

MDR Tracking Number: M5-03-3236-01

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 8-11-03.

The IRO reviewed psychiatric diagnostic interview and preparation of report on 12-23-02 and preparation of report on 2-21-03.

The Medical Review Division has reviewed the IRO decision and determined that **the requestor did not prevail** on the issues of medical necessity. Consequently, the requestor is not owed a refund of the paid IRO fee.

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 10-28-03, 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.

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

DOS	CPT CODE	Billed	Paid	EOB Denial Code	MAR\$ (Max. Allowable Reimbursement)	Reference	Rationale
12-23-02	90830-BDI (bill states BAP) 90830-CRI 90830-BDI	\$125.00 \$125.00 \$125.00	\$0.00	V	\$125.00/hour	Rule 134.600 (h) and 133.307 (g)(3) (A-F)	Psychological testing and biofeedback were preauthorized on 12-17-02; therefore, medical necessity has been established. Recommend reimbursement of \$125.00 x 3 = \$375.00 Recommend reimbursement of \$90.00 x 3 = \$270.00.
12/24/02	90915-B 90915-HR 90915-PNG	\$90.00 \$90.00 \$90.00	\$0.00	V	\$2.00/minute		

2/19/03	90844	\$122.00	\$0.00	V	\$122.00		Individual therapy and biofeedback were preauthorized on 1-15-03; therefore, medical necessity has been established. Recommend reimbursement of \$122.00.
							The requestor is entitled to reimbursement of \$767.00.

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 dates of service 12-23-02 through 2-19-03 in this dispute.

This Order is hereby issued this 6th day of July 2004.

Dee Z. Torres
 Medical Dispute Resolution Officer
 Medical Review Division

May 24, 2004

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 IRO Certificate # 5259

An independent review of the above-referenced case has been completed by a chiropractic doctor. The appropriateness of setting and medical necessity of proposed or rendered services is determined by the application of medical screening criteria published by ___ or by the application of medical screening criteria and protocols formally established by practicing physicians. All available clinical information, the medical necessity guidelines and the special circumstances of said case was considered in making the determination.

The independent review determination and reasons for the determination, including the clinical basis for the determination, is as follows:

See Attached Physician Determination

___ hereby certifies that the reviewing physician is on Texas Workers' Compensation Commission Approved Doctor List (ADL). Additionally, said physician has certified that no known conflicts of interest exist between him and any of the treating physicians or providers or any of the physicians or providers who reviewed the case for determination prior to referral to ___.

CLINICAL HISTORY

Available information suggests that this patient reports experiencing multiple upper extremity injuries resulting from a fall from a chair at work on _____. She has presented to multiple physicians, chiropractors and therapists for the evaluation and management of these conditions. A behavioral medicine evaluation appears to be made with a _____ on 12/31/01. Conditions at this time are noted as bilateral upper extremity pain after a fall from a chair. He notes that the patient has received braces, splints, bed rest, physical therapy and trigger point injections for these injuries. Medications provided include Hydrocodone, Flexeril, Neurontin and Elavil. Past medical history is significant for a motor vehicle accident in _____, and she appears to have filed for disability related to injuries received in this accident. She also appears to have had psychiatric treatment following this accident for mood problems. Prozac and Elavil appear to have been prescribed. After extended conservative therapy for her _____ work related injuries, she eventually undergoes carpal tunnel release surgery with a _____. She is finally placed at MMI with 12% WP impairment on 10/17/02. A request for psychological testing and x3 biofeedback therapy is received by the insurance carrier on 12/13/02. A 12/23/02 psychological evaluation report is submitted to treating chiropractor from _____ and _____, medical and psychological history is reviewed noting that the patient was involved in a _____ motor vehicle accident, however no mention is made of previous psychiatric evaluation and treatment for behavioral, psychosocial and mood disorders. There appears to be multiple fee dispute letters submitted on or about 02/21/03, from a _____ from _____ concerning psychological evaluations, biofeedback sessions and individual psychotherapy sessions performed in 2002, but no additional psychological evaluations or treatments appear to be performed on this date.

REQUESTED SERVICE (S)

Determine medical necessity for psychiatric diagnostic interview and preparation of report on 12/23/02 and preparation of report on 02/21/03.

DECISION

Denied. Available documentation does **not** support medical necessity for psychiatric diagnostic interview and preparation of reports on 12/23/02 and 02/21/03.

RATIONALE/BASIS FOR DECISION

Initial psychological evaluation from 12/31/01 clearly indicates that this patient had a significant prior history of psychological problems, work disability and psychiatric medical treatment dating back to _____. Other than a brief mention of this motor vehicle accident, 12/23/02 psychological evaluation report makes no specific mention of prior psychiatric treatment and does not appear to take this significant history into consideration in making clinical treatment plan or recommendations for care. No mention of this pre-existing medical or psychological history is made in chiropractic reporting.

The observations and impressions noted regarding this case are strictly the opinions of this evaluator. This evaluation has been conducted only on the basis of the medical/chiropractic documentation provided. It is assumed that this data is true, correct, and is the most recent documentation available to the IRO at the time of request. If more information becomes available at a later date, an additional service/report or reconsideration may be requested.

Such information may or may not change the opinions rendered in this review. This review and its findings are based solely on submitted materials.

No clinical assessment or physical examination has been made by this office or this physician advisor concerning the above-mentioned individual. These opinions rendered do not constitute per se a recommendation for specific claims or administrative functions to be made or enforced.