



Texas Department of Insurance, Division of Workers' Compensation
 7551 Metro Center Drive, Suite 100 • Austin, Texas 78744-1609

MEDICAL DISPUTE RESOLUTION FINDINGS AND DECISION

Retrospective Medical Necessity and Fee Dispute

PART I: GENERAL INFORMATION

Type of Requestor: (X) Health Care Provider () Injured Employee () Insurance Carrier

Requestor's Name and Address:

Texas Health
 PO Box 600324
 Dallas TX 75360-0324

MDR Tracking No.: M5-05-2625-01

Claim No.:

Injured Employee's Name:

Respondent's Name and Address:

Federated Mutual Insurance Box 01

Date of Injury:

Employer's Name:

Insurance Carrier's No.:

PART II: REQUESTOR'S PRINCIPLE DOCUMENTATION AND POSITION SUMMARY

Documents included TWCC 60 form, Explanations of Benefits and CMS 1500's.

PART III: RESPONDENT'S PRINCIPLE DOCUMENTATION AND POSITION SUMMARY

No position summary was received.

PART IV: SUMMARY OF DISPUTE AND FINDINGS - Medical Necessity Services

Date(s) of Service	CPT Code(s) or Description	Medically Necessary?	Amount Due (if any)
6-8-04	90801	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	\$

PART V: MEDICAL DISPUTE RESOLUTION REVIEW SUMMARY, METHODOLOGY, AND/OR EXPLANATION

Under the provisions of Section 413.031 of the Texas Workers' Compensation Act, Title 5, Subtitle A of the Texas Labor Code and Rule 133.308 (relating to Medical Dispute Resolution by Independent Review Organization), Medical Dispute Resolution assigned an Independent Review Organization (IRO) to conduct a review of the medical necessity issues between the requestor and respondent.

The Division has reviewed the enclosed IRO decision and determined that the requestor did not prevail on the medical necessity issues.

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

On 6-30-05, the Division submitted a Notice to requestor to submit 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.

Code 90880 billed on 7-1-04, 7-9-04, and 7-14-04 was denied as 'A, preauthorization not obtained' and '230, treatment not authorized' Per Rule 134.202, hypnotherapy (90880) requires preauthorization. No preauthorization was obtained; therefore, no reimbursement recommended.

Code 90889 billed on 7-1-04, 7-9-04, and 7-14-04 was denied as 'G, unbundling' and '284, no allowance recommended as this procedure indicates a status B'. Per Rule 134.202, this is a bundled code and no separate reimbursement is allowed.

PART VI: GENERAL PAYMENT POLICIES/REFERENCES IMPACTING DECISION

28 Texas Administrative Code Sec. 134.202 and 133.308

PART VII: DIVISION DECISION

Based upon the documentation submitted by the parties and in accordance with the provisions of Texas Labor Code, Sec. 413.031, the parties are instructed to review the IRO decision and take appropriate action. The requestor is not entitled to a refund of the IRO fee.

Findings and Decision

9-16-05

Authorized Signature

Typed Name

Date

PART VIII: YOUR RIGHT TO REQUEST JUDICIAL REVIEW

Appeals of medical dispute resolution decisions and orders are procedurally made directly to a district court in Travis County [see Texas Labor Code, Sec. 413.031(k), as amended and effective Sept. 1, 2005]. An appeal to District Court must be filed not later than 30 days after the date on which the decision that is the subject of the appeal is final and appealable. The Division is not considered a party to the appeal.

Si prefiere hablar con una persona en español acerca de ésta correspondencia, favor de llamar a 512-804-4812.

IRO America Inc.

An Independent Review Organization

7626 Parkview Circle

Austin, TX 78731

Phone: 512-346-5040

Fax: 512-692-2924

September 13, 2005

TWCC Medical Dispute Resolution

Fax: (512) 804-4868

Patient: _____
TWCC #: _____
MDR Tracking #: M5-05-2625-01
IRO #: 5251

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

IRO America has performed an independent review of the proposed care 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.

The independent review was performed by a matched peer with the treating doctor; the Reviewer is a credentialed Panel Member of IRO America's Medical Knowledge Panel who is a licensed Provider, board certified and specialized in Clinical Physiologist. The reviewer is on the TWCC Approved Doctor List (ADL).

The IRO America Panel Member/Reviewer is a health care professional who 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 IRO America for independent review. In addition, the reviewer has certified that the review was performed without bias for or against any party to the dispute.

RECORDS REVIEWED

Notification of IRO assignment, information provided by Requestor, Respondent, and Treating Doctor(s) including: Reports reviewed: Work and Accident Clinic Comprehensive Examination and Progress Notes dated May 17 through July 30 (31 visits total); Behavioral Medicine Consultation by Texas Health, covering treatment from 6-8-04 through 7.20/04 prepared by Ranee Clayton, M.S., L.P.C., L.M.F.T., and Claudia Ramirez, M.A., L.P.C.-1. Review: Forte's Notice of Utilization Review Findings dated June 21, 2004.

