

Case Number:	CM14-0087502		
Date Assigned:	07/23/2014	Date of Injury:	07/16/2013
Decision Date:	09/19/2014	UR Denial Date:	06/10/2014
Priority:	Standard	Application Received:	06/10/2014

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 injured worker is a 41-year-old female who reported injury on 07/16/2013 when she twisted her ankle. The injured worker has diagnoses of sub-acute/early chronic complex regional pain syndrome, right foot and lower leg following hyperextension/sprain, injury to the right foot and ankle. Past medical treatment consisted of ESIs, physical therapy, and medication therapy. Medications include Fosamax 70 mg, Effexor XR 75 mg, Vitamin D, Gralise 600 mg. The duration and frequency were not submitted in the report. An MRI dated 09/04/2013 and x-rays reveal no fracture but findings consistent with soft tissue edema and tenosynovitis/sprain to the extensor and flexor tendons of the foot. Injured worker complained of constant moderate to high severe burning pain, swelling and discoloration affecting her right foot and lower leg from knee down. The injured worker rated her pain at a 7/10 to 10/10. The injured worker underwent an epidural catheter implantation on 05/05/2014 followed by 3 separate bolus administrations of local anesthetic which successfully reduced the pain, swelling, normalized blood flow and improved foot function allowing her to dorsi flex and planter flex her foot with only slight pain. However, each bolus injection provided only 1 to 2 hours relief followed by return of swelling, pain, discoloration, and decreased ankle/foot function. Physical examination dated 05/20/2014 revealed that the injured worker's right foot had 1+ edema with areas of changing coloration from red to white to purplish up to the ankle. The skin was shiny, nails grooved and atrophic. No skin breakdown or ulcers. There was 2+ allodynia and hyperalgesia about forefoot especially medial aspect over 1st through 3rd rays. There was mild tenderness into the lower leg and calf. Sensation disaesthetic about entire foot more pronounced in dorsal aspect superficial peroneal nerve and medial plantar distribution. The treatment plan is for the injured worker to have a pain consultation, to get a second opinion with emphasis on potential IV ketamine therapy. The rationale and Request for Authorization form were not submitted for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Pain consultation 2nd opinion with emphasis on potential IV Ketamine therapy: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM, 2nd edition, 2004, chapter 7, page 127, regarding Independent Medical Examinations and Consultations.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 1.

Decision rationale: The request for Pain consultation 2nd opinion with emphasis on potential IV Ketamine therapy is not medically necessary. Injured worker complained of constant moderate to high severe burning pain, swelling and discoloration affecting her right foot and lower leg from knee down. The injured worker rated her pain at a 7/10 to 10/10. The California MTUS Chronic Pain Guidelines state if the complaint persists, the physician needs to reconsider the diagnosis and decide whether a specialist evaluation is necessary. The progress note dated 05/20/2014 stated that the injured worker had no changes in pain and still had swelling and discoloration to the right foot. The injured worker also stated to be continuing her medication treatment as prescribed and the epidural injections only relieved her pain for 1 to 2 hours. The injured worker stated that the Fosamax was helping with pain. Based on the injured worker's pain being controlled with her current treatment, a pain consultation would not be supported. Therefore, the request for a Pain consultation 2nd opinion with emphasis on potential IV Ketamine therapy is not medically necessary.