MDR Tracking Number: M5-05-1913-01

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 3-10-05.

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 $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.

The psychiatric diagnostic interview examination, psychiatric evaluation of data for medical diagnostic purposes and preparation of report for other physicians, agencies or insurance carriers on 3-16-04 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 $448.84.

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 4-6-05 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.

CPT code 96151 on 4-27-04 (2 units) was denied by the carrier as "A – Preauthorization required but not requested." Per Rule 134.600 (h) this service does not require preauthorization. Per Rule 134.202(d), reimbursement shall be the least of the (1) MAR amount as established by this rule or, (2) the health care provider's usual and customary charge. **Recommend reimbursement of $65.00.**

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 $513.84 for 3-16-04 through 4-27-04 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 3rd day of May 2005.

Medical Dispute Resolution Officer
Medical Review Division
Enclosure: IRO decision

Specialty Independent Review Organization, Inc.

May 2, 2005

TWCC Medical Dispute Resolution
7551 Metro Center Suite 100
Austin, TX 78744

Patient:
TWCC #:
MDR Tracking #: M5-05-1913-01
IRO #: 5284

Specialty IRO has been certified by the Texas Department of Insurance as an Independent Review Organization. The Texas Worker's Compensation Commission has assigned this case to Specialty IRO for independent review in accordance with TWCC Rule 133.308, which allows for medical dispute resolution by an IRO.

Specialty IRO has performed an independent review of the care rendered 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.

This case was reviewed by a licensed Ph D with a specialty in Counseling. The reviewer is on the TWCC ADL. The Specialty IRO health care professional has signed a certification statement stating that no known conflicts of interest exist between the reviewer and any of the treating

doctors or providers or any of the doctors or providers who reviewed the case for a determination prior to the referral to Specialty IRO for independent review. In addition, the reviewer has certified that the review was performed without bias for or against any party to the dispute.

CLINICAL HISTORY

Ms. ___ worked for . .. _ for 37 years before retiring in 2000. She reported being injured at work on ___ when she sat down in a chair with rollers and it moved backward. She fell to the floor in a sitting position, twisting her right ankle and hurting her left foot and shoulders while attempting to break her fall. She complained of lower back pain, pain in both shoulders, upper back pain, pain in the feet and ankles, pain in both wrists, headaches, and right knee pain. She has had X-Rays, MRI, NCV, and medications.

She has been treated with passive modalities including aquatics, massage, chiropractic manipulation, and physical therapy. She had three epidural injections. She reported that the first two injections relieved her pain, yet the third injection did not help her pain and was in fact responsible for an increase in pain from a 5/10 to a 10/10 for the following week.

Dr. Williams recommended the disputed services based on the patient's report of significant pain and mental health symptoms to determine her eligibility for a multidisciplinary chronic pain management program.

RECORDS REVIEWED

Explanation of Benefits 05/119/1999
Report by Steven Callahan, Ph.D. 04/02/2005
Report by Michael Williams, D.C 04/07/2005
Report by Karen Ables, MA 04/22/04
Medical Record Review by Diana Morgan, R.N.
Report by Brad McKechnie, D.C. 10/16/2003

DISPUTED SERVICES

The items in dispute are the retrospective medical necessity of 90801 psychiatric diagnostic interview examination, 90885 psychiatric evaluation of data for medical diagnostic purposes and 90889 preparation of report for other physicians, agencies, or insurance carriers performed on 3-16-2004.

DECISION

The reviewer disagrees with the previous adverse determination.

BASIS FOR THE DECISION

In order to determine the need for treatment and plan treatment if necessary, a psychological evaluation is appropriate and equitable. AMA guidelines for the treatment of pain, CARF guidelines for multidisciplinary treatment, Medicare guidelines for the use of psychological evaluations, and TWCC treatment guidelines have all acknowledged the importance of such evaluations in the diagnosis and treatment planning processes critical to quality patient care.

Specialty IRO has performed an independent review solely to determine the medical necessity of the health services that are the subject of the review. Specialty IRO has made no determinations regarding benefits available under the injured employee's policy. Specialty IRO believes it has made a reasonable attempt to obtain all medical records for this review and afforded the requestor, respondent and treating doctor an opportunity to provide additional information in a convenient and timely manner.

As an officer of Specialty IRO, Inc, dba Specialty IRO, I certify that there is no known conflict between the reviewer, Specialty IRO and/or any officer/employee of the IRO with any person or entity that is a party to the dispute.

Sincerely,

Wendy Perelli, CEO

CC: Specialty IRO Medical Director