatment of this patient's condition is overturned.

### Rationale/Basis for Decision

The \_\_\_ physician reviewer noted that this case concerns a 47 year-old female with bilateral carpal tunnel syndrome. The \_\_\_ physician reviewer indicated that the patient has chronic pain persisting despite extensive chiropractic care and bilateral release surgery. The \_\_\_ physician reviewer also indicated that the patient has chronic pain in her cervical spine due to a motor vehicle accident. The \_\_\_ physician reviewer explained that a psychiatric evaluation is quite appropriate to rule out any underlying psychological issues regarding the persistence of the pain and the inability to return to work. The \_\_\_ physician reviewer also explained that the psychiatric evaluation on 1/11/02 revealed a psychogenic pain component secondary to a major depressive state for which treatment is available. The \_\_\_ physician reviewer indicated that the patient's condition is such that there are no symptoms of relief despite all surgical and medical intervention. The \_\_\_ physician reviewer further explained that the evaluation by the psychiatrist was prudent and therapeutic for this patient's condition. Therefore, the \_\_\_ physician consultant concluded that the psychiatric diagnostic interview on 1/11/02 was medically necessary to treat this patient's condition.

Sincerely,

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