TDI Division of Workers' Compensation
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Medical Fee Dispute Resolution Findings and Decision

General Information

Requester Name

Lori Wasserburger, M.D.

Respondent Name

City of Austin

MFDR Tracking Number

M4-26-1891-01

Insurance Carrier's Austin Representative

BOX 19 Flahive Ogden & Latson

DWC Date Received

March 4, 2026

Summary of Findings

Date(s) of Service	Disputed Services	Amount in Dispute	Amount Due
November 12, 2025	Examination to Determine MMI 99456	$465.00	$465.00
November 12, 2025	Examination to Determine IR 99456	$597.00	597.00
	Total	$1,062.00	$1,062.00

Requester's Position

"The above-mentioned insurance company is refusing to pay a claim for a designated doctor exam. A billing claim was submitted to ATHENS ADMINISTRATION Ins Co., for an Alt Cert exam conducted by Dr. Lori Wasserburger … We still have not received payment or any communications regarding this bill or it being denied."

Amount In Dispute: $1,062.00

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 March 6, 2026.

Per 28 Texas Administrative Code Section 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 134.210 sets out the fee guidelines for workers' compensation specific services.
3. 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. 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). No explanations of benefits were provided. DWC did not receive a response from the insurance carrier for this dispute. DWC will review this dispute using the available documentation.
2. Because the insurance carrier failed to raise any defense for non-payment of the services in question, DWC finds that the requester is entitled to reimbursement.

   Per 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 adjusted rate for 2025 is $465.00.

The requester billed for one musculoskeletal body area and one non-musculoskeletal body area. 28 TAC Section 134.260(c)(3)(A)(ii) states, in relevant part, "the reimbursement for the first musculoskeletal body area is $385 adjusted per §134.210(b)(4)." The adjusted rate for 2025 is $398.00. Subsection (c)(3)(B)(iii) states, "The reimbursement for the assignment of an IR in a non-musculoskeletal body area is $192 adjusted per §134.210(b)(4)." The adjusted rate is $199.00.

The adjusted total reimbursement amount is $1,062.00. This amount is recommended.

Conclusion

The outcome of this medical fee dispute is based on the evidence the 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 Lori Wasserburger, M.D. $1,062.00 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	June 16, 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 electronico CompConnection@tdi.texas.gov.