

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

SOAH DOCKET NO. 453-04-2221.M2

December 8, 2003

David Martinez
TWCC Medical Dispute Resolution
MS-48
7551 Metro Center Drive, Suite 100
Austin, TX 78744-1609

MDR Tracking #: M2-04-0434-01
IRO #: 5251

___ has been certified by the Texas Department of Insurance as an Independent Review Organization. The Texas Worker's Compensation Commission has assigned this case to ___ for independent review in accordance with TWCC Rule 133.308 which allows for medical dispute resolution by an IRO.

___ has performed an independent review of the proposed care to determine if the adverse determination was appropriate. In performing this review, all relevant medical records and documentation utilized to make the adverse determination, along with any documentation and written information submitted, was reviewed.

The independent review was performed by a matched peer with the treating doctor. This case was reviewed by a licensed Medical Doctor with a specialty and board certification in Orthopaedic Surgery. The reviewer is on the TWCC Approved Doctor List (ADL). The ___ health care professional has signed a certification statement stating that no known conflicts of interest exist between the reviewer and any of the treating doctors or providers or any of the doctors or providers who reviewed the case for a determination prior to the referral to ___ for independent review. In addition, the reviewer has certified that the review was performed without bias for or against any party to the dispute.

CLINICAL HISTORY

___ is a 35-year-old gentleman who sustained an injury to his left foot on ___ while employed for ___. He was injured as he stepped on a nail that went through his left foot. At the time he was employed as a maintenance worker. Initially, the patient was seen by ___ where he was diagnosed with a puncture wound. He was eventually seen by ___ and then changed physicians to ___.

On April 8, 2003 ___ was seen by ___. It was noted that the patient had a small puncture wound which had healed. An MRI of the foot dated March 13, 2003 demonstrated mild alteration of the soft tissues on the plantar aspect of the foot with mild inflammation secondary to the wound on the plantar aspect of the foot.

On May 26, 2003 the patient was seen by ___ an orthopedic surgeon who was acting as a designated doctor. It is noted that the foot exam demonstrated a 0.3 cm puncture wound scar

which was healed. There was mild tenderness over the puncture wound itself. No discoloration was noted. The patient was neurologically intact. The rest of his examination was unremarkable. The diagnosis given was puncture wound neft foot plantar surface which was healed with residual tenderness. Also, dysesthesia dorsum, left great toe.

It was stated that the patient had reached MMI and that further chiropractic care was unnecessary. ____, a board certified psychiatrist, saw the patient on October 9, 2003. It was his opinion that the patient suffered from major depressive disorder, reflex sympathetic dystrophy of the left foot, and psychological stressors secondary to chronic pain.

On October 21, 2003 the patient was seen by ____ specifically by ____ a chronic pain management specialist.

REQUESTED SERVICE

The trial of a spinal cord stimulator is requested for this patient.

DECISION

The reviewer disagrees with the prior adverse determination.

BASIS FOR THE DECISION

The ____ reviewer finds that ____ would qualify for a spinal cord stimulator trial regarding his left foot reflex sympathetic dystrophy as recommended by _____. It was ____ opinion that the patient suffered reflex sympathetic dystrophy and should consider a spinal cord stimulator trial since the patient had 100% relief from lumbar sympathetic blocks.

____ has performed an independent review solely to determine the medical necessity of the health services that are the subject of the review. ____ has made no determinations regarding benefits available under the injured employee's policy.

As an officer of ____, I certify that there is no known conflict between the reviewer, ____ and/or any officer/employee of the IRO with any person or entity that is a party to the dispute.

____ is forwarding by mail and, in the case of time sensitive matters by facsimile, a copy of this finding to the treating doctor, payor and/or URA, patient and the TWCC.

Sincerely,

YOUR RIGHT TO REQUEST A HEARING

Either party to medical dispute may disagree with all or part of the decision and has a right to request a hearing.

If disputing a spinal surgery prospective decision, a request for a hearing must be in writing, and it must be received by the TWCC Chief Clerk of Proceedings within **10** (ten) calendar days of your receipt of this decision (28 Tex. Admin. Code 142.5(c)).

If disputing other prospective medical necessity (preauthorization) decisions, a request for a hearing must be in writing, and it must be received by the TWCC Chief Clerk of Proceedings within **20** (twenty) calendar days of your receipt of this decision (28 Tex. Admin. Code 142.5(c)).

This decision is deemed received by you 5 (five) days after it was mailed or the date of fax (28 Tex. Admin. Code 102.5(d)). A request for a hearing and a **copy of this decision** must be sent to:

Chief Clerk of Proceedings / Appeals Clerk
P.O. Box 17787
Austin, Texas 78744
Fax: 512-804-4011

The party appealing this decision shall deliver a copy of its written request for a hearing to other party involved in this dispute.

I hereby certify, in accordance with TWCC Rule 102.4 (h), that a copy of this Independent Review Organization decision was sent to the carrier, requestor, claimant (and/or the claimant's representative) and the TWCC via facsimile, U.S. Postal Service or both on this 8th day of December 2003.