

MDR Tracking Number: M5-03-2048-01

Under the provisions of Section 413.031 of the Texas Workers' Compensation Act, Title 5, Subtitle A of the Texas Labor Code, effective June, 2001 and Commission Rule 133.305 titled Medical Dispute Resolution-General, 133.307 titled Medical Dispute Resolution of a Medical Fee Dispute, 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 4-18-03.

The IRO reviewed psychiatric diagnostic interview examination including history and preparation of report on 10-2-02 that were denied as not medically necessary.

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 **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 12-5-03, 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.

Carrier's reconsideration EOB included the statement "Treatment is not casually related to this claim per peer review. No further treatment recommended for this employee per peer review." A review of TWCC records indicates a TWCC-21 was filed on 1-5-2000 identifying the date of injury (item 5) as \_\_\_\_; stating that "Deny any treatment for psych as not related to the injury on \_\_\_\_." According to the TWCC records, the date of injury for this dispute is \_\_\_\_.

The following table identifies the disputed services and Medical Review Division's rationale:

| DOS      | CPT CODE                                  | Billed   | Paid   | EOB Denial Code | MAR\$ (Maximum Allowable Reimbursement)  | Reference   | Rationale   |
|----------|---|--|--------|-----------------|--|---|---|
| 10/22/02 | 90801<br>90825<br>90830<br>90887<br>90889 | \$270.00<br>\$120.00<br>\$375.00<br>\$180.00<br>\$120.00 | \$0.00 | O               | \$3.00 per min<br>\$2.00 per min<br>\$125.00<br>\$3.00 per min<br>\$2.00 per min | 96 MFG Med GR; CPT descriptor; Rules 133.307(g)(3) and 134.600 (h)(4) | Carrier denied as "O – treatment is unreasonable and unnecessary per peer view." Requestor received preauthorization on 10-16-02 for psych test, interpretation and report; therefore, medical necessity is not an issue. No documentation was submitted to support delivery of these services and for the psychiatric diagnostic interview and psychiatric evaluation of records. No reimbursement is recommended. |
| TOTAL    |   | \$1,065.00   | \$0.00 |                 |  |   | The requestor is not entitled to reimbursement.   |

**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 Order is applicable for date of service 10-2-02 in this dispute.

This Order is hereby issued this 10<sup>th</sup> day of February 2004.

Dee Z. Torres  
 Medical Dispute Resolution Officer  
 Medical Review Division  
 DZT/dzt

NOTICE OF INDEPENDENT REVIEW DECISION

June 25, 2003

RE: MDR Tracking #: M5-03-2048-01  
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 orthopedic surgery 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 working as a bus driver when she was injured on \_\_\_. She closed the door and immediately experienced a sharp pain in the back of her neck. The patient has tried pain medications, physical therapy, work conditioning, and aquatic therapy with little relief. She was eventually referred to a pain management program.

Requested Service(S)

Psychiatric diagnostic interview examination including history and preparation of report of patient's psychiatric status on 10/02/02

Decision

It is determined that the psychiatric diagnostic interview examination including history and preparation of report of patient's psychiatric status on 10/02/02 was medically necessary to treat this patient's condition.

Rationale/Basis for Decision

The medical record shows that the patient had continuing symptoms for a long time after the initial injury of \_\_\_. Based on documentation, some of her symptoms do not relate to that injury. Her initial complaints were referable to her neck and with an apparent failure to effectively respond to multiple forms of treatment. The patient's other related diagnoses were unclear in the medical record. The evaluation and consideration of possible psychological or psychiatric influence upon her symptoms is medically indicated to be able to effect more beneficial treatment.

Sincerely,