THIS DECISION HAS BEEN APPEALED. THE FOLLOWING IS THE RELATED SOAH DECISION NUMBER:

SOAH DOCKET NO. 453-03-2920.M5

MDR Tracking Number: M5-02-2280-01

Under the provisions of Section 413.031 of the Texas Workers' Compensation Act, Title 5, Subtitle A of the Texas Labor Code, effective January 1, 2002 and Commission Rule 133.305 and 133.308 titled Medical Dispute Resolution by Independent Review Organizations, the Medical Review Division (Division) assigned an IRO to conduct a review of the disputed medical necessity issues between the requestor and the respondent.

The Division has reviewed the enclosed IRO decision and determined that **the requestor did not prevail** on the issues of medical necessity. The IRO agrees with the previous determination that immunotherapy and intradermal skin tests were not medically necessary. The requestor is also the injured worker therefore, the respondent is not entitled to reimbursement of the IRO fee.

Based on review of the disputed issues within the request, the Division has determined that immunotherapy and intradermal skin tests fees were the only fees involved in the medical dispute to be resolved. As the treatment was not found to be medically necessary, reimbursement for dates of service from 6/15/01 to 9/7/01 is denied and the Division declines to issue an Order in this dispute.

This Decision is hereby issued this 13th day of March 2003.

Noel L. Beavers
Medical Dispute Resolution Officer
Medical Review Division
NLB/nlb

March 4, 2003

Rosalinda Lopez
Texas Workers' Compensation Commission
Medical Dispute Resolution
Fax: (512) 804-4868

Re: MDR #: M5.02.2280.01
IRO Certificate No.: IRO 5055

___ has performed an independent review of the medical records of the above-named case to determine medical necessity. In performing this review,

___reviewed relevant medical records, any documents provided by the parties referenced above, and any documentation and written information submitted in support of the dispute.

The independent review was performed by a matched peer with the treating health care provider. This case was reviewed by a physician who is Board Certified in Pulmonary and Critical Care Medicine and in Allergy and Immunology..

Clinical History:
This 49-year-old female claimant reported significant cognitive impairments subsequent to inhaling methanol fluid in ___ while on her job. Between 1992 and 1999, she experienced questionable neurological changes, complaining of memory loss and headaches. Diagnostic tests showed possible neurotoxicities. Immunotherapies for foods, trees, weeds, grass, mold, autovaccine and BAM were prescribed. This regimen was followed by intradermal skin titrations for use until the patient was symptom-free for six months to one year.

Disputed Services:
Immunotherapy and intradermal skin tests.

Decision:
The reviewer agrees with the determination of the insurance carrier. The reviewer is of the opinion that the immunotherapy and intradermal skin tests were not medically necessary in this case.

Rationale for Decision:
The reviewer is of the opinion that allergies do not play any significant role in this patient's neurologic manifestations. One of the neurological evaluations indicates the patient may have a history of allergies. However, clinical records document no such complaint, except for headaches, which is rather atypical for allergies, or even sinus problems.

The use of allergens, foods, autovaccines, and the regimen and follow-up with intradermal skin titrations, is a rather unconventional regimen of immunotherapy and is not universally recommended in allergy practice.

I am the Secretary and General Counsel of ___ and I certify that the reviewing healthcare professional in this case has certified to our organization that there are no known conflicts of interest that exist between him and any of the treating physicians or other health care providers or any of the physicians or other health care providers who reviewed this case for determination prior to referral to the Independent Review Organization.

Sincerely,