

Case Number:	CM13-0027098		
Date Assigned:	11/22/2013	Date of Injury:	06/12/2009
Decision Date:	01/30/2014	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 at least 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 applicant is a represented [REDACTED] teacher who has filed a claim for chronic low back pain, left knee pain, and chronic regional pain syndrome reportedly associated with an industrial injury of June 22, 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; prior lumbar fusion surgery; multiple injection procedures and hardware blocks; four stellate ganglion blocks and 10 ketamine infusions in late 2013; extensive periods of time off of work; a functional restoration program in mid 2013; and unspecified amounts of yoga. In a utilization review report of September 12, 2013, the claims administrator denied a request for a ketamine infusion, noting that it is largely experimental. Somewhat incongruously, the claims administrator stated that the applicant had been given authorization by a utilization review nurse for prior sympathetic blocks and 10 prior ketamine infusions. The applicant's attorney later appealed the denial of additional ketamine infusions. A November 20, 2013, appeal letter is reviewed, in which the attending provider sets forth the request for ketamine infusions.

IMR ISSUES, DECISIONS AND RATIONALES

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

Ketamine Infusion (x5): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Ketamine.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 56.

Decision rationale: The Physician Reviewer's decision rationale: As noted on page 56 of the MTUS Chronic Pain Medical Treatment Guidelines, ketamine is "not recommended." There is insufficient evidence to recommend usage of ketamine in the treatment of chronic pain/chronic pain syndrome, as is present here. In this case, it is further noted that the applicant has had prior ketamine infusions over the life of the claim and failed to derive any lasting benefit or functional improvement through prior ketamine infusions. The applicant remains off of work, on total temporary disability, and remains highly reliant on various medications and medical treatments, implying a lack of functional improvement as defined in MTUS 9792.20(f). Therefore, the request for five additional ketamine infusions is not medically necessary and is not certified.