

Case Number:	CM14-0062601		
Date Assigned:	07/11/2014	Date of Injury:	06/18/2011
Decision Date:	08/27/2014	UR Denial Date:	04/28/2014
Priority:	Standard	Application Received:	05/05/2014

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 Anesthesia, has a subspecialty in Acupuncture and Pain Medicine, 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:

34y/o male injured worker with date of injury 6/18/11 with related lower back, groin, left leg, and left foot pain. Per progress report dated 3/12/14, the injured worker reported pain radiating down to the left leg to the foot and also to the right foot, but only at the bottom of the foot. MRI of the lumbar spine dated 5/1/12 revealed enhancement within the left L4-L5 and L5-S1 neural foramina surrounding the exiting left L4-L5 nerve roots which may represent early fibrosis, and post surgical changes at L4-L5. EMG dated 3/12/12 documented subacute L5 radiculopathy and clinical evidence of left complex regional pain syndrome, with type I reflex sympathetic dystrophy. Treatment to date has included surgery, acupuncture, injections, chiropractic manipulation, decompression therapy, physical therapy, and medication management. The date of UR decision was 4/28/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

Ketamine Infusion: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints, Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines - TWC, Pain Chapter.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain (Chronic), Ketamine.

Decision rationale: The MTUS is silent on the use of ketamine infusion. Per ODG TWC regarding ketamine: Not recommended. There is insufficient evidence to support the use of ketamine for the treatment of CRPS. Current studies are experimental and there is no consistent recommendation for protocols, including for infusion solutions (in terms of mg/kg/hr), duration of infusion time, when to repeat infusions, how many infusions to recommend, or what kind of outcome would indicate the protocol should be discontinued. The safety of long-term use of the drug has also not been established, with evidence of potential of neurotoxicity. As the request is not recommended by the guidelines, the request is not medically necessary.