CLINICAL HISTORY

The patient is a 24-year old female who reported good health and an active lifestyle prior to a MVA on _____. Available records indicate that the patient was driving a Toyota Tacoma delivery pickup as an employee of an auto parts store. At about 5:45 pm she was "cutoff" by an SUV; to avoid a collision with this vehicle, the patient swerved left, somewhat lost control of the Tacoma and slid into the leftmost lane where she was struck on the left rear portion of the Tacoma by a Chevy sedan. Her medical diagnoses were shoulder and upper arm sprains, thoracic sprain, neck sprain, and lumbar sprain. She reports that immediately following the impact, she experienced immediate onset of pain in her head, shoulder, and back. Over time in physical therapy she consistently reported neck and shoulder pain that interfered with normal physical motion, recurrent headaches, difficulty sleeping, nightmares, and subjective feelings of chronic stress due to dramatic and sustained socioeconomic changes. One month after the accident, she reported having a headache that was accompanied by a dizzy spell and tinnitus in her left ear. Nearly two months after the accident, she reported a couple of bouts of nausea. Patient reported no retrograde amnesia for the accident, and records from ongoing clinical visits do not suggest notable memory problems or confusion. The patient endorsed subnormal functioning in her social life, including outbursts of anger; she endorsed having a lack of control in her life, and also stated that she was uncomfortable in automobiles. Her DSM-IV Axis I provisional diagnosis was 309.00, Adjustment disorder with mixed anxiety and depressed mood, acute. Her Axis III was coded as an underlying medical condition (ICD-9-CM 847.2; 847.8, 847.1, 840.9).

DISPUTED SERVICE(S)

Under dispute is retrospective medical necessity of psychiatric interview 90801 on 6/8/04.

DETERMINATION/DECISION

The Reviewer agrees with the determination of the insurance carrier.

RATIONALE/BASIS FOR THE DECISION

The counselors at Texas Health diagnosed Adjustment disorder with mixed anxiety and depressed mood, with medical conditions 847.2, 847.8, 847.1, 840.9 (musculoskeletal and soft-tissue sprains) but there is no indication in the records that the Texas Health counselors ruled out intracranial trauma as a general medical condition by proper referral for a neuropsych eval. This information was potentially relevant to the understanding or management of the individual's psychological issues. This omission is despite the fact these clinicians clearly considered head trauma as a factor. The Behavioral Medicine Consultation states, under the heading "History of Head Injury," that "Ms. ___ endorses head trauma as part of the work accident of ___. She denies any loss of consciousness. The patient endorses myriad symptoms indicative of head trauma, such as frequent and severe headaches, dizziness and balance problems, buzzing sound in her left ear, difficulty with memory, confusion and unexpected outbursts of anger. She denies experiencing these symptoms prior to the head injury of ___."

Screening Criteria

1. Specific:

American Psychiatric Association. The diagnostic and statistical manual of mental disorders. Washington, DC 2000.

Asmundson, G.J., Norton, G.R., Allardings, M.D., Norton, P.J., Larsen, D.K. Posttraumatic stress disorder and work-related injury. J Anxiety Disord, 1998; 12:57-69.

Blanchard, E.B., Hickling, E.J. After the crash: psychological assessment and treatment of survivors of motor vehicle accidents. Washington, DC: American Psychological Association; 2004.

Hickling, E.J., Blanchard, E.B., Silverman, D.J., Schwarz, S.P. Motor vehicle accidents, headaches and post-traumatic stress disorder: assessment findings in a consecutive series. Headache, 1992; 32; 147-51.

2. General:

In making his determination, the Reviewer had reviewed medically acceptable screening criteria relevant to the case, which may include but is not limited to any of the following: Evidence Based Medicine Guidelines (Helsinki, Finland); Texas Medical Foundation: Screening Criteria Manual (Austin, Texas); Texas Chiropractic Association: Texas Guidelines to Quality Assurance (Austin Texas); Texas Medical Foundation: Screening Criteria Manual (Austin, Texas); Mercy Center Guidelines of Quality Assurance; any and all guidelines issued by TWCC or other State of Texas Agencies; standards contained in Medicare Coverage Database; ACOEM Guidelines; peer-reviewed literate and scientific studies that meet nationally recognized standards; standard references compendia; and findings; studies conducted under the auspices of federal government agencies and research institutes; the findings of any national board recognized by the National Institutes of Health; peer reviewed abstracts submitted for presentation at major medical associates meetings; any other recognized authorities and systems of evaluation that are relevant.

CERTIFICATION BY OFFICER

IRO America has performed an independent review solely to determine the medical necessity of the health services that are the subject of the review. IRO America has made no determinations regarding benefits available under the injured employee's policy.

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

IRO America is forwarding by mail or facsimile, a copy of this finding to the TWCC, the Injured Employee, the Respondent, the Requestor and the Treating Doctor.

Sincerely,

IRO America Inc.



Dr. Roger Glenn Brown

President & Chief Resolutions Officer