

Case Number:	CM13-0065845		
Date Assigned:	01/03/2014	Date of Injury:	09/06/2009
Decision Date:	06/19/2014	UR Denial Date:	12/09/2013
Priority:	Standard	Application Received:	12/11/2013

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 Texas. 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 51-year-old female who reported an injury on 9/6/09 after a trip and fall. The injured worker sustained an injury to her wrists and knees. The injured worker ultimately developed complex regional pain syndrome which was managed with multiple medications, stellate ganglion blocks, physical therapy, and a spinal cord stimulator. The injured worker was evaluated on 11/13/13. It was documented that the injured worker had been approved for 1 of 3 sessions of a ketamine infusion trial. The injured worker was again evaluated on 12/26/13. It was documented that a request was made for a pain management specialist in Arizona for a second opinion to determine the appropriateness of a lengthier trial for the injured worker. Physical findings included swelling of the bilateral wrist joints with restricted range of motion and tenderness to palpation over the radial head of the bilateral wrists. It was noted that the injured worker had improved range of motion with the wrists bilaterally when the spinal cord stimulator was on.

IMR ISSUES, DECISIONS AND RATIONALES

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

SECOND OPINION WITH A PAIN MEDICINE SPECIALIST (KETAMINE INFUSION TRAIL): Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Pain, Suffering, and the Restoration of Function (ACOEM Practice Guidelines, 2nd Edition (2004), Chapter 6), page 163

Decision rationale: The ACOEM guidelines recommend specialty consultations for complicated cases that would benefit from additional expertise in treatment planning. However, it was noted within the documentation that the injured worker has already received authorization for this investigational treatment. Therefore, the need for an additional second opinion is not clearly supported. As such, the request is not medically necessary or appropriate.