MDR Tracking Number: M5-03-2383-01

Under the provisions of Section 413.031 of the Texas Workers' Compensation Act, Title 5, Subtitle A of the Texas Labor Code, effective June 17, 2001 and Commission Rule 133.305 titled Medical Dispute Resolution - General 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 dispute was received on May 22, 2003.

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 office visits, massage therapy and myofascial release 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 fees were the only fees involved in the medical dispute to be resolved. As the office visits, massage therapy and myofascial release were not found to be medically necessary, reimbursement for dates of service from 9/13/02 through 11/15/02 is denied and the Division declines to issue an Order in this dispute.

This Decision is hereby issued this 2nd day of October 2003.

Margaret Q. Ojeda
Medical Dispute Resolution Officer
Medical Review Division
MQO/mqo

**IRO Certificate #4599**

**NOTICE OF INDEPENDENT REVIEW DECISION**

September 25, 2003

**Re: IRO Case # M5-03-2383**

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 Doctor of Chiropractic who is licensed by the State of Texas , and who has met the requirements for TWCC Approved Doctor List or has been approved as an exception to the Approved Doctor List. 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 injured her lower back in ___ when she was pulled to the ground by a large sixteen-year-old girl. She had surgery in 1998, and has been treated by her chiropractor on an as-needed basis since surgery.

Requested Service(s)
Office visits, massage and myofascial release 9/13/02 – 11/15/02

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

Rationale
Based on the documentation provided for this review, treatment has been of little, if any, benefit to the patient. Her pain has remained constant, causing serious diminution in her capacity to carry out daily activities. Based on the documentation provided, the relief that the patient has received has been from the medication prescribed prior to the patient's 11/15/02 visit with her chiropractor.

The documentation provided is repetitive, with each visit providing no objective, quantifiable findings to support the necessity of treatment. The chronic and ongoing care did not appear to be producing measurable or objective improvement. Medication appeared to give the patient the most relief. The documentation provided failed to show how treatment was reasonable or necessary.

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

Sincerely,