



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

#### PART I: GENERAL INFORMATION

<b>Type of Requestor:</b> (X) Health Care Provider ( ) Injured Employee ( ) Insurance Carrier	
Requestor's Name and Address:  BHCA, PC 2450 Fondren Suite 312 Houston, TX 77063	MDR Tracking No.: New MDR #-M5-06-1080-01 Old MDR # - M4-04-9709-01
	Claim No.:
	Injured Employee's Name:
Respondent's Name and Address:  Continental Casualty Company, Box 47	Date of Injury:
	Employer's Name:
	Insurance Carrier's No.:

#### PART II: REQUESTOR'S PRINCIPLE DOCUMENTATION AND POSITION SUMMARY

Documents include the DWC-60 package. Position Summary states, "The evaluation provided the medical necessity by the Treating Doctor. It recommended the pain program."

#### PART III: RESPONDENT'S PRINCIPLE DOCUMENTATION AND POSITION SUMMARY

Documents include the DWC-60 response. Position Summary states, "None of the medical records prior to the psychological evaluation indicate any problems or concerns with psychological issues. Thus, the basis for the referral (and hence the necessity) has not been established."

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

Date(s) of Service	CPT Code(s) or Description	Medically Necessary?	Additional Amount Due (if any)
7-17-03	CPT code 90830	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	0

#### 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 Division 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 disputed medical necessity issues.

CPT code 90801 was preauthorized by the carrier in a letter dated 6-17-03. The carrier denied these sessions for unnecessary medical treatment. Rule 133.301 (a) states "the insurance carrier shall not retrospectively review the medical necessity of a medical bill for treatments (s) and/or service (s) for which the health care provider has obtained preauthorization under Chapter 134 of this title." The insurance carrier will be billed for this violation. Per Rule 134.600(e)(F) "the request for preauthorization shall contain the **estimated** date of proposed health care." Recommend reimbursement of \$360.00.

**PART VI: GENERAL PAYMENT POLICIES/REFERENCES IMPACTING DECISION**

28 Texas Administrative Code Sec. 133.301 (a), 133.308, 134.202(b).

**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 Division has determined that the requestor is not entitled to a refund of the paid IRO fee. The Division has determined that the requestor is entitled to reimbursement for the services involved in this dispute in the amount of \$360.00. The Division hereby **ORDERS** the insurance carrier to remit this amount plus all accrued interest due at the time of payment to the Requestor within 30 days of receipt of this Order.

Findings and Decision by:

Donna Auby

4-25-06

Authorized Signature

Typed Name

Date of Findings and Decision

**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.**



Specialty Independent Review Organization, Inc.

Amended 04/20/06

April 14, 2006

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

Patient:  
DWC #:  
MDR Tracking #: M5-06-1080-01  
IRO #: 5284

Specialty IRO has been certified by the Texas Department of Insurance as an Independent Review Organization. The TDI-Division of Workers' Compensation has assigned this case to Specialty IRO for independent review in accordance with DWC 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 PhD/LPC with a specialty in counseling. The reviewer is on the DWC 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

The patient reported a work related injury on \_\_\_ while working for the Candy Headquarters in Austin, TX when she carried a 12-15 lb. bag of candy. Setting the bag down, she felt a sharp pull in her lower back and left hip. She went to the ER and was diagnosed with a strain/sprain. She then began treatment with Dr. Larry Craighead, D.C., who instituted a PT program in his office five times per week.

An MRI was performed on 3/10/03 revealing mild lumbar scoliosis with a convexity to the left, L 1-2 degenerative disc disease with a diffuse annular disc bulge and no foraminal encroachment, and L5-S1 diffuse annular bulge with bilateral facet joint arthrosis and mild bilateral foraminal narrowing.

Dr. Roger Blair, M.D. performed NCV testing on 3/24/03. Dr. Blair reported that the study of the lower extremities was unremarkable.

#### RECORDS REVIEWED

Report by Steven S. Callahan 03/18/2006  
Letter from Stone Loughlin & Swanson, LLP, H. Douglas Pruett 03/22/2006  
Rehab therapy notes from Total Healthcare dated 02/20/2003, 02/21/2003, 02/27/2003, 02/28/2003, 3/3/03, 3/4/03, 3/11/03,  
MRI Lumbar Spine report .03/10/03 by Dr. James E. Remkus

Nerve Conduction Studies of the Lower Extremities report by Dr. Roger S. Blair  
Peer Review Analysis by Dr. Holley Heyert 04/01/03  
Report of Medical Evaluation by Dr. Annette Zaharoff 04/11/03  
Functional Capacity Assessment 05/16/03  
Behavioral Medicine Assessment by Dr. Michael R. Ghomley 7/15/03

#### DISPUTED SERVICES

The retro prospective medical necessity Psych test (90830)

#### DECISION

The reviewer agrees with the previous adverse decision.

#### BASIS FOR THE DECISION

The provided/reviewed progress notes concerning Ms. \_\_\_ never contain mention of mood, anxiety, or adjustment difficulties. No mention was made of other life events/stressors related to her injury or her inability to work during her therapy sessions as read in the daily progress notes. Several times progress notes describe Ms. \_\_\_'s difficulty sleeping due to pain, but again no mention of emotional concerns related to lack of sleep or continued pain.

The behavioral medicine report dated 7/15/03 described a prior diagnosis of bipolar disorder, yet the patient reported no medication or other treatment for this diagnosis for the previous 4 years.

While psychological evaluations may aide in determining the need for counseling, based on the medical records provided for this case, there is no medical reason to pursue a psychological evaluation in the course of treatment for this patient.

#### REFERENCE

American Psychological Association. (1985). Standards for educational and psychological testing (rev.). Washington, DC: Author.

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 the reviewing provider has no known conflicts of interest between that provider and the injured employee, the injured employee's employer, the injured employee's insurance carrier, the utilization review agent, or any of the treating doctors or insurance carrier health care providers who reviewed the case for decision before referral to the IRO.

Sincerely,

Wendy Perelli, CEO

CC: Specialty IRO Medical Director

## **Your Right To Appeal**

**If you are unhappy with all or part of this decision, you have the right to appeal the decision. The decision of the Independent Review Organization is binding during the appeal process.**

**If you are disputing the decision (other than a spinal surgery prospective decision), the appeal must be made directly to a district court in Travis County (see Texas Labor Code §413.031). 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. If you are disputing a spinal surgery prospective decision, a request for a hearing must be in writing and it must be received by the Division of Workers' Compensation, Chief Clerk of Proceedings, within ten (10) days of your receipt of this decision.**

Sincerely,

Wendy Perelli, CEO

**I hereby certify, in accordance with DWC- Rule 102.4 (h), that a copy of this Independent Review Organization decision was sent to the Division via facsimile, U.S. Postal Service or both on this 20<sup>th</sup> day of April 2006**

**Signature of Specialty IRO Representative:**

**Name of Specialty IRO Representative:          Wendy Perelli**