

Case Number:	CM14-0111537		
Date Assigned:	08/01/2014	Date of Injury:	05/11/2010
Decision Date:	09/18/2014	UR Denial Date:	06/17/2014
Priority:	Standard	Application Received:	07/17/2014

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, has a subspecialty in Interventional Spine 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 33-year-old female with an injury date of 05/11/2010. Based on the 06/03/2014 progress report, the patient has a history of right peroneal tendon tear subsequently coming down with a complex regional pain syndrome (CRPS) of the right ankle that has escalated to the leg, thigh, buttock, and low back. The patient's pain is worse with prolonged sitting and standing, and she rates her pain as a 10/10 in severity. In regards to the right upper extremity, she has allodynia from the right L2 down to the sacral region. The right buttock, right thigh, right calf, and right ankle all have persistent hypesthesia with allodynia. The patient is currently taking Amitriptyline, Neurontin, Lunesta, and Opana. There was no listed diagnosis provided. The utilization review determination being challenged is dated 06/17/2014. Three treatment reports were provided 11/11/2013, 01/28/2014, and 06/03/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Consultation and treatment with pain management specialist primarily with ketamine infusion for 2 weeks: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain Chapter, Ketamine.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004) Chapter 7 Independent Medical Examinations and Consultations, page 127 Official Disability Guidelines (ODG), Pain Chapter, Ketamine.

Decision rationale: Based on the 06/03/2014 progress report, the patient has a history of right peroneal tendon tear subsequently coming down with a complex regional pain syndrome (CRPS) of the right ankle that has escalated to the leg, thigh, buttock, and lower back. The request is for a consultation and treatment with pain management specialist primarily with ketamine infusion for 2 weeks. The 06/03/2014 report states, "As patient's symptoms and signs are deteriorating, we will ask for a consultation and treatment with [REDACTED] for consideration of treatment of persistent progressive complex regional pain syndrome primarily with ketamine infusion." ACOEM page 127 states that, "The occupational health practitioner may refer to other specialists if the diagnosis is uncertainly or extremely complex, when the psychosocial factors are present, or when the plan or course of care may benefit from additional expertise." ACOEM support specialty consultation. However, Official Disability Guidelines (ODG) states under ketamine infusion for CRPS, "not recommended." Given the purpose that the specialty referral is specifically for Ketamine infusion, which is not supported, therefore the recommendation is not medically necessary.