



Medical Fee Dispute Resolution Findings and Decision

General Information

Requester Name

Lawrence Lenderman, M.D.

Respondent Name

Zurich American Insurance Company

MFDR Tracking Number

M4-26-2004-01

Insurance Carrier's Austin Representative

BOX 19 Flahive Ogden & Latson

DWC Date Received

March 17, 2026

Summary of Findings

Date(s) of Service	Disputed Services	Amount in Dispute	Amount Due
October 17, 2025	Designated Doctor Examination 99456-W5-NM	\$465.00	\$465.00
Total		\$465.00	\$465.00

Requester's Position

"AN ORIGINAL BILL AND A RECONSIDERATION WERE SUBMITTED. THE CURRENT RULES ALLOW REIMBURSEMENT."

Amount In Dispute: \$\$465.00

Respondent's Position

The Austin carrier representative for Zurich American Insurance Company is Flahive, Ogden & Latson. The representative was notified of this medical fee dispute on March 19, 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 [133.240](#) sets out the procedures for payment, reduction, or denial of a medical bill.
3. 28 TAC Section [134.240](#) sets out the fee guidelines for designated doctor examinations.

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 a designated doctor examination to determine if the injured employee had reached maximum medical improvement. No explanations of benefits were submitted as evidence to DWC. The insurance carrier did not respond to this medical fee dispute request. DWC will review the available records for the service in question in accordance with applicable rules.
2. Dr. Lenderman argued that it did not receive payment or an explanation of denial for medical bills submitted for the examination in question.

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.

The greater weight of evidence presented to DWC indicates that a complete bill for the services in question was received by the insurance carrier or its agent. DWC found no evidence that the insurance carrier took final action by submitting EOBs for the bills related to the service in question.

3. 28 TAC §134.240(d)(3) states, "MMI evaluations will be reimbursed at \$449 adjusted per §134.210(b)(4)."

The submitted documentation indicates that the doctor certified that the injured employee was not at MMI. The adjusted rate for the date of service in question is \$465.00. 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 Zurich American Insurance Company must remit to Lawrence Lenderman, M.D. \$465.00 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 26, 2026 _____ Date
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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.