

<b>Case Number:</b>	CM13-0041510		
<b>Date Assigned:</b>	12/20/2013	<b>Date of Injury:</b>	07/22/2010
<b>Decision Date:</b>	08/13/2014	<b>UR Denial Date:</b>	09/16/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/11/2013

### HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to an expert reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The expert reviewer is Board Certified in Physical Medicine and Rehabilitation and is licensed to practice in California and Washington State. 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 expert 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 injured worker is a 41-year-old female that reported an injury on 07/22/2010 due to a fall. On physical examination dated 04/15/2013, the injured worker complained of ongoing pain of the right forearm, right hand, right wrist, and right lower limb, as well as numbness and tingling of the lower limbs and weakness of the right leg. On physical examination dated 05/13/2013, there was a decreased sensation to touch in the L5 distribution portion of the right leg. There were palpable spasms of the bilateral trapezius muscle. Spasms were greater on the left than the right with a 25% decrease in rotation and side bending range of motion. The injured worker's diagnosis was reflux sympathetic dystrophy of the lower limb. The injured worker's medication was Butrans 5 mcg patch apply 1 every week, Lyrica 150 one tab 3 times a day, nortriptyline 10 mg 1 to 2 tabs by mouth at bedtime for neuropathic pain, Miralax 17 grams 1 teaspoon by mouth daily for constipation, Vicodin ES 1 tablet by mouth twice a day as needed, Klonopin, and Lunesta. The injured worker's prior treatment and/or diagnostics include MRI of the right ankle without contrast dated 07/24/2012. There was a mild thickening of the anterior talofibular ligament with no edema, most likely related to an old sprain. The injured worker also received physical therapy and had completed 4 visits as of 07/31/2013. The Request for Authorization form and rationale was not provided with documentation submitted for review.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Transcranial Magnetic Stimulation:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Magnet Therapy Page(s): 58.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: Picarelli, H., Teixeira, M. J., de Andrade, D. C., Myczkowski, M. L., Luvisotto, T. B., Yeng, L. T., ... & Marcolin, M. A. (2010). Repetitive transcranial magnetic stimulation is efficacious as an add-on to pharmacological therapy in complex regional pain syndrome (CRPS) type I. *The Journal of Pain*, 11(11), 1203-1210.

**Decision rationale:** According to an article by Picarelli, it states, Single-session repetitive transcranial magnetic stimulation (rTMS) of the motor cortex (M1) is effective in the treatment of chronic pain patients, but the analgesic effect of repeated sessions is still unknown...This study shows an efficacy of repetitive sessions of high-frequency rTMS as an add-on therapy to refractory Complex Regional Pain Syndrome, (CRPS), type I patients. It had a positive effect in different aspects of pain (sensory-discriminative and emotional-affective). The clinical information provided did not support the injured worker has undergone an adequate trial of therapy as she was noted to have only attended 4 sessions. The injured worker was experiencing a 25% improvement in pain with her medications. Therefore, based on the clinical information submitted, this improvement in symptoms, would not support that the injured worker's CRPS is refractory to treatment. The request as submitted also failed to provide the number of sessions requested. Therefore, the request for Transcranial Magnetic Stimulation is not medically necessary.

**Outpatient Ketamine Infusion unknown duration:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Ketamine Page(s): 56.

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

**Decision rationale:** California MTUS states ketamine is not recommended. There was insufficient evidence to support the use of ketamine for the treatment of chronic pain. More studies are needed to further establish the safety and efficacy of this drug. The injured worker complained of right foot and left leg pain and experiencing a burning sensation in the right lower extremity of the foot to the knee, as well as intermittent sensation of stabbing, numbness, tingling, and walking on glass. Guidelines also indicate that ketamine was associated with frequent side effects, and is not recommended. Also, there was no dose or frequency duration mentioned on the request. As such, the request for Outpatient Ketamine Infusion, unknown duration, is not medically necessary.

**Additional Physical Therapy:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Page(s): 98-99.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Page(s): 99.

**Decision rationale:** The California MTUS Guidelines recommend 24 visits over 16 weeks for reflex sympathetic dystrophy (CRPS). The injured worker complained of pain to right foot and leg that began spreading up her leg to her knee. The injured worker was experiencing burning sensation in the right lower leg and extremity from the foot to the knee, as well as intermittent sensation of stabbing, numbness, tingling, and walking on glass pain. There were no details documented in the injured worker's functional limitations or functional deficit or decreasing range of motion. However, details regarding the injured worker's prior treatment, including the number of physical therapy visits completed and objective functional gains obtained, were not provided. Based on a lack of objective evidence of functional improvement or previous visits noted, the appropriateness for additional physical therapy cannot be established. Furthermore, the request failed to indicate the number of visits planned. Due to lack of documentation regarding previous physical therapy and the specific number of visits being requested, the request is not supported. As such, the request for physical therapy is not medically necessary.