

<b>Case Number:</b>	CM15-0136631		
<b>Date Assigned:</b>	07/24/2015	<b>Date of Injury:</b>	03/20/2009
<b>Decision Date:</b>	08/21/2015	<b>UR Denial Date:</b>	06/22/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/14/2015

### 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  
 Certification(s)/Specialty: Emergency 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 injured worker is a 29 year old female who sustained an industrial/work injury on 3/20/09. She reported an initial complaint of left knee pain. The injured worker was diagnosed as having degenerative joint disease, reflex sympathetic dystrophy of the lower limb, complex regional pain syndrome (CPRS, type I), and neurocardiogenic syncope. Treatment to date includes medication, physical therapy, spinal cord stimulator, home exercise program, moist heat, aquatic therapy, crutches, epidural steroid injection, and surgery (left knee arthroscopy synovectomy on 5/20/10, spinal cord stimulator (SCS) implant, and lead placement). CT scan results reported on 1/9/15. Currently, the injured worker complained of left leg, knee, and left hip pain and follow up with recent SCS implant. Per the primary physician's report (PR-2) on 6/2/15, exam noted normal deep tendon reflexes of upper and lower extremities, abnormal left heel/toe walking, antalgic gait, normal motor strength. There is allodynia diffusely to left leg with left foot temperature colder compared to the right, the right leg had a bluish discoloration to skin, and temperature is cold with hyperalgesia and allodynia with nail changes. The requested treatments include right lumbar sympathetic block x 3 with Ketamine infusion and transportation to medical appointments.

### 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 Official Disability Guidelines, Pain Chapter updated 6/15/15, online version.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page 38, 56, Ketamine Page(s): 38, 56.

**Decision rationale:** The requested Right lumbar sympathetic block x 3 with Ketamine infusion is not medically necessary. Chronic Pain Medical Treatment Guidelines, Page 38, 56, Ketamine note that Ketamine is not recommended for the treatment of chronic pain. The injured worker has left leg, knee, and left hip pain and follow up with recent SCS implant. Per the primary physician's report (PR-2) on 6/2/15, exam noted normal deep tendon reflexes of upper and lower extremities, abnormal left heel/toe walking, antalgic gait, normal motor strength. There is allodynia diffusely to left leg with left foot temperature colder compared to the right, the right leg had a bluish discoloration to skin, and temperature is cold with hyperalgesia and allodynia with nail changes. The treating physician has not documented the medical necessity for this medication as an outlier to negative guideline recommendations, duration of treatment, nor objective evidence of derived functional improvement from previous use. The criteria noted above not having been met, right lumbar sympathetic block x 3 with Ketamine infusion is not medically necessary.

**Transportation to medical appointments: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines -Knee and Leg (update 05/05/15) Online version.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Knee & Leg, Back (Acute & Chronic).

**Decision rationale:** The requested Transportation to medical appointments is not medically necessary. CA MTUS 2009 ACOEM Guidelines are silent on this issue. ODG TWC Guidelines WEB Knee & Leg, Back (Acute & Chronic) (updated 07/19/12) Transportation (to & from appointments) Recommended for medically necessary transportation to appointments in the same community for patients with disabilities preventing them from self-transport. The injured worker has left leg, knee, and left hip pain and follow up with recent SCS implant. Per the primary physician's report (PR-2) on 6/2/15, exam noted normal deep tendon reflexes of upper and lower extremities, abnormal left heel/toe walking, antalgic gait, normal motor strength. There is allodynia diffusely to left leg with left foot temperature colder compared to the right, the right leg had a bluish discoloration to skin, and temperature is cold with hyperalgesia and allodynia with nail changes. CA-MTUS 2009 ACOEM Guidelines are silent on this, but ODG Guidelines note that this service is recommended for medically-necessary transportation to appointments in the same community for patients with disabilities preventing them from self-transport, which is not currently documented. The criteria noted above not having been met, Transportation to medical appointments is not medically necessary.