

Case Number:	CM14-0017657		
Date Assigned:	04/16/2014	Date of Injury:	06/18/2011
Decision Date:	06/02/2014	UR Denial Date:	01/31/2014
Priority:	Standard	Application Received:	02/12/2014

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 & Rehabilitation 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 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 patient is a 34 year old male who was injured on 06/18/2011 while he was painting and fell off a ladder onto his right buttock and subsequently developed pain in his lower back. Prior treatment history has included physical therapy, acupuncture, epidural and spinal fusion on 11/21/2011. Medications include: Gabapentin, Lyrica, Acetaminophen, Advil, and Norco. He has also had sympathetic nerve blocks. A progress note dated 03/10/2014 documented the patient with complaints of lower back, left groin, left leg and left foot pain. He rates his pain at 8/10. He had failed Gabapentin/Lyrica in the past, as well as sympathetic nerve blocks and Lidocaine infusion, and the treatment plan was for Ketamine infusion as the patient was awaiting cardiology and psych clearance. He takes 4-5 tablets of Norco 10-325 mg daily to keep pain manageable but pain would escalate up to 8-10/10 when severe.

IMR ISSUES, DECISIONS AND RATIONALES

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

CONSULTATION WITH A PSYCHOLOGIST: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation AMERICAN COLLEGE OF OCCUPATIONAL AND ENVIRONMENTAL MEDICINE, 2ND EDITION, CHAPTER 7 - INDEPENDENT MEDICAL EXAMINATIONS & CONSULTATIONS.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS: AMERICAN COLLEGE OF OCCUPATIONAL AND ENVIRONMENTAL MEDICINE (ACOEM), 2ND EDITION, (2004), 7 - INDEPENDENT MEDICAL EXAMINATIONS AND CONSULTATIONS, page 503.

Decision rationale: As per the ACOEM Guidelines, the occupational health practitioner may refer to other specialists if a diagnosis is uncertain or extremely complex, when psychosocial factors are present, or when the plan or course of care may benefit from additional expertise. Further Guidelines indicate that consultation is recommended to aid in the diagnosis, prognosis, therapeutic management, determination of medical stability, and permanent residual loss and/or the examinee's fitness for return to work. In this case, the patient was diagnosed with complex regional pain syndrome (CRPS) and was recommended clearance from a cardiologist and psychologist for a ketamine infusion pump. As per the MTUS Chronic Pain Guidelines, ketamine is under study for CRPS and more study is needed to further establish the safety and efficacy of this drug. As such, since the referenced Guidelines do not recommend Ketamine for the treatment of CRPS, the medical necessity for the consultation with a psychologist has not been established in this case. The request is not medically necessary and appropriate.