

MEDICAL REVIEW OF TEXAS

[IRO #5259]

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NOTICE OF INDEPENDENT REVIEW DETERMINATION

TDI-WC Case Number:	
MDR Tracking Number:	M2-07-0553-01
Name of Patient:	
Name of URA/Payer:	Dallas National Insurance Co.
Name of Provider: (ER, Hospital, or Other Facility)	
Name of Physician: (Treating or Requesting)	Dean McMillan, MD

January 16, 2007

An independent review of the above-referenced case has been completed by a physician board certified in neurology. The appropriateness of setting and medical necessity of proposed or rendered services is determined by the application of medical screening criteria published by Texas Medical Foundation, or by the application of medical screening criteria and protocols formally established by practicing physicians. All available clinical information, the medical necessity guidelines and the special circumstances of said case was considered in making the determination.

The independent review determination and reasons for the determination, including the clinical basis for the determination, is as follows:

See Attached Physician Determination

Medical Review of Texas (MRT) hereby certifies that the reviewing physician is on the Division of Workers' Compensation Approved Doctor List (ADL). Additionally, said physician has certified that no known conflicts of interest exist between him and any of the treating physicians or providers or any of the physicians or providers who reviewed the case for determination prior to referral to MRT.

January 16, 2007
Notice of Independent Review Determination
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Sincerely,

Michael S. Lifshen, MD
Medical Director

cc: _____
Nestor Martinez, DC
Dean McMillan, MD
Division of Workers' Compensation

RE: ____

DOCUMENTS REVIEWED

Notification of IRO assignment, preauthorization determination letters of 11/3/06 and 11/20/06, preauthorization appeal letters of 11/11/06 and 12/26/06, initial medical report of Dean R. McMillan, orthopedic reports of Kenneth G. Berliner, MD, follow-up reports from Dr. Berliner, medical reports from Dr. Daniel Cantu, evaluation and operative reports from Dr. Omar D. Vidal, MD, physical therapy reports from Nova Physical Therapy from August through December of 2005, report of medical evaluation from Derrick J. Stenson, MD.

CLINICAL HISTORY

A 43-year-old male injured at work at work when a metal beam or pipe landed on his right foot. Immediate pain and swelling. Reports of fracture of either right first toe or right first metatarsal. Examinations have shown healed surgical scar over the dorsal right first metatarsal phalangeal joint. The patient apparently had surgery in this region. No operative report. Surgery reportedly done by Dr. Mendicino. The patient has undergone physical therapy from August through December of 2005, right lumbar sympathetic block x2 in August and October of 2006. Individual psychotherapy, treatment with antidepressant medication (reportedly Zoloft at unknown dose), and chevron osteotomy, and 12 sessions of physical rehabilitation following surgery by Dr. McMillan. The patient still has reports of pain. Orthopedic consultation on 8/29/06 reported 30 degrees dorsiflexion and 40 degrees plantarflexion in the right first toe.

REQUESTED SERVICE(S)

Chronic pain management, 20 sessions.

DECISION

Denied.

RATIONALE/BASIS FOR DECISION

The patient has had both lower and higher level treatment already for this low level injury. The patient reportedly requires only Celebrex and Darvocet as needed for pain. As above, the patient has already been fully evaluated and treated. The patient has had medication, surgery, physical therapy, needle procedures, psychotherapy, antidepressant

RE: ____

medication, analgesic medication, and rehabilitation therapy by his pain specialist. No further treatment is deemed necessary.

Certification of Independence of Reviewer

As the reviewer of this independent review case, I do hereby certify that I have no known conflicts of interest between the provider 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 IRO.

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.

Chief Clerk of Proceedings
Division of Workers' Compensation
P.O. Box 17787
Austin, Texas 78744

Or fax the request to (512) 804-4011. A copy of this decision must be attached to the request.

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

In accordance with Rule 102.4(h), 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 this 18th day of January, 2007.

Signature of IRO Employee: _____

Printed Name of IRO Employee: Cindy Mitchell