

MDR Tracking Number: M5-04-0605-01

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. The dispute was received on 07-09-03.

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 \$460.00** 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.

Based on review of the disputed issues within the request, the Medical Review Division has determined that **medical necessity was the only issue** to be resolved. The psychological interview was found to be medically necessary. The respondent raised no other reasons for denying reimbursement for the above listed services.

On this basis, and pursuant to §§402.042, 413.016, 413.031, and 413.019 of the Act, the Medical Review Division hereby ORDERS the respondent to pay 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 to dates of service 07-22-03 in this dispute.

The respondent is prohibited from asserting additional denial reasons relative to this Decision upon issuing payment to the requestor in accordance with this Order (Rule 133.307(j)(2)).

This Order is hereby issued this 15th day of December 2003.

Debra L. Hewitt
Medical Dispute Resolution Officer
Medical Review Division
DLH/dlh

December 10, 2003

Rosalinda Lopez
Texas Workers' Compensation Commission
Medical Dispute Resolution
Fax: (512) 804-4868

Re: MDR #: M5-04-0605-01
IRO Certificate No.: IRO 5055

___ has performed an independent review of the medical records of the above-named case to determine medical necessity. In performing this review, ___ reviewed relevant medical records, any documents provided by the parties referenced above, and any documentation and written information submitted in support of the dispute.

The independent review was performed by a matched peer with the treating health care provider. This case was reviewed by a physician who is certified in Chiropractic Medicine.

Clinical History:

This 54-year-old female claimant suffered a work-related injury on ____. Due to the patient's diabetic condition, the prolonged standing required by her job, and pressure of her shoes created an ulcer on the left fifth toe, which led to an infection and amputation of the left fifth toe on 04/26/01. An elaborate course of passive physiotherapeutics, physical therapy applications, and chiropractic therapeutics was initiated in or about June 2001.

The records provided for review indicate that the patient has undergone a variety of diagnostic testing that includes SSEP, NCV, needle EMG, and MR imaging. She has utilized a variety of medications for pain control with marginal success.

On 04/23/02, the patient underwent a Designated Doctor Examination (DDE) by a chiropractor and was found not to be Maximum Medical Improvement (MMI), and a course of interdisciplinary pain management was advised. The chiropractor recommended that the patient be evaluated in a psycho-physiological assessment that was performed on 07/22/02.

Disputed Services:

Psychological interview (90801) on 07/22/02.

Decision:

The reviewer disagrees with the determination of the insurance carrier and is of the opinion that the psychological interview in dispute was medically necessary in this case.

Rationale:

The records presented for review indicate that the patient has developed chronic pain behavior as a result of her work-related injury. It is vital to the proper management of this patient that a psycho-physiological baseline be obtained.

A diabetic patient cannot be classified in the same treatment algorithms as a patient without diabetes. It has been statistically proven that healing times are increased and the possibility of complications is heightened in the diabetic patient.

The TWCC System places presumptive weight on the opinion of the Designated Doctor, and it is appropriate to do the same in this case.

It is medically necessary and appropriate for this patient to have a psycho-physiological assessment to obtain a baseline of function to determine if she would be a candidate for interdisciplinary behavioral therapeutics.

The aforementioned information has been taken from the following guidelines of clinical practice and/or peer-reviewed references:

- Dick, B.D., et al. *The Disruptive Effect of Chronic Pain on Mismatched Negativity*. Clin. Neurophysio. 2003 Aug; 114(8): 1497-506.
- Robbins, H., et al. *A Prospective One-Year Outcome Study of Interdisciplinary Chronic Pain Management: Comprising Its Efficacy By Managed Care Policies*. Anesth. Analg. 2003 Jul; 97(1): 156-62.
- Turner-Stokes, L., et al. *Outpatient Cognitive Behavioral Pain Management Programs: A Randomized Comparison of a Group-Based Multi-Disciplinary vs. an Individual Therapy Model*. Arch. Phys. Med. Rehabil. 2003 Jun; 84(6): 781-8.
- Vowles, K.E., et al. *Work-Related Benefits About Injury and Physical Capability for Work in Individuals with Chronic Pain*. Pain. 2003 Feb; 101(3): 291-8.

I am the Secretary and General Counsel of ___ and I certify that the reviewing healthcare professional in this case has certified to our organization that there are no known conflicts of interest that exist between him and any of the treating physicians or other health care providers or any of the physicians or other health care providers who reviewed this case for determination prior to referral to the Independent Review Organization.

Sincerely,