

MDR Tracking Number: M5-03-1650-01

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 3-10-03.

The IRO reviewed psychiatric diagnostic interview, office visits, and chronic pain management program rendered from 4-16-02 through 10-1-02 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 Decision is hereby issued this 3<sup>rd</sup> day of November 2003.

Elizabeth Pickle  
Medical Dispute Resolution Officer  
Medical Review Division

### **ORDER.**

Pursuant to §§402.042, 413.016, 413.031, and 413.019 of the Act, the Medical Review Division hereby **ORDERS** the respondent to pay for 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 Decision is applicable for dates of service 4-16-02 through 10-1-02 in this dispute.

This Order is hereby issued this 3<sup>rd</sup> day of November 2003.

David R. Martinez, Manager  
Medical Dispute Resolution  
Medical Review Division

June 19, 2003

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IRO Certificate #: IRO4326

\_\_\_ 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 §133.308 which allows for medical dispute resolution by an IRO.

\_\_\_ has performed an independent review of the rendered 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 \_\_\_ physician reviewer who is board certified in family practice which is the same specialty as the treating physician. The \_\_\_ physician 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

This patient was injured on \_\_\_ when she slipped and fell several feet onto a concrete floor. She extended her right hand and arm to break her fall and sustained painful injuries to the right arm, shoulder, neck, and ankle and the lower back. She eventually had an anterior cervical discectomy with fusion and graft. The patient continued to have pain as well as depression and started in a chronic pain management program.

### Requested Service(s)

Psychiatric diagnostic interview on 04/16/02, the office visits on 04/23/02, 05/07/02, 05/23/02, 06/24/02, 07/23/02, 08/08/02, 08/29/02, and 10/01/02, and the chronic pain management programs from 05/23/02 through 06/13/02 and from 07/10/02 through 07/12/02

### Decision

It is determined that the psychiatric diagnostic interview on 04/16/02, the office visits on 04/23/02, 05/07/02, 05/23/02, 06/24/02, 07/23/02, 08/08/02, 08/29/02, and 10/01/02, and the chronic pain management programs from 05/23/02 through 06/13/02 and from 07/10/02 through 07/12/02 were medically necessary to treat this patient's condition.

### Rationale/Basis for Decision

This patient had no history of depression or other medical conditions prior to the injury on \_\_\_\_\_. She is experiencing a severe degree of pain which affects her activities of daily living in addition to psychological symptoms such as sleep and appetite disturbances and anxiety. The documentation for the dates in question show improvement and are problems or issues related to the injury. Therefore, it is determined that the psychiatric diagnostic interview on 04/16/02, the office visits on 04/23/02, 05/07/02, 05/23/02, 06/24/02, 07/23/02, 08/08/02, 08/29/02, and 10/01/02, and the chronic pain management programs from 05/23/02 through 06/13/02 and from 07/10/02 through 07/12/02 were medically necessary.

Sincerely,