

MDR Tracking Number: M5-03-1227-01

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 6-12-03 an Order for Payment of IRO fee was sent to provider. The provider did not comply with Order; therefore, the services denied based upon not medically necessary 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 "R". A review of TWCC records supports that a TWCC-21 was filed with the TWCC disputing the back treatment as not compensable per Section 408.027(d).

On June 30, 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 office visits report to support billed services was to a compensable area; therefore, the Medical Review Division is unable to determine if treatment was to compensable area or if requestor is entitled to reimbursement.

This Decision is hereby issued this 13<sup>th</sup> day of October, 2003.

Elizabeth Pickle  
Medical Dispute Resolution Officer  
Medical Review Division