

# IRO America Inc.

An Independent Review Organization

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Amended October

June 29, 2006

TDI-DWC Medical Dispute Resolution

Fax: (512) 804-4868

Patient:

TDI-DWC #:

MDR Tracking #:

IRO #:

M5-06-1681-01

5251

IRO America Inc. (IRO America) has been certified by the Texas Department of Insurance as an Independent Review Organization. The TDI, Division of Workers' Compensation (DWC) has assigned this case to IRO America for independent review in accordance with DWC Rule 133.308 which allows for medical dispute resolution by an IRO.

IRO America has performed an independent review of the proposed care to determine if the adverse determination was appropriate. In performing this review, all relevant medical records and documentation utilized to make the adverse determination, along with any documentation and written information submitted, was reviewed.

The independent review was performed by a matched peer with the treating doctor; the Reviewer is a credentialed Panel Member of IRO America's Medical Knowledge Panel who is a licensed MD, board certified and specialized in Family Practice. The reviewer is on the DWC Approved Doctor List (ADL).

The IRO America Panel Member/Reviewer is a health care professional who has signed a certification statement stating that no known conflicts of interest exist between the Reviewer 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 carriers health care providers who reviewed the case for decision before referral to IRO America for independent review. In addition, the reviewer has certified that the review was performed without bias for or against any party to the dispute.

## RECORDS REVIEWED

Notification of IRO Assignment, records from the Requestor, Respondent, and Treating Doctor(s), including:

- Employee's Report of Injury
- Treating Doctor (Dr. Crawford), Progress notes dated: 4/27/05, 4/28/05, 5/2/05, 6/7/05, 6/21/05, 7/27/05, 8/2/05, 8/15/05, 8/25/05, 8/31/05 (2 notes), 10/11/05, 10/25/05 (2 notes), 10/26/05, 10/27/05, 10/31/05 (2 notes), 11/2/05 (2 notes), 11/3/05, 11/10/05, 11/22/05, 11/28/05, 12/05/05 (2 notes), 12/14/05

- X-ray reports dated: 4/27/05 (Bilateral feet), 12/14/05(Bilateral feet and ankles),
- Electro-diagnostic Exam dated 11/1/05
- “Physical medicine treatment” notes from Brownwood Family Practice: 7/27/05,7/28/05,8/1/05,8/2/05,8/3/05,8/09/05,8/10/05,8/11/05,8/16/05,8/17/05,,8/23/05,8/24/05,
- Neurosurgeon consult (Dr. LeGrand) dated 10/24/05
- Podiatry Consult (Dr. Wheat) dated 11/28/05
- Also reviewed were reports by Dr Wellborn, Dr. Cowens, Dr. Buck. Dr. Philbrick, Dr. Wehmeyer

### CLINICAL HISTORY

Patient reported that the injury (bilateral foot pain) started at work on \_\_\_ as a result of repetitive walking up and down hallways and constant work on her feet. Patient was seen by Dr. Crawford for an initial evaluation on 4/27/05. At that time, X-rays and an examination were done and the patient was diagnosed with bilateral plantar fasciitis by Dr. Crawford. X-rays did show bilateral hallux valgus as well. On 4/28/05, patient received a right medial calcaneal steroid injection. Patient responded and a left medial calcaneal injection was done on 5/2/05. Patient was seen twice in June but no clinical findings noted, only discussions of forms and disability case. On 7/27/06 patient reported continued pain and inability to work. At this time heel cups and night splints were ordered and “physical medicine treatments” were started. From 7/27/05 to 8/24/05, patient received 12 treatments and was noted to have improvement but not resolution of her symptoms. It is not clear from the chart whether the pain meds patient was noted to be taking at the time of the 7/27/05 visit were started during the treatment period or if patient was on them prior to first visit. (early notes refer to med list on chart not available to this reviewer). Visits in August of 2005 were noted to be to discuss case and go over paperwork and no clinical recommendations were made.

On 8/31/05, patient is seen for low back pain but foot pain or any other lower extremity symptoms are not commented on at that time. Patient does receive a Nubain injection for her back pain. It is noted that a myelogram has been ordered by Dr. Legrande, a Neurosurgeon that the patient had apparently seen. It is noted that patient is given a disability note for work for her back pain.

