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

SOAH DOCKET NO. 453-03-2910.M5

MDR Tracking Number: M5-02-2772-01

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 massage therapy was not medically necessary. Therefore, the requestor is not entitled to reimbursement of the IRO fee.

Based on review of the disputed issues within the request, the Division has determined that massage therapy 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 3/1/01 to 10/29/01 is denied and the Division declines to issue an Order in this dispute.

This Decision is hereby issued this 5th day of March 2003.

Carol R. Lawrence
Medical Dispute Resolution Officer
Medical Review Division
CRL/crl

IRO Certificate #4599

NOTICE OF INDEPENDENT REVIEW DECISION

March 4, 2003

Re: IRO Case # M5-02-2772-01

Texas Worker's Compensation Commission:

___ has been certified as an independent review organization (IRO) and has been authorized to perform independent reviews of medical necessity for the Texas Worker's Compensation Commission (TWCC). Texas HB. 2600, Rule133.308 effective January 1, 2002, allows a claimant or provider who has received an adverse medical necessity determination from a carrier's internal process, to request an independent review by an IRO.

In accordance with the requirement that TWCC assign cases to certified IROs, TWCC assigned this case to ___ for an independent review. ___ has performed an independent review of the proposed care to determine if the adverse determination was appropriate. For that purpose, ___ received relevant medical records, any documents obtained from parties in making the adverse determination, and any other documents and/or written information submitted in support of the appeal.

The case was reviewed by a physician who is Board Certified in Neurological Surgery. He or she has signed a certification statement attesting that no known conflicts of interest exist between him or her and any of the treating physicians or providers, or any of the physicians or providers who reviewed the case for a determination prior to referral to ___ for independent review. In addition, the certification statement further attests that the review was performed without bias for or against the carrier, medical provider, or any other party to this case.

The determination of the ___ reviewer who reviewed this case, based on the medical records provided, is as follows:

History
The patient is a now 40-year-old woman who on ___ was lifting a cot and developed severe and rather sudden low back pain. Despite physical therapy and chiropractic treatment the pain did not subside. A neurologist was consulted and EMGs were performed which were thought to be normal. An MRI showed degenerative disk disease change only. The patient changed her treating physician in August 1993, and he has consistently suggested that the primary source of the patient's discomfort is probably at the L5-S1 level. There has been no recording of objective findings suggesting nerve root compression. In addition to physical therapy and chiropractic treatment, the patient also was treated with acupuncture, injections and various medications without significant benefit. Apparently, a psychological factor adds to the patient's impairment.

Requested Service
Massage therapy 3/1/01 – 10/29/01

Decision
I agree with the carrier's decision to deny the requested treatment.

Rationale
Massage therapy is one more treatment that will not be successful in dealing with the patient's trouble. It is of concern that depression treatment was somehow related to massage therapy. In all medical probability, it is doubtful that massage therapy will be of any more benefit than any of the other treatments that have been pursued. The records submitted for review do not contain any documentation noting a benefit from massage therapy.

This medical necessity decision by an Independent Review Organization is deemed to be a Commission decision and order.

Sincerely,