

MDR Tracking Number: M5-03-1945-01

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 the massage therapy and office visits were 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 the massage therapy and office visit 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 7/16/02 to 1/8/03 is denied and the Division declines to issue an Order in this dispute.

This Decision is hereby issued this 17<sup>th</sup> day of July 2003.

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

July 16, 2003

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

Re: MDR #: M5-03-1945-01  
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 Certified in Chiropractic Medicine.

**Clinical History:**

This female claimant received a non-specific event injury on \_\_\_ to her right neck, shoulder, and upper arm, most likely due to repetitive stress. She has undergone two EMG's, two MRI's, physical therapy, medication intervention, epidural steroid injections, chiropractic adjustments, anterior cervical discectomy and fusion at C5-C6, and a C-5 nerve block. Since then, she has been receiving massage therapy at least two times a month to help manage her pain level. She has been set at Maximum Medical Improvement (MMI) on 12/09/98, and was given a whole-person impairment of 28%.

**Disputed Services:**

Massage therapy and office visits during the period of 07/16/02 through 01/08/03.

**Decision:**

The reviewer agrees with the determination of the insurance carrier. The reviewer is of the opinion that the massage therapy and office visits in question were not medically necessary in this case.

**Rationale:**

The patient has been assigned an impairment rating and has reached MMI. No further healing and improvement of the injury is to be expected. At this point, the massage therapy can only be considered as a pain management intervention. However, its effectiveness is not evident, according to the documentation provided. The office visit notes provided (10/05/01 through 10/07/02) show subjective pain levels to have plateaued and then increased. If the massage were therapeutically beneficial, it would be expected for subjective evidence to have shown improvement, but certainly not regression or an increase of pain level.

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,