



Medical Fee Dispute Resolution Findings and Decision

General Information

Requester Name

Brent D. Dreier, D.C.

Respondent Name

City of Austin

MFDR Tracking Number

M4-26-0417-01

Insurance Carrier's Austin Representative

BOX 19 Flahive Ogden & Latson

DWC Date Received

October 13, 2025

Summary of Findings

Date(s) of Service	Disputed Services	Amount in Dispute	Amount Due
January 30, 2025	Examination to Determine Maximum Medical Improvement - 99456	\$498.00	\$465.00
January 30, 2025	Examination to Determine Impairment Rating - 99456	\$565.00	\$398.00
Total		\$1,063.00	\$863.00

Requester's Position

"Claim was NOT paid AT ALL, and payment is due for services as outlined in 28 TAC §134.1 and §134.204(j). The total amount paid should be \$1063.00 This was billed for services for a **REFERRALL MMI/IR** and payment is still due for DOS 01/30/2025 for DOI [REDACTED]."

Amount In Dispute: \$1,063.00

Respondent's Position

The Austin carrier representative for City of Austin is Flahive, Ogden & Latson. The representative was notified of this medical fee dispute on October 15, 2025.

Per 28 Texas Administrative Code §133.307(d)(1), if DWC does not receive the response within 14 calendar days of the dispute notification, then DWC may base its decision on the available information.

As of today, no response has been received from the insurance carrier or its representative. We will base this decision on the information available.

Findings and Decision

Authority

This medical fee dispute is decided according to Texas Labor Code Section [413.031](#) and other applicable laws and rules of the Texas Department of Insurance, Division of Workers' Compensation (DWC).

Statutes and Rules

1. 28 Texas Administrative Code (TAC) Section [133.307](#) sets out the procedures for resolving medical fee disputes.
2. 28 TAC Section [130.1](#) sets out the requirements for certification of maximum medical improvement and impairment rating.
3. 28 TAC Section [134.210](#) sets out the fee guidelines for workers' compensation specific services.
4. 28 TAC Section [134.260](#) sets out the fee guidelines for examinations to determine maximum medical improvement and impairment rating by a referred doctor.

Adjustment Reasons

The insurance carrier denied payment for the disputed services with the following reasons:

1. 1014 – The attached billing has been re-evaluated at the request of the provider. Based on this re-evaluation, we find our original review to be correct. Therefore, no additional allowance appears to be warranted.
2. 2005 – No additional reimbursement allowed after review of appeal/reconsideration.
3. 193 – Original payment decision is being maintained. Upon review, it was determined that this claim was processed properly.
4. P4 – Workers' Compensation claim adjudicated as non-compensable. This Payer is not liable for claim or service/treatment.
5. N612 – Medical provider not authorized/certified to provide treatment to injured workers in this jurisdiction.
6. 5050 – Claim is denied. No payment will be made.

Issues

1. What is DWC considering in this medical fee dispute?
2. Is the insurance carrier's denial of payment based on compensability?

3. Is the insurance carrier's denial of payment based on authorization or certification?
4. Is the requester entitled to reimbursement?

Findings

1. The requester is seeking reimbursement of \$1,063.00 for an examination to determine if the injured employee had reached maximum medical improvement (MMI) and, if so, determine an impairment rating (IR) performed on January 30, 2025. The examination considered in this dispute was referred to the requester by the treating doctor for date of injury [REDACTED].
2. The insurance carrier denied payment in part, stating, "Workers' Compensation claim adjudicated as non-compensable. This Payer not liable for claim or service/treatment." 28 TAC Section 133.307(d)(2)(H) states, "If the medical fee dispute involves compensability, extent of injury, or liability, the insurance carrier must attach any related Plain Language Notice in accordance with §124.2 of this title."

The insurance carrier failed to respond with the required Plain Language Notice attached in accordance with 28 TAC Section 133.307(d)(2)(H). Therefore, DWC concludes that the insurance carrier's denial of payment based on compensability is not supported.

