

MDR Tracking Number: M5-03-0851-01

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 10-22-02.

On June 9, 2003, the Medical Review Division issued an Order for Payment of IRO fee, instructing the requestor that failure to pay the IRO fee within 10 days would result in an immediate dismissal of the medical dispute. The provider failed to pay the IRO fee and the medical dispute was dismissed.

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

Elizabeth Pickle
Medical Dispute Resolution Officer
Medical Review Division