

Amended MDR Tracking Number: M5-05-2360-01
(Previously M5-05-1524-01)

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 01-24-05.

This AMENDED FINDINGS AND DECISION supersedes all previous Decisions rendered in this Medical Payment Dispute involving the above requestor and respondent.

The Medical Review Division's Decision of 03-17-05 (tracking number M5-05-1524-01) was appealed and subsequently withdrawn by the Medical Review Division applicable to a Notice of Withdrawal of 04-15-05. An Order was rendered in favor of the Requestor. The Respondent appealed the Order to an Administrative Hearing.

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 psychiatric interview 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 fees were the only fees involved in the medical dispute to be resolved. As the services listed above were not found to be medically necessary, reimbursement for date of service 06-09-04 is denied and the Medical Review Division declines to issue an Order in this dispute.

This Amended Findings and Decision is hereby issued this 25th day of May 2005.

Medical Dispute Resolution Officer
Medical Review Division

Enclosure: IRO decision

May 24, 2005

TEXAS WORKERS COMP. COMISSION
AUSTIN, TX 78744-1609

CLAIMANT: ___

EMPLOYEE: ___

POLICY: M5-05-2360-01

CLIENT TRACKING NUMBER: M5-05-2360-01/5278

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:

FROM THE STATE:

Notification of IRO Assignment dated 5/10/05 1 page
Texas Workers Compensation Commission form dated 5/10/05 1 page
Medical Dispute Resolution Request/Response 1 page
Provider sheet 1 page
Table of disputed services 1 page
Explanation of Benefits from Deep East TX Self Ins Fund 1 page

FROM THE RESPONDENT:

Letter from John Fowler dated 5/19/05 4 pages
Texas Workers Compensation Commission form dated 5/10/05 1 page
Medical record review dated 2/3/05 2 pages
Letter from Dr. Andy Ullman, DC dated 6/5/04 4 pages
Medical Dispute Resolution Request/Response form 1 page
Provider sheet 1 page
Table of disputed services 1 page
Initial Behavioral Medicine Consultation dated 5/3/04 7 pages
Pain intensity rating report 2 pages
Explanation of Benefits from Deep East TX Self INS fund 2 pages
HCFA billing form dated 6/9/04 1 page

FROM THE REQUESTOR:

Texas Workers Compensation Commission form dated 5/10/05 1 page
Texas Workers Compensation Commission form dated 3/9/05 1 page
Texas Workers Compensation Commission form dated 1/27/05 1 page
Medical Dispute Resolution Request/Response 1 page
Provider sheet 1 page
Table of disputed services 1 page
Summary of Requestor's position regarding fee dispute dated 1/20/05 2 pages

Explanation of Benefits from Deep East TX Self INS Fund 3 pages
HCFA billing form dated 6/9/04 1 page
Request for reconsideration dated 12/16/04 1 page
Notice of Utilization Review Decision dated 7/21/04 1 page
Patient information sheet dated 5/27/04 1 page
Initial Behavioral Medicine Consultation dated 6/9/04 6 pages
Addendum to Initial Behavioral Medicine Consultation dated 6/9/04 1 page
Texas Workers Compensation Commission Findings and Decision dated 3/18/05 3 pages
Letter from John Fowler dated 3/31/05 1 page
Texas Workers Compensation Consultation Findings and Decision dated 3/18/05 3 pages
Notice of withdrawal of findings and decision dated 4/15/05 1 page
Copy of check from Injury 1 treatment center dated 5/18/04 1 page

Summary of Treatment/Case History:

The subject is a 60 year old woman who sustained an injury to her neck, lower back and hip on _____. She tripped and fell when her tennis shoes gripped a carpet she was walking on, she has complained of pain in the above areas for the ensuing year. She has had extensive chiropractic and chiropractic directed physical medicine services over the course of the year, the diagnosis remaining one of a sprain/strain. She has shown no positive response to any treatment. Her chiropractor referred her for a psychological evaluation to assess the patient's emotional status as it related to the injuries. The evaluation was done by Tatia Miller, M.A., L.P.C.

The patient herself completed a Beck Depression Inventory, which is a self-report tool and her score was of 8, indicating minimal depressive symptoms. A Beck Anxiety Index, also a self-report tool, yielded a score of 5, reflecting normalcy.

The mental status findings were of significant depression and anxiety along with poor self-esteem. These were all related to the fall of _____. The diagnosis made was of an Adjustment Disorder, made on 5/3/04, almost a year after the fall at work and well beyond the 6-month time frame for which such a diagnosis is valid. The complaints of the patient were of stressors that fall within the average expectable range of experience. There was no entertaining of the possibility of secondary gain noted nor any investigation of the possibility of malingering.

Questions for Review:

1. Items in dispute: Psychiatric interview (#90801). Denied for medical necessity with denial code U.

Explanation of Findings:

The finding is that the Psychiatric Interview of 6/6/04 was not medically necessary. The patient had a self reported Beck Depression Index indicating mild symptoms, a Beck Anxiety Index that was normal and a diagnosis of Adjustment Disorder more than a year after her fall. The evaluation was incomplete in not assessing the potential for malingering and/or secondary gain issues. There was no focus on what represented significant over utilization of services prior to the evaluation for a minor fall yielding a diagnosis of sprain/strain.

Conclusion/Decision to Not Certify:

1. Items in dispute: Psychiatric interview (#90801). Denied for medical necessity with denial code U.

The decision is to uphold the previous denial of Psychiatric Evaluation of 6/6/04.

Applicable Clinical of Scientific Criteria or Guidelines Applied in Arriving at Decision:

Medical Disability Advisor

References Used in Support of Decision:

Medical Disability Advisor

The physician providing this review is board certified in Psychiatry. The reviewer is a member of the American Medical Association, the American Psychiatric Association, the American Psychoanalytic Association, The American Society for Adolescent Psychiatry and their State Medical and Psychiatric societies. The reviewer has served as an administrator, consultant, assistant clinical professor and Medical Director. The reviewer has been in active practice since 1967.

MRloA is forwarding this decision by mail, and in the case of time sensitive matters by facsimile, a copy of this finding to the treating provider, payor and/or URA, patient and the TWCC.

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 MRloA 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 MRloA 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 MRloA 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 MRloA 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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