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Notice of Independent Review Decision

DATE OF REVIEW: 05/27/10

IRO CASE NO.:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:

Item in dispute: Right common peroneal nerve block 64520 77002 J2001 J3301

A DESCRIPTION OF THE QUALIFICATIONS FOR EACH PHYSICIAN OR OTHER HEALTH CARE PROVIDER WHO REVIEWED THE DECISION

Texas Board Certified Physical Medicine & Rehabilitation
Fellowship Trained Pain Management

REVIEW OUTCOME

Upon independent review, the reviewer finds that the previous adverse determination/adverse determination should be:

Denial Upheld

INFORMATION PROVIDED TO THE IRO FOR REVIEW

1. 09/07/00 and 09/18/00, Discharge summary
2. 11/03/00 through 12/04/00, Radiographs of the right ankle
3. 12/18/00, MRI of the right foot and ankle
4. 01/17/01 and 02/02/01, Radiographs of the right foot
5. 06/14/01, Radiographs of the right ankle
6. 12/05/02, Three phase bone scan
7. 10/17/08 through 03/22/10, Clinical notes, Dr.
8. 04/02/10, Utilization review, Dr.
9. 04/28/10, Utilization review, Dr.
10. 05/17/10, Partial clinical note
11. Coversheet and working documents.
12. **Official Disability Guidelines**

PATIENT CLINICAL HISTORY (SUMMARY):

The employee sustained an injury when he experienced a crush injury to the right foot and ankle. The employee's right foot was crushed between two pipes. Discharge summaries indicated the employee had bimalleolar fractures and dislocation of the right foot and ankle with comminuted first metatarsal fractures. The employee underwent ORIF of the right bimalleolar ankle fracture and was placed into an external fixator. The employee required subsequent irrigation and debridement of the right foot wound. The employee was discharged on 09/18/00.

Postoperative radiographs demonstrated healing of the fractures of the right foot and ankle. Three phase bone scan performed in December, 2002 revealed multi-focal uptake in the right mid foot and ankle, most pronounced in the medial aspect of the right mid foot at the region of the first metatarsal base and tarsometatarsal joint.

There was a gap in clinical documentation.

The next clinic note was from Dr. in October, 2008, which indicated the employee had complaints of continuing low back pain radiating to the right lower extremity and pain in the right foot. It appeared the employee had a spinal cord stimulator placed. Other interval care appeared to be lumbar sympathetic blocks performed in 2006 and 2008. It appeared the employee's spinal cord stimulator was placed in 2006. Initial physical examination revealed limited range of motion of the right ankle with tenderness to palpation. Scarring was noted along with swelling, discoloration, and allodynia. The employee demonstrated an antalgic gait with limited range of motion of the lumbar spine. The employee was continued on Amitriptyline 25 mg, Lortab 5/500 mg, and Lyrica 300 mg three times daily, and Restoril 15 mg. The employee was prescribed Duragesic 25 mcg extended release patches.

On follow up on 05/22/09, the employee stated that medications provided him with little benefits. No change in complaints were noted and physical examination remained unchanged.

The employee was recommended for a psychological evaluation for a chronic pain management program on 07/31/09.

Epidural steroid injections were recommended on 10/02/09. Other care recommended by Dr. included lumbar sympathetic blocks.

Follow up on 03/22/10 stated the employee continued to have pain in the right foot radiating up through the right leg. The employee stated that medications did help relieve pain at this point in time. Medications were unchanged from prior prescriptions. Physical examination revealed trophic changes to the right lower extremity and swelling, dislocation, and allodynia were noted at the right ankle. The employee was recommended for a right posterior tibial nerve block and common peroneal nerve block.

The requested peroneal nerve block was non-certified by Dr. on 04/02/10. Dr. opined that the clinical documentation did not document objective evidence that the employee's symptoms were referable to the common peroneal nerve, and there was no indication that the injections would be used in conjunction with evidence-based exercise programs.

A second utilization review on 04/28/10 did not recommend the requested peroneal nerve block. Dr. opined that the basis for choosing the peroneal nerve for the block was unclear, and that the request was not accompanied by a plan of therapy.

There was a partial clinical note that appeared to be dated 05/17/10. The physical examination appeared to be unchanged. The employee was recommended for lumbar sympathetic blocks and imaging studies.

ANALYSIS AND EXPLANATION OF THE DECISION INCLUDE CLINICAL BASIS, FINDINGS, AND CONCLUSIONS USED TO SUPPORT THE DECISION.

The employee sustained a crush injury in 2000 that required open reduction internal fixation and subsequent irrigation and debridement of wounds.

Based on the clinical notes by Dr. the employee developed chronic regional pain syndrome of the right foot and ankle. It is unclear from the clinical documentation why the peroneal nerve block is being requested. Pattern of symptoms documented on physical examination is inconsistent with innervation by the peroneal nerve.

There is no evidence in the most recent clinical notes that this injection would be used as an adjunct to formal physical therapy or other evidence-based restoration programs designed at improving the employee's function. As such, medical necessity has not been established.

A DESCRIPTION AND THE SOURCE OF THE SCREENING CRITERIA OR OTHER CLINICAL BASIS USED TO MAKE THE DECISION

1. **Official Disability Guidelines**, Pain Chapter, online version