

Case Number:	CM14-0028518		
Date Assigned:	06/16/2014	Date of Injury:	03/18/2011
Decision Date:	03/12/2015	UR Denial Date:	02/19/2014
Priority:	Standard	Application Received:	03/06/2014

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: California, Arizona

Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 27-year-old female who reported an injury on 03/18/2011. The mechanism of injury was not submitted for review. The injured worker has a diagnosis of CRPS. Past medical treatment consists of ketamine treatment, physical therapy sympathetic blocks, and medication therapy. There were no progress notes or SOAP notes indicating pain levels, functional deficits, or physical examination findings for the injured worker. Submitted was a letter by the injured worker explaining the Ketamine treatment. The Request for Authorization form was not submitted for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Ketamine Treatment: 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), Chronic Regional Pain Syndrome (CRPS)

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

Decision rationale: The request for ketamine treatment is not medically necessary. The Official Disability Guidelines do not recommend the use of Ketamine. 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, duration of infusion time, when a repeat infusion or what kind of outcome would indicate the protocol should be discontinued. There were no progress notes or SOAP notes submitted for review indicating functional deficits the injured worker was having, nor was there any indication of pain levels. Additionally, there were no other significant factors provided to justify the use outside of current guidelines. Given the above, the request would not be indicated. As such, the request is not medically necessary.