

Case Number:	CM15-0007795		
Date Assigned:	01/23/2015	Date of Injury:	03/08/2012
Decision Date:	03/23/2015	UR Denial Date:	12/11/2014
Priority:	Standard	Application Received:	01/14/2015

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, Washington

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

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 03/08/2012 after pushing shelves. The injured worker reportedly sustained an injury to her right index finger and palm. The injured worker ultimately developed chronic pain syndrome with severe pain and allodynia throughout her body. The injured worker's treatment history has included psychiatric support, aquatic therapy, physical therapy, medications, stellate ganglion blocks and a TENS unit. The injured worker was evaluated on 12/11/2014. Physical findings included diffuse allodynia of the right arm and entire mid spine. The injured worker's treatment plan included a 5 day low dose IV ketamine infusion, additional aquatic therapy and a refill of medications. A Request for Authorization was not submitted to support the request.

IMR ISSUES, DECISIONS AND RATIONALES

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

IV low dose ketamine infusion: 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), Pain (Chronic), Low Back chapter

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Ketamine. Page(s): 56. Decision based on Non-MTUS Citation Pain Chapter, Ketamine.

Decision rationale: The requested decision for IV low dose ketamine infusion is not medically necessary or appropriate. California Medical Treatment Utilization Schedule does not support the use of ketamine to treat complex regional pain syndrome as there is little scientific evidence to support the safety and efficacy of this medication for treatment of that diagnosis. Furthermore, Official Disability Guidelines do not support the use of IV ketamine infusion as there is inconsistent data to support protocol recommendations, duration of infusion time and repeat infusions. The clinical documentation does not provide any evidence to exceed guideline recommendations. As such, the requested IV low dose ketamine infusion is not medically necessary or appropriate.