

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 2-21-03.

The IRO reviewed psychological treatment rendered from 6-7-02 to 11-22-02 that were denied based upon "U".

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(q)(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.

This dispute also contained services that were not addressed by the IRO and will be reviewed by the Medical Review Division.

On May 15, 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 following table identifies the disputed services and Medical Review Division's rationale:

Services that were denied without an EOB will be reviewed in accordance with *Medical Fee Guideline*.

The requestor obtained preauthorization approval for 8 sessions of individual medical psychotherapy on 1-28-02, 10-11-02 and 1-24-03.

DOS	CPT CODE	Billed	Paid	EOB Denial Code	MAR\$ (Maximum Allowable Reimbursement)	Reference	Rationale
3-21-02 12-6-02 1-6-03 1-14-03 1-16-03 1-22-03	90844	\$120.00	\$0.00	No EOB	\$120.00	CPT Code Descriptor	As stated above, preauthorization approval was obtained; therefore, preauthorization and medical necessity were not in dispute. Psychological therapy reports to support service billed per MFG were not submitted; therefore, reimbursement is not recommended.
TOTAL							The requestor is not entitled to reimbursement.

This Decision is hereby issued this 2nd day of October 2003.

Elizabeth Pickle
Medical Dispute Resolution Officer
Medical Review Division

NOTICE OF INDEPENDENT REVIEW DECISION

Date: May 13, 2003

RE: MDR Tracking #: M5-03-1533-01
IRO Certificate #: 5242

___ has been certified by the Texas Department of Insurance (TDI) as an independent review organization (IRO). The Texas Workers' Compensation Commission (TWCC) has assigned the above referenced case to ___ for independent review in accordance with TWCC Rule §133.308 which allows for medical dispute resolution by an IRO.

___ has performed an independent review of the proposed care to determine if the adverse determination was appropriate. In performing this review, relevant medical records, any documents utilized by the parties referenced above in making the adverse determination, and any documentation and written information submitted in support of the appeal was reviewed.

The independent review was performed by a psychiatrist reviewer who is board certified in psychiatry. The psychiatrist reviewer has signed a certification statement stating that no known conflicts of interest exist between him or her and any of the treating physicians or providers or any of the physicians or providers who reviewed the case for a determination prior to the referral to for independent review. In addition, the reviewer has certified that the review was performed without bias for or against any party to this case.

Clinical History

The claimant apparently suffered a back injury on approximately ___ while doing some mopping. She subsequently underwent different therapies including ultimately a spinal fusion in November of 2000. Despite this surgical procedure, she has continued to report pain. In January of 2002, she was referred to the doctor for psychological evaluation and treatment. She apparently had some initial response to this intervention, but then subsequently had a relapse in June of 2002 and has been following up with the doctor subsequently.

Review of the psychological treatment indicates primarily focusing on pain issues, related to her alleged back injury, as well as difficulty with the workers compensation insurance. Of note in this case, she had a psychological testing accomplished in March of 2000 by another doctor. On this testing, there were some indications of symptom magnification and somatization. However, there is also notation of significant depressive symptoms being endorsed. The other doctor, while he is primary differential, includes depressive and anxious personality function, also notes that there is a possible major depressive disorder. Additionally, there was review of different orthopedic evaluations, a number of which indicated that there seemed to be some symptom magnification as indicated by changing physical exam as well as the claimant being relaxed when a physician was not in the room, apparently appearing as though she was not in pain. Despite this indication of symptom magnification, a number of the clinicians also comment that there does seem to be some depression, including the doctors.

Requested Service(s)

Psychological treatment from 06/07/02 to 11/22/02

Decision

The psychological treatment should be covered as part of the workers' compensation claim.

Rationale/Basis for Decision

While there may be symptom magnification, it also appears that most of the clinicians who have evaluated her also felt that there was ongoing pain related to the primary injury, as well as the treatment for that injury. The psychological treatment appears to be primarily focused on these pain issues and treatment of the pain. Therefore, the care provided does seem reasonable and necessary.

This decision by the IRO is deemed to be a TWCC decision and order.