

Case Number:	CM15-0141510		
Date Assigned:	07/31/2015	Date of Injury:	07/12/2010
Decision Date:	08/31/2015	UR Denial Date:	06/29/2015
Priority:	Standard	Application Received:	07/21/2015

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: Texas, Florida, California
 Certification(s)/Specialty: Preventive Medicine, Occupational 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 40 year old female who sustained an industrial/work injury on 7-12-10. She reported an initial complaint of pain, stiffness, and joint swelling. The injured worker was diagnosed as having CRPS (complex regional pain syndrome) of bilateral upper and lower extremities, and bipolar disorder. Treatment to date includes medication, surgery (laminectomies of T11-12, implant of spinal cord stimulator (SCS) lead with programming, intraoperative fluoroscopy, implant internal pulse generator), diagnostics, and psychiatry management. Currently, the injured worker complained of overall pain, stiffness in joints, and numbness. Per the primary physician's report (PR-2) on 11-3-14, exam reveals joint stiffness, joint swelling, numbness, use of a walker for ambulation, obese, strength is antigravity and minimally in the bilateral upper and lower extremities, mild mottling, no hair or nail changes, and allodynia. The requested treatments include functional restoration program to include physical therapy, occupational therapy, and psychology and Ketamine infusion twice weekly for one month, one treatment for one month, two consecutive treatments every month for three months, two consecutive treatments every other month indefinitely.

IMR ISSUES, DECISIONS AND RATIONALES

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

Functional restoration program to include physical therapy, occupational therapy, and psychology: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 7 of 127.

Decision rationale: This claimant was injured five years ago and was diagnosed as having complex regional pain syndrome of both the upper and lower extremities and bipolar disorder. Treatment to date has been medication, laminectomies of T11-12, an implant of spinal cord stimulator (SCS) lead with programming, intraoperative fluoroscopy, implant internal pulse generator, diagnostics, and psychiatry management. There continued to be ongoing pain, stiffness in the joints, and numbness. Functional restoration programs are generally offered when all other care has been exhausted; this patient however is still undergoing various treatments. The MTUS notes that the longer a patient remains out of work the less likely he/she is to return. Similarly, the longer a patient suffers from chronic pain the less likely treatment, including a comprehensive functional restoration multidisciplinary pain program, will be effective. Nevertheless, if a patient is prepared to make the effort, an evaluation for admission for treatment in a multidisciplinary treatment program should be considered. However, there is a limit to the effectiveness in such programs. In the National Guidelines Clearinghouse, under chronic, non-malignant pain, treatment intensity, the following is stated "Regardless of the number of hours per day or days per week the patient has seen, research studies continue to show that effective outcome from such interdisciplinary treatment is accomplished within a maximum of 20 treatment days." It is not clear why a functional restoration program would needed to be rendered simply for PT, OT and psychology, instead of being pursued as separate services. Also, PT and OT overlap and would be redundant. The request is not medically necessary.

Ketamine infusion twice weekly for one month, one treatment for one month, two consecutive treatments every month for three months, two consecutive treatments every other month indefinitely: 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).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 56 of 127.

Decision rationale: This claimant was injured five years ago and was diagnosed as having complex regional pain syndrome of both the upper and lower extremities and bipolar disorder. Treatment to date has been medication, laminectomies of T11-12, an implant of spinal cord stimulator (SCS) lead with programming, intraoperative fluoroscopy, implant internal pulse generator, diagnostics, and psychiatry management. There continued to be ongoing pain, stiffness in the joints, and numbness. The MTUS notes regarding Ketamine: 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. (Goldberg², 2005) (Grant, 1981) (Rabben, 1999). Ketamine is an anesthetic in animals and humans, and also a drug of abuse in humans, but ketamine may offer a promising therapeutic option in the treatment of appropriately selected patients with intractable CRPS. More study is needed to further establish the safety and efficacy of this drug. (Correll, 2004) One very small study concluded that ketamine showed a significant analgesic effect on peripheral neuropathic pain, but the clinical usefulness is limited by disturbing side effects. Another study by the same author with a sample size too small for ODG (10) concluded that ketamine showed a significant analgesic effect in patients with neuropathic pain after spinal cord injury, but ketamine was associated with frequent side effects. (Kvarnstr, 2003-4) Therefore, this request is not medically necessary.