



Medical Fee Dispute Resolution Findings and Decision

General Information

Requester Name

Brent D. Dreier, D.C.

Respondent Name

City of Austin

MFDR Tracking Number

M4-26-0690-01

Insurance Carrier's Austin Representative

BOX 19 Flahive Ogden & Latson

DWC Date Received

November 10, 2025

Summary of Findings

Date(s) of Service	Disputed Services	Amount in Dispute	Amount Due
September 25, 2025	Examination to Determine MMI 99456	\$498.00	\$465.00
September 25, 2025	Examination to Determine IR 99456	\$565.00	\$398.00
Total		\$1,063.00	\$863.00

Requester's Position

"Claim was NOT paid AT ALL ... The total amount paid should be \$1063.00. This was billed for services for a **REFERRAL MMI/IR** and payment is still due for DOS 09/25/2025 ... *This claim has been sent to both Sedgwick and Athens Administrators for processing. Neither insurance company has responded to the claim.*"

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 November 13, 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 [133.210](#) sets out the requirements for medical bill processing by insurance carrier.
3. 28 TAC Section [133.240](#) sets out the procedures for payment, reduction, or denial of a medical bill.
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

Neither party submitted an explanation of benefits for the disputed services.

Issues

1. What is DWC considering in this medical fee dispute?
2. Did the insurance carrier submit explanations of benefits (EOBs) for the disputed services?
3. Is the requester entitled to reimbursement?

Findings

1. The requester is seeking reimbursement for an examination to determine maximum medical improvement (MMI) and impairment rating (IR) performed on September 25, 2025, as referred by the treating doctor. The requester argued he did not receive explanations of benefits. DWC did not receive explanations of benefits or a response to this dispute from the insurance carrier. These services are considered in this dispute.
2. Per 28 TAC Section 133.240(a), the insurance carrier is required to take final action by paying, reducing, or denying the service in question not later than 45 days after receiving

the medical bill. This deadline is not extended by a request for additional information.

In emails from the requester, the Sedgwick argued that the requester should send bills to a different third-party administrator, stating that a change had occurred on October 1, 2025. However, records available to DWC indicate a change of claims administration on October 27, 2025. The greater weight of evidence indicates that the requester submitted a bill to Sedwick on October 6, 2025.

Per 28 TAC Section 133.210(e), "It is the insurance carrier's obligation to furnish its agents with any documentation necessary for the resolution of a medical bill. The Division considers any medical billing information or documentation possessed by one entity to be simultaneously possessed by the other." The greater weight of evidence presented and available to DWC indicates that a complete bill for the services in question was received by the insurance carrier or its agent.

Per 28 TAC §133.240(a), the insurance carrier is required to take final action by paying, reducing, or denying the service in question not later than 45 days after receiving the medical bill. This deadline is not extended by a request for additional information.

DWC found no evidence that the insurance carrier took final action on the bill for the service in question.

3. Because the insurance carrier failed to provide any defense for non-payment of the services in question, DWC finds the requester is entitled to reimbursement.

28 TAC §134.260(c) states, in relevant part, "The following applies for billing and reimbursement of an MMI or IR evaluation by a referred doctor ... (2) MMI evaluations will be reimbursed at \$449 adjusted per §134.210(b)(4)."

28 TAC §134.260(c) states, in relevant part, ""For IR examinations, the referred doctor must bill, and the insurance carrier must reimburse, the components of the IR evaluation. Indicate the number of body areas rated in the units column of the billing form.

- (3) IR. For IR examinations, the referred doctor must bill, and the insurance carrier must reimburse, the components of the IR evaluation. Indicate the number of body areas rated in the units column of the billing form.

- (A) For musculoskeletal body areas, the referred doctor may bill for a maximum of three body areas.

- (i) Musculoskeletal body areas are:

- (I) spine and pelvis;

- (II) upper extremities and hands; and

- (III) lower extremities (including feet).

(ii) For musculoskeletal body areas:

(I) the reimbursement for the first musculoskeletal body area is \$385 adjusted per §134.210(b)(4) ...

Dr. Dreier provided impairment ratings for a lower extremity.

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 the MMI portion of the examination in question with date of service September 25, 2025, is \$465.00. The adjusted reimbursement rate for the IR portion of the examination in question with date of service September 25, 2025, is \$398.00. The total allowable 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 D. 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

February 27, 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.