

Case Number:	CM15-0020494		
Date Assigned:	02/10/2015	Date of Injury:	02/18/1999
Decision Date:	04/01/2015	UR Denial Date:	01/27/2015
Priority:	Standard	Application Received:	02/03/2015

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: 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 52 year old female, who sustained an industrial injury reported on 2/18/1999. She has reported chronic neck and shoulder pain. The diagnoses were noted to have included degeneration of cervical intervertebral disc; cervicgia; shoulder joint pain; chronic neck pain; and depression, secondary to pain. Treatments have included consultations; diagnostic imaging; cervical epidural steroid injection therapy; ultrasound guided trigger point injections; psychiatric support for depression and anxiety; daily out-patient ketamine infusions, x 6 (10/13); and medication management. The most current work status classification for this injured worker (IW) was not noted. On 1/27/2015, Utilization Review (UR) non-certified, for medical necessity, the request, made on 1/21/2015, for inpatient ketamine infusions, x 7 days; inpatient length of stay of 7 days; repeat electrocardiogram (EKG); and laboratories that include: complete blood count and comprehensive metabolic panel. The Medical Treatment Utilization Schedule, chronic pain physical medicine guidelines, Ketamine; the Official Disability Guidelines, treatment index, pain chapter, ketamine, were cited. The progress notes, dated 12/30/2014, note the rationale behind the request for a repeat round of Ketamine infusions, x 7, inpatient stay, x 7 days, and the corresponding EKG and laboratory studies; requested on the undated request for authorization, faxed on 1/21/2015.

IMR ISSUES, DECISIONS AND RATIONALES

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

LOS - x 7 days: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 56. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official disability guidelines Lumbar & Thoracic (Acute & Chronic) chapter regarding Hospital length of stay (LOS).

Decision rationale: This patient presents with chronic low back pain, neck pain, anxiety and depression. The current request is for LOS-7X DAYS. The treating physician recommends "the patient electively be admitted to the Stanford hospital for Ketamine infusion for 5 to 7 days." The ACOEM, MTUS AND ODG guidelines do not discuss hospital length of stay for Ketamine infusion. ODG guidelines under the Lumbar & Thoracic (Acute & Chronic) chapter regarding Hospital length of stay (LOS), recommends 2 days of stay for patients undergoing laminectomy. The MTUS guidelines, page 56 regarding Ketamine states, "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." In this case, this patient does not suffer from CRPS and MTUS states that there is no evidence to support the use of Ketamine for chronic pain. Given that the Ketamine infusion is not recommended the hospital stay IS NOT medically necessary.

Ketamine infusion: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 56. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

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

Decision rationale: This patient presents with chronic low back pain, neck pain, anxiety and depression. The current request is for KETAMINE INFUSION. The MTUS guidelines, page 56 regarding Ketamine states, "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." The patient has had "5-day series of daily infusions" and the patient reports after the Ketamine infusion, "her pain number was done to an average of 2/10." The treating physician recommends "the patient electively be admitted to the [REDACTED] hospital for Ketamine infusion for 5 to 7 days." In this case, this patient does not suffer from CRPS and MTUS states that there is no evidence to support the use of Ketamine for chronic pain. This request IS NOT medically necessary.

Labs; blood - CBC, CMP: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 56. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official disability guidelines Lumbar & Thoracic (Acute & Chronic) chapter, preoperative lab testing.

Decision rationale: This patient presents with chronic low back pain, neck pain, anxiety and depression. The current request is for LABS, BLOOD - CBC, CMP. The Low Back - Lumbar & Thoracic Chapter has the following: "Recommended as indicated below. Preoperative additional tests are excessively ordered, even for young patients with low surgical risk, with little or no interference in perioperative management. Laboratory tests, besides generating high and unnecessary costs, are not good standardized screening instruments for diseases. The decision to order preoperative tests should be guided by the patient's clinical history, comorbidities, and physical examination findings. Preoperative routine tests are appropriate if patients with abnormal tests will have a preoperative modified approach. Testing should generally be done to confirm a clinical impression, and tests should affect the course of treatment. The treating physician requested to obtain "Chemistry and EKG" in preparation of the Ketamine infusion." The patient's current medications include Gabapentin, Mobic, MS Contin, MS IR, Dextromethorphan and Klonopin. Given the patient's medication intake CBC testing is appropriate. However, given that the request is specifically for lab work in preparation of the Ketamine infusion and the Ketamine infusion is not recommended, this request IS NOT medically necessary.

EKG: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 56. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official disability guidelines, Low back chapter, preoperative testing.

Decision rationale: This patient presents with chronic low back pain, neck pain, anxiety and depression. The current request is for EKG. MTUS and ACOEM Guidelines do not discuss EKG. However regarding preoperative testing, ODG, Low Back - Lumbar & Thoracic Chapter states: "These investigations can be helpful to stratify risk, direct anesthetic choices, and guide postoperative management, but often are obtained because of protocol rather than medical necessity. The decision to order preoperative tests should be guided by the patient's clinical history, comorbidities, and physical examination findings. Patients with signs or symptoms of active cardiovascular disease should be evaluated with appropriate testing, regardless of their preoperative status. Electrocardiography is recommended for patients undergoing high-risk surgery and those undergoing intermediate-risk surgery who have additional risk factors. Patients undergoing low-risk surgery do not require electrocardiography." The treating physician requested to obtain "Chemistry and EKG" in preparation of the Ketamine infusion. Given that the request is specifically for an EKG in preparation of the Ketamine infusion and the Ketamine infusion is not recommended, this request IS NOT medically necessary.