

Case Number:	CM14-0176662		
Date Assigned:	10/29/2014	Date of Injury:	04/18/2013
Decision Date:	01/16/2015	UR Denial Date:	09/24/2014
Priority:	Standard	Application Received:	10/24/2014

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 Pain Management 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 41 year old female with an injury date on 4/18/13. The patient complains of pain in her bilateral upper extremities per 8/12/14 report. The 7/15/14 report describes her upper extremities pain as constant. She had a ganglion cyst removed from her right wrist in November 2013, and within weeks she had increased pain in that arm while still in the splint, and continued to worsen and spread bilaterally per 7/11/14 report. Based on the 8/12/14 progress reported provided by the treating physician, the diagnoses are: bilateral CRPS of the hands; bilateral carpal tunnel syndrome; mild right superficial radial neuralgia in the wrist/hand; right de Quervain's tenosynovitis and right wrist fibrosis. Most recent physical exam with range of motion testing was on 1/3/14 which showed "reduced range of motion of right wrist with extension at 30 degrees." The patient's treatment history includes medications, paraffin baths, right wrist surgery, home exercise program. The treating physician is requesting sessions with pain psychologist, and inpatient IV ketamine (QTY=Days) QTY: 5. The utilization review determination being challenged is dated 4/24/14 and denies 6 sessions with psychologist due to 8 sessions already approved on 9/15/14. The requesting physician provided treatment reports from 8/13/13 to 8/12/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

Sessions with Pain Psychologist: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Psychological Treatment Page(s): 101.

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) ACOEM; 2nd Edition, (2004) ACOEM guidelines, chapter 7, page 127

Decision rationale: This patient presents with bilateral upper extremities pain and is s/p right wrist surgery (ganglion cyst removal) from 11/7/13. The provider has asked for sessions with pain Psychologist on 8/12/14, specified as 6 sessions in the utilization review letter dated 4/24/14. The patient is "tearful" and has failed Pamelor and Cymbalta due to side effects, and is currently on Lyrica and Nucynta which is providing some benefit per 8/12/14 report. She had 2 prior sessions with a psychologist which have been "cathartic" and will be undergoing cognitive behavior therapy in future sessions per 8/12/14 report. Regarding consultations, ACOEM states that 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. In this case, the patient is currently undergoing sessions with a psychologist, and prior 2 sessions have been beneficial. The requested 6 sessions with a psychologist is medically necessary.

Inpatient IV Ketamine (Qty.=days) QTY 5.00: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines- Ketamine

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

Decision rationale: This patient presents with bilateral upper extremities pain and is s/p right wrist surgery (ganglion cyst removal) from 11/7/13. The provider has asked for Inpatient IV Ketamine (QTY=DAY) QTY: 5 but the requesting progress report is not included in the provided documentation. The utilization review letter dated 4/24/14 includes 9/17/14 progress report which states: "our best option would be IV ketamine since she cannot tolerate physical therapy, has only mild to modest benefits with medications, and she is afraid to pursue a stellate ganglion block or spinal cord stimulator." Regarding Ketamine Infusion, MTUS states not recommended. There is insufficient evidence to support the use of ketamine for the treatment of chronic pain. There are no quality studies that support the use of ketamine for chronic pain, but it is under study for CRPS." In this case, the patient has CRPS and Ketamine is under study for CRPS. However, MTUS states that there is no evidence to support the use of Ketamine for chronic pain. The request is not medically necessary.