MAXIMUS Federal Services

Case Number:	CM15-0053504		
Date Assigned:	03/27/2015	Date of Injury:	12/29/2010
Decision Date:	05/15/2015	UR Denial Date:	03/18/2015
Priority:	Standard	Application Received:	03/20/2015

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 reported an initial injury on 12/29/2010. The mechanism of injury was not specifically provided. The current diagnoses include reflex sympathetic dystrophy and gout. The injured worker presented on 11/26/2014 for a follow-up evaluation. It was noted that the injured worker had been previously treated with a spinal cord stimulator implantation. The injured worker noted a slight improvement in symptoms with the use of the current medication regimen. Following the spinal cord stimulator implantation the injured worker reported an improvement in right foot symptoms. In the past, the injured worker underwent a stellate ganglion block with lasted 4-5 months as well a lumbar sympathetic block with lasted approximately 1 month. The current medication regimen includes Percocet, tramadol, Gralice, Prozac, Celebrex, Flector patch, omeprazole, diclofenac and a compounded cream. Upon examination there was no acute distress noted. The injured worker was ambulatory with steady gait. There was no temperature discrepancies noted. There was mild hypersensitivity over the bilateral feet, trophic changes, and strength to antigravity. Recommendations at that time included a left stellate ganglion black, a lumbar sympathetic block, 12 sessions of physical therapy, and continuation of the current medication regimen. There was no Request For Authorization submitted for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical therapy, 12 sessions: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 98-99.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 98-99.

Decision rationale: California MTUS Guidelines active therapy is based the philosophy that therapeutic exercise and/or activity are beneficial for restoring flexibility, strength, endurance, function, range of motion, and can alleviate discomfort. The request as submitted failed to indicate the specific body part to be treated. Therefore, the request cannot be determined as medically appropriate at this time.

Stellate ganglion block, left side: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 98-99.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 103-104.

Decision rationale: California MTUS Guidelines recommend stellate ganglion blocks. They are limited to the diagnoses and therapy for CRPS. In this case, it is noted that the injured worker maintains a diagnosis of reflex sympathetic dystrophy. However, it is also noted that the injured worker has been previously treated with a similar injection in the past. Although the injured worker reported an improvement in symptoms there was objective evidence of functional improvement to support the necessity for an additional procedure. Given the above, the request is not medically appropriate at this time.

Lumbar sympathetic block, left side: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 98-99.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 57.

Decision rationale: The California MTUS Guidelines recommend lumbar sympathetic block as indicated. They are useful for the diagnosis and treatment of pain of the pelvis and lower extremities secondary to CRPS 1 and 2. For a positive response pain relief should be 50% or greater for the duration of the local anesthetic and pain relief should be associated with functional improvement. In this case, it is noted that the injured worker maintains a diagnosis of reflex sympathetic dystrophy. However, it is also noted that injured worker was previously treated with lumbar sympathetic block. Although the injured worker reported an improvement in

symptoms, there was not objective evidence of functional improvement to support the necessity for an additional procedure. Given the above, the request is not medically appropriate at this time.

Ketamine infusions, 3 sessions: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 98-99.

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

Decision rationale: California MTUS Guidelines do not recommend ketamine. There is insufficient evidence to support the use of ketamine for the treatment of chronic pain. There have been no quality studies to support the use of ketamine for chronic pain and it currently under study for CRPS. As the California MTUS Guidelines do not support the use ketamine for chronic pain, the current request cannot be determined as medically necessary. In addition, the request for 3 separate sessions would not be supported as the injured worker's response to the initial session would need to be documented prior to the administration of an additional infusion. Given the above, the request is not medically appropriate.