

Parker Healthcare Management Organization, Inc.

3719 North Belt Line Road, Irving, TX 75038

972.906.0603 972.255.9712 (fax)

May 3, 2005

ATTN: Program Administrator
Texas Workers Compensation Commission
Medical Dispute Resolution, MS-48
7551 Metro Center Drive, Suite 100
Austin, TX 78744
Delivered by fax: 512.804.4868

Notice of Determination

IRO CASE NUMBER: M2-05-1099-01
RE: Independent review for ____

The independent review for the patient named above has been completed.

- Parker Healthcare Management received notification of independent review on 3.17.05.
- Fax request for provider records made on 3.22.05.
- The case was assigned to a reviewer on 4.20.05.
- The reviewer rendered a determination on 5.2.05.
- The Notice of Determination was sent on 5.3.05.

The findings of the independent review are as follows:

Summary of Clinical History

____ is a 52 year old female who sustained a left ankle injury after falling outside her office on ____.

Questions for Review

The prospective medical necessity of the proposed chronic pain management program.

Determination

The proposed interdisciplinary chronic pain management program for injured employee ____ appears medically reasonable and necessary. The URA denial should be **overturned**.

Clinical Rationale

Ms. ____ clearly meets the clinical criteria for Complex Regional Pain Syndrome that developed as a direct result of her compensable injury. This diagnosis was made and supported with clinical documentation by multiple practitioners of different sub-specialties. Psychological testing supported clinical concerns of mood disturbance and anxiety. The claimant's history and testing do not support reviewer Brylowski's comments regarding malingering or somatoform disorder. Ms. ____ has undergone extensive diagnostic testing and treatment interventions for her pain complaints. Despite this, she remains at an average pain level of 7/10. She clearly meets the AAPMP Clinical Practice Guidelines for a chronic pain syndrome. According to the AAPMP standards for treatment of chronic pain, Ms. ____ would

significantly benefit from all “basic eight interdisciplinary program goals”. The medical records support Ms. ___’ diagnosis of CRPS and the exhaustion of conservative treatment efforts. There was nothing to suggest malingering or gross symptom amplification of her pain complaints. She was described as motivated for treatment and fully supported by her treating physicians. Multidisciplinary treatment of CPRS has been found to be effective in the improvement of symptomatology by researchers (see McMenamic, et al, AJPM 2004; 14:56-62). In the case of claimant ___, the proposed treatment is reasonable and medically necessary to achieve significant therapeutic gains in terms of function and pain reduction.

Clinical Criteria, Utilization Guidelines or other material referenced

- AAPMP Clinical Practice Guidelines for a chronic pain syndrome
- McMenamic, et al, AJPM 2004; 14:56-62
- AAPMP standards for treatment of chronic pain

This conclusion is supported by the reviewers’ clinical experience as a Psychiatrist with over 10 years of experience.

The reviewer for this case is a Medical Doctor licensed by the Texas State Board of Medical Examiners. The reviewer is Board Certified in Psychiatry, and is engaged in the full time practice of psychiatric medicine.

The review was performed in accordance with Texas Insurance Code §21.58C and the rules of the Texas Workers Compensation Commission. In accordance with the act and the rules, the review is listed on the TWCC’s list of approved providers, or has a temporary exemption. The review includes the determination and the clinical rationale to support the determination. Specific utilization review criteria or other treatment guidelines used in this review are referenced.

The reviewer signed a certification attesting that no known conflicts-of-interest exist between the reviewer and any of the providers or other parties associated with this case. The reviewer also attests that the review was performed without any bias for or against the patient, carrier, or other parties associated with this case.

In accordance with TWCC Rule 102.4 (h), a copy of this 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 3rd day of May 2005.

If our organization can be of any further assistance, please feel free to contact me.

Sincerely,

Meredith Thomas
Administrator

CC: Syzygy Associates, LP [Claimant]
Attn: Linda Kineey
Fax: 817.451.0091

Hartford Insurance
Attn: Barbara Sachse
Fax: 512.343.6836