3. The insurance carrier also denied payment stating, "Medical provider not authorized/certified to provide treatment to injured workers in this jurisdiction." 28 TAC 133.1(a)(1)(A)(i) states that "the treating doctor (or a doctor to whom the treating doctor has referred the injured employee for evaluation of MMI and/or permanent whole body impairment in the place of the treating doctor ...)" may be authorized to certify MMI and IR. Based on available evidence, DWC finds that Dr. Dreier was authorized to perform the examination in question.

Based on available information, DWC finds that Dr. Dreier is certified by DWC to perform examinations to determine MMI and IR.

DWC concludes that the insurance carrier's denial of payment based on authorization or certification is not supported.

4. Because the insurance carrier failed to support its denial of payment for the services in question, DWC finds that the requester is entitled to reimbursement as follows.

The submitted evidence indicates that Dr. Dreier certified that the injured employee was at MMI. 28 TAC Section 134.260(c)(2) states, in relevant part, "MMI evaluations will be reimbursed at \$449 adjusted per §134.210(b)(4)."

The documentation also indicates that Dr. Dreier assigned an impairment rating of one musculoskeletal body area. Per 28 TAC Section 134.260(c)(3)(A)(ii)(I) states, "the reimbursement for the first musculoskeletal body area is \$385 adjusted per §134.210(b)(4)."

28 TAC §134.210(b)(4) states, "Fees established in §§134.235, 134.240, 134.250, and 134.260

of this title will be:

- (A) ...
- (B) adjusted annually by applying the MEI percentage adjustment factor identified in §134.203(c)(2).
- (C) rounded to whole dollars by dropping amounts under 50 cents and increasing amounts from 50 to 99 cents to the next dollar. For example, \$1.39 becomes \$1 and \$2.50 becomes \$3.
- (D) effective on January 1 of each new calendar year.”

The adjusted reimbursement rate for an examination to determine MMI for date of service January 30, 2025, is \$465.00. The adjusted reimbursement rate for an examination to determine IR for one musculoskeletal body area for date of service January 30, 2025, is \$398.00. DWC finds the total allowable reimbursement for the services in question is \$863.00. This amount is recommended.

Conclusion

The outcome of this medical fee dispute is based on the evidence requester and the respondent presented at the time of adjudication. Though all evidence may not have been discussed, it was considered.

DWC finds the requester has established that reimbursement is due.

Order

Under Texas Labor Code Sections [413.031](#) and [413.019](#), DWC has determined the requester is entitled to reimbursement for the disputed services. It is ordered that City of Austin must remit to Brent Dreier, D.C. \$863.00 plus applicable accrued interest within 30 days of receiving this order in accordance with 28 TAC Section [134.130](#).

Authorized Signature

Signature

Medical Fee Dispute Resolution Officer

January 23, 2026

Date

Your Right to Appeal

Either party to this medical fee dispute has a right to seek review of this decision under 28 TAC Section [133.307](#), which applies to disputes filed on or after **June 1, 2012**.

A party seeking review must submit [DWC Form-045M, Request to Schedule, Reschedule, or Cancel a Benefit Review Conference to Appeal a Medical Fee Dispute Decision \(BRC-MFD\)](#) and follow the

instructions on the form. You can find the form at www.tdi.texas.gov/forms/form20numeric.html. DWC must receive the request within **20 days** of when you receive this decision. You may fax, mail, or personally deliver your request to DWC using the contact information on the form or the field office handling the claim. If you have questions about DWC Form-045M, please call CompConnection at 800-252-7031, option three or email CompConnection@tdi.texas.gov.

The party seeking review of the MFDR decision must deliver a copy of the request to all other parties involved in the dispute at the same time the request is filed with DWC. **Please include a copy of this *Medical Fee Dispute Resolution Findings and Decision*** with any other required information listed in 28 TAC Section [141.1\(d\)](#).

Si prefiere hablar con una persona en español acerca de esta correspondencia, favor de llamar a 800-252-7031, opción tres o correo electrónico CompConnection@tdi.texas.gov.