Patient did not return for care until 10/11/05 at which time she reports increased pain with walking. At this time patient is referred for Orthotics. Patient returns on 10/25/05 to discuss case; at this time Feldene and Neurotin were started and a nerve conduction study was ordered. Diagnosis was still plantar fasciitis. Dr. Legrande sent an evaluation to Dr. Crawford on 10/24/05 noting that the myelogram shows central and bilateral stenosis at L3-4 and lateral recess stenosis at L4-5 and L5-S1. Further tests were recommended. On 10/25/05, patient received shots of Robaxin, Toradol and Phenergan for back pain and requested Nubain.

Only 2 days later on 10/27/05, patient returned to talk about her continued plantar fasciitis pain. A Podiatry referral was discussed as a possibility after NCS results available. On 10/31/05, patient returns for injection for foot pain at which time she receives Toradol and phenergan. Deep peroneal injection were discussed at that time. Patient returned on 10/31/05 for her back pain and on 11/2/05 requests injection for pain but it is not given due to denial by carrier. On 11/2/05, patient comes in for a deep peroneal injection on the left. At this time, diagnosis of tarsal tunnel syndrome is noted. The following day (11/3/05) patient returns for tarsal tunnel injection on right as she was noted to have “good results” from injection on left. 1

week later (11/10/05), patient returns requesting another nerve block for increased pain. A nerve block is not done but a Toradol and Phenergan injection is given. On 11/22/05, patient returns with increased foot pain and requests Toradol, Phenergan and nerve block as well as Nubain. She also is noted to ask for Lexapro samples. (at this time meds noted to be Lorcet, Soma, Oxycontin and phenergan). Patient did receive shots of Phenergan and Toradol at this appointment. In addition to this, nerve blocks on both the right and left deep peroneal nerves were done. Of note, the patient reported that the first nerve blocks helped for a week.

Patient did have an EMG/NCS on 11/1/05 which were suggestive of a mild left L5 radiculopathy and mild left S1 radiculopathy. No evidence of tarsal tunnel noted.

On 11/28/05, patient was seen by the the podiatrist, Dr. Wheat. His diagnosis at this time was mild bilateral plantar fasciitis with varus forefoot deformity. He also notes that the diagnosis of regional pain syndrome or radiculopathy should be further explored as an explanation for the patient clinical presentation and pain in her lower extremities in addition to her history of low back pain. At this time Orthopedic consult was also pending.

Patient returns on 12/5/05 requesting a pain shot for her pain and is given shot of Toradol and Phenergan. On 12/14/05, she returns again requesting an Impairment rating. She has continued pain and the doctor orders repeat X-rays and an MRI of bilateral feet.

Of note, throughout treatment notes, patient is noted to be depressed, stressed and anxious. She is treated with antidepressants and anti-anxiety agents. She is noted to be on NSAID's, narcotics and muscle relaxants but it is not clear for which of her physical complaints these medicines were started.

#### **DISPUTED SERVICE(S)**

Under dispute is the retrospective medical necessity of office visits and injections for the dates of services : 11/10/05-12/14/05. The following are the specific dates and services:

- 11-10-05 99213 Office visit
- 11-22-05 G0351 Therapeutic injection
- 11-22-05 J0702 Inj Betamethasone
- 11-22-05 J1100 Inj Dexamethasone
- J2001 Inj Lido
- 11-22-05 J2550 Injection Promethazine
- 11-22-05 J1885 Inj Ketorolac
- 64405-LT Inj anesthetic agent
- 11-22-05 64405 RT Inj anesthetic agent
- 12-05-05 99212 Office visit
- 12-05-05 G0351 Therapeutic injection
- 12-05-05 J2550 Injection Promethazine
- 12-05-05 J1885 Inj Ketorolac
- 12-14-05 99213 Office visit
- 12-14-05 G0351 Therapeutic injection
- 73610-rt Xray ankle
- 73610-lt Xray ankle
- J2300 Inj Nalbuphine
- 12-14-05 J2550 Injection Promethazine

## **DETERMINATION/DECISION**

The Reviewer partially agrees with the determination of the insurance carrier in this case. The Reviewer agrees with the insurance carrier on the following: denial of all of the above claims/charges with the exception of 99213 on 11/10/05 and 99213 on 12/14/05.

