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 Dispute

PART I: GENERAL INFORMATION

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

Requestor=s Name and Address:	MDR Tracking No.: M4-06-0236-01 (previous MDR #) M5-06-1039-01 (previous MDR #) M5-06-1372-01 (new MDR #)
Behavioral Healthcare Associates 2450 Fondren, Suite # 312 Houston, Texas 77063	Claim No.:
	Injured Employee's Name:
Respondent's Name and Address: Pacific Employers Insurance Company Rep Box # 15	Date of Injury:
	Employer's Name:
	Insurance Carrier's No.:

PART II: REQUESTOR'S PRINCIPLE DOCUMENTATION AND POSITION SUMMARY

DOCUMENTATION SUBMITTED: DWC-60 dispute

POSITION SUMMARY: "No explanation of benefits or request for additional information has been received from the carrier. We resubmitted this claim to carrier on 7/21/05 and again on 8/18/05 and still have not received anything. Our facility finds that the carrier is in violation of TWCC RULE 134.304(a) and it is their obligation to take action on a medical bill no later than 45 days after the date received. In view of the above, we request the insurance carrier be ordered to issue payment or at least give an acknowledgement as to why no payment for the services rendered".

PART III: RESPONDENT'S PRINCIPLE DOCUMENTATION AND POSITION SUMMARY

DOCUMENTATION SUBMITTED: Response to DWC-60

POSITION SUMMARY: "The carrier received the initial claim submitted on July 21, 2005 from Behavioral Healthcare Associates, dates of service 09/30/204-09/30/2004 in the amount of $315.00. The claim was forwarded to Accumed for review. Accumed completed their review on August 15, 2005. The EOB along with a copy of the peer review report was mailed on or around August 18, 2005 to the medical provider listed on the claim. Therefore the Carrier is not in violation of TWCC Rule 134.304(a)".

PART IV: SUMMARY OF DISPUTE AND FINDINGS

Date(s) of Service	CPT Code(s) or Description	Medically Necessary?	Additional Amount Due (if any)
09-30-04	90801	☒ Yes ☐ No	$192.58

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 **prevailed** on the disputed medical necessity issues.

On 03-28-06 the Requestor withdrew CPT code 90889 for date of service 09-30-04, therefore, this service is not included in the review.

PART VI: GENERAL PAYMENT POLICIES/REFERENCES IMPACTING DECISION

28 Texas Administrative Code Sec. 133.308 and 134.202

PART VII: DIVISION DECISION AND ORDER

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 entitled to reimbursement in the amount of $192.58. In addition, the Division finds that the requestor was the prevailing party and is entitled to a refund of the IRO fee in the amount of $650.00. 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.

Ordered by:

		04-20-06
Authorized Signature		Date of Order

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.

MEDICAL REVIEW OF TEXAS

[IRO #5259]

10817 W. Hwy. 71 Austin, Texas 78735
Phone: 512-288-3300 FAX: 512-288-3356

NOTICE OF INDEPENDENT REVIEW DETERMINATION

TDI-WC Case Number:	
MDR Tracking Number:	M5-06-1372-01
Name of Patient:	
Name of URA/Payer:	Behavioral Healthcare Associates
Name of Provider: (ER, Hospital, or Other Facility)	Behavioral Healthcare Associates
Name of Physician: (Treating or Requesting)	Dr. Francois

April 17, 2006

An independent review of the above-referenced case has been completed by a medical physician board certified in psychiatry. The appropriateness of setting and medical necessity of proposed or rendered services is determined by the application of medical screening criteria published by Texas Medical Foundation, or by the application of medical screening criteria and protocols formally established by practicing physicians. All available clinical information, the medical necessity guidelines and the special circumstances of said case was considered in making the determination.

The independent review determination and reasons for the determination, including the clinical basis for the determination, is as follows:

See Attached Physician Determination

Medical Review of Texas (MRT) hereby certifies that the reviewing physician is on the Division of Workers' Compensation Approved Doctor List (ADL). Additionally, said physician has certified that no known conflicts of interest exist between him and any of the treating physicians or providers or any of the physicians or providers who reviewed the case for determination prior to referral to MRT.

Sincerely,

Michael S. Lifshen, MD
Medical Director

cc: Division of Workers' Compensation

CLINICAL HISTORY

Records reviewed included:

- TDI-Notification of IRO Assignment
- BHCA Summary/Statement of Position/Report of Clinical Interview
- Employers first report of injury
- TWCC – Medical Dispute Resolution
- Accident & Work Injury Rehab Clinic S.O.A.P. notes
- Dr. Muzzonigro – review
- Dr. David H. Trotter – review
- BHCA – Behavioral medicine assessment
- BHCA – Psychophysiological Profile assessment
- Nova – Functional Capacity Evaluation
- North Houston Imaging Center – imaging report
- Dr. Kolstad – History and physical
- Nova – Behavioral evaluation

This is a 46-year-old male employed as an inspector/installer/manager of subcontractors who install fire-alarm and PA systems for . He worked for for approximately 3 years when he injured his knee in ____. He began physical medicine treatment. His MRI revealed a significant tear in his medial and lateral meniscus. The patient obtained a second opinion, began treatment and had surgery in August 2002. He continued treatment in 2003 along with narcotic pain medications. As of September 2004, the patient was still continuing to complain of pain and immobility. He was referred for a diagnostic psychiatric interview (90801) in order to determine if his lack of rehabilitation was secondary to underlying secondary gain or other psychological issues that might contribute to his continued physical incapacity. An appropriate psychological assessment was performed along with appropriate psychological testing. The Beck Depression inventory revealed significant depression. The Spielberger Trait Anxiety inventory revealed moderate anxiety and the MMPI-2 revealed significant psychopathology including dependency, difficulty with reality testing, symptoms of depression and complaint oaf pain inconsistent with the medical findings (somatazation disorder).

REQUESTED SERVICE(S)

Psychiatric diagnostic interview exam for date of service 9/30/04.

DECISION

Approved.

RATIONALE/BASIS FOR DECISION

The rationale for this decision is very simple. This patient was not responding to aggressive rehabilitation, and pain management. He was appropriately referred for psychological evaluation to determine if there was a psychological component contributing to his medical condition. The initial evaluation was the first step in providing psychological testing and treatment which would save further expense in continued physical treatment that was so far ineffective. The initial evaluation and the subsequent psychological testing clearly reflected significant psychological stress that was contributing to failure to treatment. These inexpensive services would save enormous continued costs for physical services where there appeared to be the need for psychiatric/psychological treatment instead. This would benefit the patient as well as Workman's Compensation.

Certification of Independence of Reviewer

As the reviewer of this independent review case, I do hereby certify that I have no known conflicts of interest between the 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.

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.

Chief Clerk of Proceedings
Division of Workers' Compensation
P.O. Box 17787
Austin, Texas 78744

Or fax the request to (512) 804-4011. A copy of this decision must be attached to the request.

The party appealing the decision shall deliver a copy of its written request for a hearing to the opposing party involved in the dispute.

Signature of IRO Employee: _____

Printed Name of IRO Employee: Cindy Mitchell