

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 3-3-05.

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.

The Psychological Diagnostic Interview Exam, Psychological Evaluation of Records, Preparation of Report of Psychological Status, Psychological Testing, Health and Behavioral Assessment, Individual Psychotherapy and Health and Behavioral Intervention were found to be medically necessary. The respondent raised no other reasons for denying reimbursement for the above listed services. The amount due the requestor for the medical necessity issues is \$822.06.

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

On 3-15-05 the Medical Review Division submitted a Notice to requestor to submit additional documentation necessary to support the charges and to challenge the reasons the respondent had denied reimbursement within 14 days of the requestor's receipt of the Notice.

Regarding CPT code 96152 for dates of service 5-11-04 and 5-13-04: Per Ingenix Encoder Pro, "CPT code 96152 is considered by Medicare to be a component procedure of CPT code 90806. There are no circumstances in which a modifier would be appropriate. The services represented by the code combination will not be paid separately." Ingenix does not state that these must be billed on the same day. The carrier has already reimbursed the requestor for CPT code 90806. **No additional reimbursement is recommended.**

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 totaling \$822.06 for 3-4-04 through 4-29-04 outlined above as follows:

- In accordance with Medicare program reimbursement methodologies for dates of service on or after August 1, 2003 per Commission Rule 134.202 (c);
- plus all accrued interest due at the time of payment to the requestor within 20 days of receipt of this Order.

This Decision and Order is hereby issued this 12th day of May 2005.

Medical Dispute Resolution Officer
Medical Review Division

Enclosure: IRO decision

NOTICE OF INDEPENDENT REVIEW DECISION

May 4, 2005

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 #: M5-05-1846-01
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 Medicine. 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 21 year-old female injured her back on ___ when she slipped and fell on a wet floor. She complains of pain in her low back. She has been treated with medications and therapy.

Requested Service(s)

Psychological diagnostic interview exam, psychological evaluation of records, preparation of report of psychological status, psychological testing, health and behavioral assessment, individual psychotherapy, health and behavioral intervention for dates of service 03/04/04 through 04/29/04

Decision

The psychological diagnostic interview exam, psychological evaluation of records, preparation of report of psychological status, psychological testing, health and behavioral assessment, individual psychotherapy, health and behavioral intervention for dates of service 03/04/04 through 04/29/04 are determined to be medically necessary in the treatment of this patient.

Rationale/Basis for Decision

Based on the information provided, it was medically necessary for this patient to receive the services described from 03/04/04 through 04/29/04. The records indicate the patient was injured on the job ____ while she was walking to the back of the store and slipped in some water falling on her lower back causing her injuries. An aggressive treatment program was begun and diagnostic testing performed. She had received treatment for an ongoing period of time. However, on 03/04/04, her description of pain was 8 out of 10. She was having negative impact on a wide range of life functions including family responsibilities, social activities, sexual functioning, sports exercise, housework, etc. She stated her pain increased when sitting, standing or sleeping in one position for 30 minutes or more. Her pain was so severe it often woke her from a deep sleep. She estimated that she could only participate in 60% (at most) of her pre-injury activities.

Based upon the clinical documentation it was necessary for her to receive the thorough initial psychological evaluation and the behavioral medicine evaluation psychophysiological profile assessment in order to properly evaluate the patient's current condition and be in a position to prescribe the appropriate treatment plan. All services above are common practice throughout the medical practices and under the TWCC system that require evaluations to be performed prior to treatment. Her doctor suspected that her combination of pain and emotional symptoms made her a candidate for multidisciplinary chronic pain management program.

Therefore, the psychological diagnostic interview exam, psychological evaluation of records, preparation of report of psychological status, psychological testing, health and behavioral assessment, individual psychotherapy, health and behavioral intervention for dates of service 03/04/04 through 04/29/04 are medically necessary to treat this patient's condition.

Sincerely,

A handwritten signature in black ink that reads "Gordon B. Strom, Jr." in a cursive, slightly slanted script.

Gordon B. Strom, Jr., MD
Director of Medical Assessment

GBS:dm

Attachment

Information Submitted to TMF for TWCC Review

Patient Name:

TWCC ID #: M5-05-1846-01

Information Submitted by Requestor:

- Requestor's Position
- Progress Notes
- Claims

Information Submitted by Respondent:

- Carrier's Position
- Independent Review
- Claims