### **RATIONALE/BASIS FOR THE DECISION**

This case is of that of a woman who has made a work comp claim of bilateral foot pain diagnosed as plantar fasciitis. It is not The Reviewer's role to determine whether the diagnosis is correct but to determine given the diagnosis and evidence, whether the above charges are medically necessary for this one problem and diagnosis of plantar fasciitis.

The office visit (99213) on 11/10/05 was medically necessary as the patient voluntarily sought out the care of the physician and made an office visit due to continued pain. No other charges are being disputed at that date.

On 11/22/05, the charges in dispute are those associated with an injection of Toradol and Phenergan for pain and bilateral deep peroneal nerve injections. With respect to the Toradol and Phenergan, The Reviewer does not believe that these are clinically indicated. It is not standard of care for Toradol injections to be used for control of a chronic pain as the effects last only 6-8 hours. The Phenergan shot is not indicated either in this case as there is no clear documentation as to the purpose of this injection in the treatment of this Patient except as an adjunct to the Toradol shot. Patient was already on NSAID's and narcotics for pain and these medications would not give any lasting benefit. It is also not standard of care to give these injections on the same day as giving the deep peroneal injections. With respect to the Deep peroneal injections, this is not a treatment of plantar fasciitis but tarsal tunnel. From that perspective, it is treating a condition which has not been the diagnosis of the initial disability complaint. Regardless, the Patient had already received one injection that was of questionable benefit. One week of relief of pain is not enough of a benefit to repeat injection so soon particularly when there was several consultant appointments still pending. In addition to this, the Nerve conduction study did not confirm a diagnosis of tarsal tunnel syndrome, so the injection is not clinically indicated or necessary. Other possibilities of causes of the symptoms were suggested by the consultants.

With respect to the charges on 12/14/05, the office visit is a valid charge as the Patient is coming in to have her continued pain reevaluated and there is no indication on the chart that her work comp case had been closed. However, injections of Nubain and Phenergan for plantar fasciitis are not clinically indicated. There is also no change in physical or clinical evidence indicated on chart to necessitate repeating the X-rays of bilateral ankles.

### **Screening Criteria**

General:

In making his determination, the Reviewer had reviewed medically acceptable screening criteria relevant to the case, which may include but is not limited to any of the following: Evidence Based Medicine Guidelines (Helsinki, Finland); Texas Medical Foundation: Screening Criteria Manual (Austin, Texas); Texas Chiropractic Association: Texas Guidelines to Quality Assurance (Austin Texas); Texas Medical Foundation: Screening Criteria Manual (Austin, Texas); Mercy Center Guidelines of Quality Assurance; any and all guidelines issued by DWC or other State of Texas Agencies; standards contained in Medicare Coverage Database; ACOEM Guidelines; peer-reviewed literature and scientific studies that meet nationally recognized standards; standard references compendia; and findings; studies conducted under the auspices of federal government agencies and research institutes; the findings of any national board recognized by the National Institutes of Health; peer reviewed abstracts submitted for

presentation at major medical associates meetings; any other recognized authorities and systems of evaluation that are relevant.

**CERTIFICATION BY OFFICER**

IRO America has performed an independent review solely to determine the medical necessity of the health services that are the subject of the review. IRO America has made no determinations regarding benefits available under the injured employee's policy.

As an officer of IRO America Inc., I certify that there is no known conflict between the Reviewer, IRO America and/or any officer/employee of the IRO with any person or entity that is a party to the dispute.

IRO America is forwarding by facsimile, a copy of this finding to the DWC.

Sincerely,  
**IRO America Inc.**  
  
Dr. Roger Glenn Brown  
**President & Chief Resolutions Officer**

**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.

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

**I hereby certify, in accordance with DWC Rule 102.4 (h), that a copy of this Independent Review Organization decision was sent to DWC via facsimile, on this 29<sup>th</sup> day of June, 2006.**  
**Name and Signature of IRO America Representative:**