

Case Number:	CM14-0026215		
Date Assigned:	06/11/2014	Date of Injury:	09/06/2009
Decision Date:	07/25/2014	UR Denial Date:	02/27/2014
Priority:	Standard	Application Received:	02/27/2014

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 Illinois. 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 09/06/2009. The mechanism of injury was not provided. The clinical documentation of 02/12/2014 revealed the injured worker had poor quality of sleep. The injured worker indicated that her pain was spreading. The injured worker indicated it was difficult to wear clothes and the pressure from clothes caused pain for her. The injured worker underwent a spinal cord stimulator implantation. The physical examination revealed the injured worker had spasms and tenderness on the left side of the paravertebral muscles and hypertonicity. The spinous process tenderness was noted on L3, L4, and L5. The injured worker could not walk on heels or toes due to pain; however, she was able to stand upright with minimal assistance. The injured worker had tenderness to palpation at the SCS anchor site. The physical examination of the bilateral wrists revealed the injured worker had swelling and range of motions that were restricted with palmar flexion limited to 50 degrees by pain and dorsiflexion limited to 50 degrees by pain. The injured worker had tenderness to palpation over the radial side and left wrist more tender than right. The injured worker had swelling in both ankles. The injured worker had allodynia in all extremities. The diagnoses included reflex sympathetic dystrophy of the upper limb, wrist pain, and extremity pain. The treatment plan included a ketamine infusion in [REDACTED].

IMR ISSUES, DECISIONS AND RATIONALES

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

Full Ketamine infusion program with [REDACTED], in [REDACTED] Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain Procedure Summary, and Elbow Disorders Chapter (ACOEM Practice Guidelines, 3rd Edition, Chapter 10), Section Ketamine infusion for CRPS.

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

Decision rationale: The California MTUS Guidelines do not recommend Ketamine as there is insufficient evidence to support the use of ketamine for the treatment of chronic pain and Complex regional pain syndrome (CRPS). There was a lack of documentation of exceptional factors to warrant nonadherence to the MTUS guidelines recommendations. The request as submitted failed to include the duration of the program. Given the above, the request for a full ketamine infusion program with [REDACTED], in [REDACTED], is not medically necessary.