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| Case Number: | CM15-0103775 | | |
| Date Assigned: | 06/08/2015 | Date of Injury: | 03/20/2009 |
| Decision Date: | 07/16/2015 | UR Denial Date: | 05/14/2015 |
| Priority: | Standard | Application Received: | 05/29/2015 |

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, Texas, Florida

Certification(s)/Specialty: Anesthesiology, Pain Management, Hospice & Palliative Medicine

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 29 year old female injured worker suffered an industrial injury on 03/20/2009. The diagnoses included chronic regional pain syndrome and left knee degenerative joint disease. The injured worker had been treated with spinal cord stimulator, medications and physical therapy. On 4/28/2015 the treating provider reported complaints of pain in the left leg, left knee and left hip. She reported the chronic regional pain syndrome symptoms were spreading to her hands and right ankle. She went to the emergency department on 4/25/2015 due to extreme left upper extremity swelling along with mouth and jaw pain. The pain was 10/10 without medications and 4/10 with medications. On exam she had right and left leg allodynia with temperature changes along with hyperalgesia. The treatment plan included Right lumbar sympathetic block x 3 with Ketamine infusion and Neurologist consult.

IMR ISSUES, DECISIONS AND RATIONALES

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

Right lumbar sympathetic block x 3 with Ketamine infusion: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 103-104. Decision based on Non-MTUS Citation

<http://www.ncbi.nlm.nih.gov/pubmed/16850042> Official Disability Guidelines (ODG), Ketamine.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 56, 103-104, and 113. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Chronic Pain Chapter, CRPS, sympathetic blocks (therapeutic), Ketamine Sub-anesthetic Infusion, Ketamine.

Decision rationale: Regarding the request for right lumbar sympathetic block with infusion of ketamine, Chronic Pain Medical Treatment Guidelines state that ketamine infusion is not recommended. ODG states Ketamine infusion is also not recommended. As such, the currently requested right lumbar sympathetic block with infusion of ketamine is not medically necessary.

Neurologist consult: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM Occupational Medicine Practice Guidelines, 2nd Edition, 200, page 127.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM Practice Guidelines, Independent Medical Examinations and Consultations/referrals, page 127.

Decision rationale: Regarding the request for neurology consultation, California MTUS does not address this issue. ACOEM supports consultation 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. Within the documentation available for review, it appears the patient has had numerous consultations already. The requesting physician is asking for this consultation due to the patient having a diagnosis of neurocardiogenic syncope. This diagnosis was made by a cardiologist. The patient is already seeing a physiatrist and it is unclear how a neurologist will help in the treatment of this condition since the patient is already seeing a psychiatrist and saw a cardiologist. The requesting physician does not state what role the neurologist would play in the treatment that would not be able to be done by the patient's cardiologist or psychiatrist since the usual treatment involves psychiatric medication or cardiogenic medication. As such, the currently requested neurology consultation is not medically necessary.