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Notice of Independent Review Decision

IRO REVIEWER REPORT – WC (Non-Network)

DATE OF REVIEW: 06/14/11

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE

Outpatient right peroneal nerve block

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

Board Certified in Orthopedic Surgery
Fellowship Trained in Foot and Ankle Surgery

REVIEW OUTCOME

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

- Upheld (Agree)
- Overturned (Disagree)
- Partially Overturned (Agree in part/Disagree in part)

Provide a description of the review outcome that clearly states whether or not medical necessity exists for each of the health care services in dispute.

Outpatient right peroneal nerve block - Overturned

INFORMATION PROVIDED TO THE IRO FOR REVIEW

Evaluations with M.D. dated 09/01/10, 01/05/11, and 01/12/11
Evaluations with D.O. dated 11/01/10 and 11/04/10

An evaluation with M.D. dated 11/10/10
Evaluations with D.P.M. dated 11/17/10, 12/08/10, and 12/20/10,
MRIs of the right tibia/fibula, right foot, and right ankle interpreted by M.D. dated 12/09/10
An MRI of the lumbar spine interpreted by M.D. dated 01/10/11
An ultrasound interpreted by M.D. dated 01/12/11
An evaluation with an unknown provider dated 01/18/11
An MRI of the right knee interpreted by Dr. dated 01/31/11
A medical information review from M.D. dated 02/07/11
An EMG/NCV study interpreted by M.D. dated 02/17/11
Evaluations with M.D. dated 03/30/11, 04/25/11, and 05/12/11
An evaluation and EMG/NCV study interpreted by M.D. dated 04/18/11
A Designated Doctor Evaluation with D.C. dated 04/27/11
A letter of non-certification, according to the Official Disability Guidelines (ODG), from M.D. dated 04/28/11
A letter of non-certification, according to the ODG, from M.D. dated 05/10/11
A letter of treatment request from dated 05/26/11
The ODG Guidelines were not provided by the carrier or the URA

PATIENT CLINICAL HISTORY

On xx/xx/xx, recommended an ultrasound of the right lower extremity. On 11/01/10, Dr. interpreted x-rays of the ankle and foot and they were negative. He also recommended Aleve and warm moist compresses. On 11/04/10, Dr. recommended continued physical therapy, a Medrol Dosepak, and Ultram. On 11/17/10, Dr. recommended possible physical therapy, a possible plantar fascia night splint, and an MRI of the right ankle, foot, and leg. MRIs of the right tibia/fibula, right foot, and right ankle interpreted by Dr. on 12/09/10 showed a small first metatarso-phalangeal joint effusion only. An MRI of the lumbar spine interpreted by Dr. on 01/10/11 showed a large nerve root sheath cyst occupying the spinal canal from S1-S2 downward. An ultrasound of the right leg interpreted by Dr. on 01/12/11 was normal. An MRI of the right knee interpreted by Dr. on 01/31/11 was unremarkable. An EMG/NCV study interpreted by Dr. on 02/17/11 showed evidence of superficial peroneal sensory mononeuropathy, axonal and demyelinating pattern on the right and evidence of lumbar radiculopathy. On 03/30/11, Dr. recommended an evaluation with a neurologist for another EMG/NCV study, possible injections, Tramadol, Celebrex, and Lyrica. An EMG/NCV study interpreted by Dr. on 04/18/11 showed evidence consistent with a lateral plantar neuropathy on the right. On 04/25/11, Dr. recommended a peroneal nerve block and Lyrica. On 04/27/11, Dr. felt the patient was not at Maximum Medical Improvement (MMI) but was expected to reach it on or about 07/27/11. He recommended a trial of deep tissue massage and a psychological consultation. On 04/28/11, Dr. wrote a letter of non-certification for a right peroneal nerve block. On 05/10/11, Dr. also wrote a letter of non-certification for a right peroneal nerve block. On 05/12/11, Dr. recommended a Benefits Review Conference (BRC) for emotional distress and interventional pain management techniques. The patient was referred to a psychologist. On 05/26/11, six sessions of individual psychotherapy were requested by Ms..

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

The patient has escaped a firm single diagnosis, if it exists, by thorough evaluations by multiple physicians based on the documentation provided at this time. I agree with Dr. recommendation for a peroneal nerve block for nothing other than at least to allow for potential avenue of a diagnosis to be rendered. Although the ODG does not specifically address peroneal nerve blocks, this is not an unreasonable request for this patient. The requested outpatient right peroneal nerve block is reasonable and necessary, as it can provide substantial accuracy in rendering at least a diagnosis, which in this case still needs to be obtained. Therefore, the previous adverse determinations should be overturned.

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

- ACOEM- AMERICAN COLLEGE OF OCCUPATIONAL & ENVIRONMENTAL MEDICINE AND KNOWLEDGE BASE
- AHCPR- AGENCY FOR HEALTHCARE RESEARCH & QUALITY GUIDELINES
- DWC- DIVISION OF WORKERS COMPENSATION POLICIES OR GUIDELINES
- EUROPEAN GUIDELINES FOR MANAGEMENT OF CHRONIC LOW BACK PAIN
- INTERQUAL CRITERIA
- MEDICAL JUDGEMENT, CLINICAL EXPERIENCE AND EXPERTISE IN ACCORDANCE WITH ACCEPTED MEDICAL STANDARDS
- MERCY CENTER CONSENSUS CONFERENCE GUIDELINES
- MILLIMAN CARE GUIDELINES
- ODG- OFFICIAL DISABILITY GUIDELINES & TREATMENT GUIDELINES
- PRESSLEY REED, THE MEDICAL DISABILITY ADVISOR
- TEXAS GUIDELINES FOR CHIROPRACTIC QUALITY ASSURANCE & PRACTICE PARAMETERS
- TEXAS TACADA GUIDELINES
- TMF SCREENING CRITERIA MANUAL
- PEER REVIEWED NATIONALLY ACCEPTED MEDICAL LITERATURE (PROVIDE A DESCRIPTION)
- OTHER EVIDENCE BASED, SCIENTIFICALLY VALID, OUTCOME FOCUSED GUIDELINES (PROVIDE A DESCRIPTION)