

Case Number:	CM13-0026980		
Date Assigned:	11/01/2013	Date of Injury:	06/04/2009
Decision Date:	03/12/2014	UR Denial Date:	09/12/2013
Priority:	Standard	Application Received:	09/20/2013

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Occupational Medicine and is licensed to practice in California. He/she has been in active clinical practice for more than five years and is currently working least at 24 hours a week in active practice. The physician reviewer was selected based on his/her clinical experience, education, background, and expertise in the same or similar specialties that evaluate and/or treat the medical condition and disputed items/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

The physician reviewer developed the following clinical case summary based on a review of the case file, including all medical records: The applicant is a represented [REDACTED] [REDACTED] employee who has filed a claim for thoracic outlet syndrome and reflex sympathetic dystrophy reportedly associated with an industrial injury of June 4, 2009. Thus far, the applicant has been treated with the following: Analgesic medications; attorney representation; transfer of care to and from various providers in various specialties; unspecified amounts of physical therapy over the life of the claim; prior Ketamine infusions in 2012; cervical rib excision for suspected thoracic outlet syndrome; and extensive periods of time off of work, on total temporary disability. In a utilization review report of August 30, 2013, the claims administrator denied a request for Ketamine infusions, stating that prior Ketamine infusions were unsuccessful. On October 16, 2013, the applicant writes that she believes that previous Ketamine infusions were beneficial. She reported diminution in pain as a result of ongoing Ketamine infusions. The applicant states that both her Agreed Medical Evaluator and primary treating physician believe that her chronic regional pain syndrome has responded favorably to prior Ketamine infusions. In a medical legal evaluation of August 14, 2013, the applicant presented with 8/10 multifocal elbow, wrist, and hand pain. She is having difficulty doing multiple activities of daily living. She is having difficulty with bathing, dressing, grooming, oral care, toileting, and transferring. She is not able to manage money on household work, it was stated. The Qualified Medical Evaluator writes that the 10 prior Ketamine infusions diminished the applicant's right arm sensitivity for about three days. She is placed off of work, on total temporary disability. Further Ketamine infusions are endorsed by the Qualified Medical Evaluator and primary treating provider, it appears.

IMR ISSUES, DECISIONS AND RATIONALES

The Final Determination was based on decisions for the disputed items/services set forth below:

Ketamine infusions every two weeks for three months then once a month for three months then every two months ongoing: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 8 C.C.R. Â§Â§9792.20 - 9792.26 MTUS (Effective July 18, 2009) Page(s): 56 OF 127.

Decision rationale: As noted on page 56 of the MTUS Chronic Pain Medical Treatment Guidelines, Ketamine is "not recommended." It is considered "under study" for chronic regional pain syndrome, the diagnosis is reportedly present here. In this case, however, the applicant has had 10 prior Ketamine infusions and failed to effect any lasting benefit or functional improvement through prior usage of the same. The applicant remains off of work, on total temporary disability. She only apparently reported three days of analgesia as a result of the Ketamine infusions. She remains highly reliant on various medications and medical treatments. Continued pursuit of Ketamine in the face of the applicant's failure to demonstrate functional improvement as defined in MTUS 9792.20f despite various treatments including prior Ketamine infusions is not recommended. Therefore, the request remains non-certified, on Independent Medical Review.