

MDR Tracking Number: M5-04-2150-01

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, 133.307 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 03-15-04.

The Medical Review Division has reviewed the enclosed IRO decision and determined that **the requestor did not prevail** on the issues of medical necessity. The IRO agrees with the previous determination that the psychological interview performed on 9/2/03 was not medically necessary. Therefore, the requestor is not entitled to reimbursement of the IRO fee.

Based on review of the disputed issues within the request, the Medical Review Division has determined that **medical necessity was not the only issue** to be resolved. This dispute also contained services that were not addressed by the IRO and will be reviewed by the Medical Review Division.

In accordance with Rule 134.600 (h) (4), the requestor provided a copy of the preauthorization letter dated 9/16/03 for three (3) hours of psychological testing. This service was rendered on 9/26/03. The carrier denied these sessions for unnecessary medical treatment based on a peer review. Rule 133.301 (a) states "the insurance carrier shall not retrospectively review the medical necessity of a medical bill for treatments (s) and/or service (s) for which the health care provider has obtained preauthorization under Chapter 134 of this title." Therefore, reimbursement is recommended in the amount of \$265 in accordance with Rule 134.600 (b)(1)(B).

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 Medicare program reimbursement methodologies per Commission Rule 134.202 (b) 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 date of service 9/26/03 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 Decision and Order is hereby issued this 24<sup>th</sup> day of August 2004.

Regina L. Cleave  
Medical Dispute Resolution Officer  
Medical Review Division

RLC/rlc

NOTICE OF INDEPENDENT REVIEW DECISION

June 7, 2004

Rosalinda Lopez  
Program Administrator  
Medical Review Division  
Texas Workers Compensation Commission  
7551 Metro Center Drive, Suite 100, MS 48  
Austin, TX 78744-1609

RE: Injured Worker:  
MDR Tracking #: M5-04-2150-01  
IRO Certificate #: IRO4326

The Texas Medical Foundation (TMF) 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 TMF for independent review in accordance with TWCC Rule §133.308 which allows for medical dispute resolution by an IRO.

TMF 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 matched peer with the treating health care professional. This case was reviewed by a health care professional licensed in chiropractic care. TMF's health care professional 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 TMF 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 28 year old male who was working as a plumber's helper when he was involved in a work related injury on \_\_\_\_\_. The claimant sustained an injury to the lumbar spine when he was carrying a pipe and his foot became stuck in a ditch, when freeing his foot from the dirt, he experienced a sharp pain in his lumbar spine. The worker was diagnosed with lumbar disc syndrome, lumbar facet syndrome, lumbar radiculopathy and myofascitis. The FRI of the lumbar spine revealed broad based disc bulges at L4-5 and L5-S1. The patient was treated with epidural steroid injections and physical therapy.

#### Requested Service(s)

Psychological interview on 09/02/03

#### Decision

It is determined that the psychological interview on 09/02/03 was not medically necessary in the management of the claimant's condition.

#### Rationale/Basis for Decision

The medical information provided lacks quantitative and/or qualitative therapeutic data that would warrant the provider's initial progression toward behavioral therapeutic applications and/or upper level therapeutics like chronic pain management in the treatment of this claimant. In addition, the medical record lacks documented history of psychosocial deficits. The claimant's functional deficits have not been established in the reviewed medical records and from the therapeutic and/or diagnostic history. It is not clear how the claimant has not been returned to the workforce after being placed at maximum medical improvement on 12/02/02. The duration and frequency of care are atypical for chiropractic management of claimants with like and similar conditions. Therefore,

the psychological interview on 09/02/03 was not medically necessary in the management of the claimant's condition.

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

- Official Disability Guidelines 9th edition. *Intervertebral Disc Disorders (3-digit ICD9 722)*.
- *Overview of implementation of outcome assessment case management in the clinical practice*. Washington State Chiropractic Association; 2001. 54p.
- Stig LC, et al. *Recovery pattern of patients treated with chiropractic spinal manipulative therapy for long-lasting or recurrent low back pain*. J Manipulative Physiol Ther. 2001 May;24(4):288-91

Sincerely,