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 November 4, 2004.

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 office visit (99204) and the medical conference (99362-52) **were 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 11-07-03 through 11-10-03 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 14th day of January 2005.

Patricia Rodriguez
Medical Dispute Resolution Officer
Medical Review Division

PR/pr

Enclosure: IRO decision

January 12, 2005

TEXAS WORKERS COMP. COMISSION
AUSTIN, TX 78744-1609

CLAIMANT:
EMPLOYEE:
POLICY: M5-05-0778-01
CLIENT TRACKING NUMBER: M5-05-0778-01/5278

Medical Review Institute of America (MRIoA) has been certified by the Texas Department of Insurance as an Independent Review Organization (IRO). The Texas Workers Compensation Commission has assigned the above mentioned case to MRIoA for independent review in accordance with TWCC Rule 133 which provides for medical dispute resolution by an IRO.

MRIoA has performed an independent review of the case in question to determine if the adverse determination was appropriate. In performing this review all relevant medical records and documentation utilized to make the adverse determination, along with any documentation and written information submitted, was reviewed. Itemization of this information will follow.

The independent review was performed by a peer of the treating provider for this patient. The reviewer in this case is on the TWCC approved doctor list (ADL). The reviewer has signed a statement indicating they have no known conflicts of interest existing between themselves and the treating doctors/providers for the patient in question or any of the doctors/providers who reviewed the case prior to the referral to MRIoA for independent review

Records Received:
Records from the State:
Notification of IRO assignment dated 12/8/04, 1 page
Letter from TWCC dated 12/8/04, 1 page
Medical dispute resolution request/response form, date for receipt from requestor 11/4/04, 4 pages
AccuMed forms dated 11/19/03, 2 pages

Records from Provider:
Letter from TWCC dated 12/6/04, 1 page
Letter from Dr. Wright 1/3/05, 2 pages
Notification of completion of review dated 6/10/04, 1 page
Letter from Dr. Laning, undated, 1 page
Letter from Dr. Wright dated 11/11/03, 5 pages
Medical consultation report dated 11/10/03, 1 page
Request for C&P review of Accumed/ACE USA dated 3/24/04, 1 page

Workers' Compensation physician advisor review dated 10/13/03, 2 pages
Workers' Compensation physician advisor review dated 9/29/03, 6 pages
Texas Administrative Code, Title 28, Part 2, Chapter 180, Subchapter B, Rule 180.22, 3 pages

Summary of Treatment/Case History:
This patient underwent physical medicine treatments, NCV/EMG, MRIs, psychological evaluation, FCE, work conditioning and facet blocks after developing pain at work on while typing and answering phones.

Questions for Review:
Were the office visit (#99204) and medical conference (#99362-52) on 11/7/03 and 11/10/03 medically necessary?

Explanation of Findings:
Were the office visit (#99204) and medical conference (#99362-52) on 11/7/03 and 11/10/03 medically necessary?

Yes. Based on the medical records submitted, it was appropriate for the provider to refer the claimant for further examination/opinion after the patient failed to adequately respond to treatment. Moreover, the consulting doctor is a chiropractic specialist in rehabilitation, and thus an appropriate choice for the referral. The consulting doctor also fulfilled the statutory duties of a consulting doctor. Therefore, the disputed examination and conference were both indicated and medically necessary.

Conclusion/Decision to Certify:
The disputed examination and conference were both indicated and medically necessary.

Applicable Clinical of Scientific Criteria or Guidelines Applied in Arriving at Decision:
Internal chart evidence.

This review was provided by a chiropractor who is licensed in Texas, certified by the National Board of Chiropractic Examiners, is a member of the American Chiropractic Association and has several years of licensing board experience. This reviewer has written numerous publications and given several presentations with their field of specialty. This reviewer has been in continuous active practice for over twenty-five years.

It is the policy of Medical Review Institute of America to keep the names of its reviewing physicians confidential. Accordingly, the identity of the reviewing physician will only be released as required by state or federal regulations. If release of the review to a third party, including an insured and/or

provider, is necessary, all applicable state and federal regulations must be followed.
Medical Review Institute of America retains qualified independent physician reviewers and clinical advisors who perform peer case reviews as requested by MRIoA clients. These physician reviewers and clinical advisors are independent contractors who are credentialed in accordance with their particular specialties, the standards of the American Accreditation Health Care Commission (URAC), and/or other state and federal regulatory requirements.

The written opinions provided by MRIoA represent the opinions of the physician reviewers and clinical advisors who reviewed the case. These case review opinions are provided in good faith, based on the medical records and information submitted to MRIoA for review, the published scientific medical literature, and other relevant information such as that available through federal agencies, institutes and professional associations. Medical Review Institute of America assumes no liability for the opinions of its contracted physicians and/or clinician advisors. The health plan, organization or other party authorizing this case review agrees to hold MRIoA harmless for any and all claims which may arise as a result of this case review. The health plan, organization or other third party requesting or authorizing this review is responsible for policy interpretation and for the final determination made regarding coverage and/or eligibility for this case.

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