



July 18, 2006

Re: MDR #: M2 06 1410 01 Injured Employee: ___
DWC #: ___ DOI: ___
IRO Cert. #: 5340 SS#: ___

TRANSMITTED VIA FAX TO:

TDI, Division of Workers' Compensation

Attention: ___

Medical Dispute Resolution

Fax: (512) 804-4868

RESPONDENT: Texas Mutual

REQUESTOR: Canton Healthcare Systems

TREATING DOCTOR: Jonathan Kletz, DPM

In accordance with the requirement for DWC to randomly assign cases to IROs, DWC assigned this case to ZRC Medical Resolutions for an independent review. ZRC has performed an independent review of the medical records to determine medical necessity. In performing this review, ZRC reviewed relevant medical records, any documents provided by the parties referenced above, and any documentation and written information submitted in support of the dispute.

I am the president of ZRC Medical Resolutions, Inc. and I certify that the reviewing physician in this case has certified to our organization that there are no known conflicts of interest that exist between him and the injured employee, the injured employee's employer, the injured employee's insurance carrier, the utilization review agent, or any of the treating doctors or insurance carrier health care providers who reviewed the case for decision before referral to the Independent Review Organization. Information and medical records pertinent to this medical dispute were requested from the Requestor and every named provider of care, as well as from the Respondent. The independent review was performed by a matched peer with the treating health care provider. Your case was reviewed by a physician who is a board certified in anesthesiology, pain management, hospital palliative care and quality assurance. The doctor is currently listed on the DWC Approved Doctor List.

P.O. Box 855
Sulphur Springs, TX 75483
903.488.2329 * 903.642.0064 (fax)

We are simultaneously forwarding copies of this report to the payor and the TDI, Division of Workers' Compensation. This decision by ZRC Medical Resolutions, Inc. is deemed to be a DWC decision and order.

Your Right To Appeal

If you are unhappy with all or part of this decision, you have the right to appeal the decision. The decision of the Independent Review Organization is binding during the appeal process.

If you are disputing the decision (other than a spinal surgery prospective decision), the appeal must be made directly to a district court in Travis County (see Texas Labor Code §413.031). An appeal to District Court must be filed not later than 30 days after the date on which the decision that is the subject of the appeal is final and appealable. If you are disputing a spinal surgery prospective decision, a request for a hearing must be in writing and it must be received by the Division of Workers' Compensation, Chief Clerk of Proceedings, within ten (10) days of your receipt of this decision.

I hereby verify that a copy of this Independent Review Organization (IRO) Decision was sent to the carrier, the requestor and claimant via facsimile or U.S. Postal Service from the office of the IRO on July 18, 2006.

Sincerely,

jc

Jeff Cunningham, DC
President



**REVIEWER'S REPORT
M2 06 1410 01**

Information Provided for Review:

1. Two TWCC forms, Form 69 and Form 60.
2. Medical visit notes by Dr. Jonathan Klepz for dates of service 03/08/06, 01/30/06, 01/25/06, 01/19/06, 01/11/06, 12/17/05, 12/09/05.
3. Notes from the emergency room at East Texas Medical Center in Athens, Texas, on 05/13/04.
4. Note by designated doctor who reviewed this case, Ronald Davis, D.O., on 02/27/06.
5. Psychological evaluation by Canton Healthcare System on 03/10/06 by Melissa Cooper.

Clinical History:

The claimant injured himself at work on _____. At the time of the accident, he had an extremely comminuted fracture extended to the intact articular surface of the distal first metatarsal with pre-existent arthritic change in the first metatarsal phalangeal joint. That did not improve with conservative care, and later on that year the patient underwent surgery. After that, apparently he developed a hypersensitivity, hypesthesia, numbness around the affected area and in the right big toe. He had physical therapy and continuous medical treatment without improvement in his symptoms.

Disputed Services:

Chronic pain management program for 10 days.

Decision:

I AGREE WITH THE DETERMINATION MADE BY THE UTILIZATION REVIEW AGENT ON THIS CASE.

Rationale:

The claimant has been treated mainly with narcotic medications including hydrocodone. From review of his records, he was taking the medication around 10 mg every 4 hours. On 2 occasions he was treated by an anticonvulsant. The first one was Neurontin and second one was Lyrica, but the treatment apparently was stopped because the claimant did not get the medication filled. I believe from review of the paperwork, the patient has what seems to me a causalgia/reflex sympathetic dystrophy in his right foot and toe. I do

not believe he had adequate treatment to treat that pathology. His treatment should consist of an anticonvulsant therapy that may include Lyrica or Neurontin but at a much higher dose than the one he was prescribed. He also needs to go on a tricyclic antidepressant to help him with his depression and also with his neuritis. He also needs to be seen by an interventional pain management doctor, and he needs to have a series of lumbar sympathetic blocks on the affected side and/or Bier blocks to try to help with his condition. If that does not improve his symptomatology, then a trial of spinal cord stimulation will probably be indicated. If all else fails including use of antidepressants and medications, then an evaluation for pain management program will be appropriate. I believe the above treatment has to be tried first to help treat the actual pathology. That needs to be followed by a pain management physician and not by a podiatrist. I do not believe doing any other surgery at this time can be of benefit to him. If an appropriate pharmacological and invasive treatment for his condition does not provide him with any improvement, and I doubt, then a chronic pain management program will be indicated to help him cope with his condition. I believe that this treatment should be coordinated by a pain management physician with expertise and intervention of care to provide optimum benefit to the patient.

Screening Criteria/Literature:

Professional practice and pain management protocol