

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 (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 May 25, 2004.

The Medical Review Division has reviewed the IRO decision and determined that **the requestor prevailed** on the majority of 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.

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. Two hours for psychiatric diagnostic interview (90801) **were found** to be medically necessary. The psychiatric evaluation of hospital records (90825) and preparation of report of patient's psychiatric status (90889) **were not** 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 date of service 04-30-03 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 3<sup>rd</sup> day of September 2004.

Patricia Rodriguez  
Medical Dispute Resolution Officer  
Medical Review Division

PR/pr

### **NOTICE OF INDEPENDENT REVIEW DECISION**

**Date:** August 16, 2004

**RE:**

**MDR Tracking #:** M5-04-3354-01

**IRO Certificate #:** 5242

\_\_\_\_\_ 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 Rule §133.308 which allows for medical dispute resolution by an IRO.

\_\_\_\_\_ has performed an independent review of the proposed 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 Psychiatric reviewer (who is board certified in Psychiatry) who has an ADL certification. The 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.

**Submitted by Requester:**

- Medical dispute resolution request
- Summary request for physician dated 4/7/04
- Letter to \_\_\_\_\_ dated 3/22/04
- Approval letter of individual therapy and biofeedback dated 5/15/03
- Approval of a chronic pain management program dated 10/20/03
- Behavioral medicine consultation dated 4/30/03
- Records from a chronic pain management program

**Submitted by Respondent:**

- Peer review from \_\_\_\_\_ dated 2/4/04
- \_\_\_\_\_ referral dated 1/22/04
- Work and \_\_\_\_\_ physical performance evaluation and treatment notes
- Letter from \_\_\_\_\_ for approval of 10 days of chronic pain management program dated 11/13/03
- WC work status report covering the duration of the injury
- MRI of the head dated 8/15/03
- Evaluation dated 7/18/03 from \_\_\_\_\_
- Peer review dated 7/11/03 by \_\_\_\_\_ of the impairment rating
- Designated doctor examination dated 6/17/03 by \_\_\_\_\_
- Report of lumbar epidural steroid injection dated 3/25/03 by \_\_\_\_\_
- Peer review by \_\_\_\_\_ dated 3/31/03
- Evaluation and follow ups by \_\_\_\_\_
- Letter of approval for the lumbar epidural steroid injection dated 4/9/03

- Peer review dated 3/31/03 by \_\_\_\_\_
- Peer review by \_\_\_\_\_ dated 3/20/03
- Initial functional ability evaluation and treatment notes from the \_\_\_\_\_ by \_\_\_\_\_
- Letter of approval for a lumbar epidural steroid injection dated 3/17/03
- Partial approval for physical therapy dated 3/17/03
- EMG/NCV of the upper and lower extremities dated 2/10/03 by \_\_\_\_\_
- MRI of the spine and lumbar spine dated 1/30/03
- Consultation by \_\_\_\_\_ dated 2/20/03 from \_\_\_\_\_

### **Clinical History**

The claimant was reportedly injured after she slipped and fell at her place of employment on \_\_\_\_\_. She initially presented to the \_\_\_\_\_ and was evaluated by \_\_\_\_\_. She had persistent pain despite these treatments. She underwent epidural steroid injections. She had MRI of the lumbar and cervical spine and NCV which was not demonstrative of more than soft tissue injuries. She subsequently transferred her care to the \_\_\_\_\_ around April 2003. She continued to undergo physical therapy. She had other orthopedic evaluations. She had a behavioral health evaluation on 4/30/03. This evaluation, according to the report, consisted of a one hour review of record, one hour initial clinical interview and 2 hours of report generation and additional testing. The evaluator concluded that there was a pain disorder associated with psychological factors and a general medical condition. The claimant apparently underwent some individual and biofeedback therapy; however notes from this were not included in the reviewed materials. The claimant subsequently entered into a chronic pain management program.

### **Requested Service(s)**

Psychiatric diagnostic interview (90801), psychiatric evaluation of hospital records (90825) and preparation of report of patient's psychiatric status (90889).

### **Decision**

Two hours for a psychiatric diagnostic interview (90801) was medically necessary. The other charges are not medically necessary.

### **Rationale/Basis for Decision**

Based on the reviewed documentation, the claimant was having symptoms suggesting a psychological component to her persistent pain and disability. A comprehensive psychiatric diagnostic interview (90801) was medically indicated to evaluate the nature of these symptoms and to make treatment recommendations. A comprehensive psychiatric diagnostic interview should include review of a limited amount of collateral history and records and the generation of

a report with recommendations for further evaluation and treatment. The charges for the record review and report preparation are not warranted given that the report generated indicates review

of records only from the \_\_\_\_\_ where the claimant had been in treatment for just a month and given that the report was typical for what would be generated during an initial psychiatric interview (90801).