MAXIMUS Federal Services

Case Number:	CM14-0144323		
Date Assigned:	09/12/2014	Date of Injury:	07/23/2009
Decision Date:	10/10/2014	UR Denial Date:	08/07/2014
Priority:	Standard	Application Received:	09/05/2014

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. The expert reviewer is Board Certified in Psychology and is licensed to practice in California. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

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 claimant is a 62 year-old female [redacted] with a date of injury of 7/23/09. The claimant sustained injuries while working as a case manager for the County of Los Angeles. The mechanism of injury was not found within the limited medical records submitted for review. In a recent "Office/Clinic Note-Physician" dated 8/14/14, the claimant was diagnosed with: (1) Depression; (2) Neuropathy; (3) CRPS (complex regional pain syndrome type I); and (4) muscle spasm. Additionally, in the PR-2 report dated 7/28/14, the claimant was diagnosed with: (1) Headache; (2) Cervical derangement; (3) Cervical radiculopathy; (4) Rule out thoracic radiculitis versus radiculopathy; (5) Thoracic derangement; (6) Right cervicobrachial syndrome; (7) Right shoulder adhesive tendinitis; (8) Right shoulder internal derangement; (9) Right cubital tunnel syndrome; (10) Right elbow internal derangement; (11) Right elbow myalgia; (12) Right forearm pain; (13) Right wrist internal derangement; (14) Status post right carpal tunnel release; and (15) Reflex sympathetic dystrophy. It is also reported that the claimant struggles with psychiatric symptoms secondary to her chronic pain. In a "Progress Note" dated 3/13/14, the claimant was diagnosed with: Pain disorder associated with psychological factors and a medical condition. The claimant has received various treatments for her pain/psychiatric symptoms including medications, physical therapy, injections, surgery, psychiatric medication management, and psychological services.

IMR ISSUES, DECISIONS AND RATIONALES

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

Pain Psychology Evaluation for Ketamine Infusion: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Psychological evaluations and the Chronic Pain Chapter, Ketamine. Decision based on Non-MTUS Citation Official Disability Guidelines, Pain Chapter, Ketamine

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Psychological Evaluations,Ketamine Page(s): 100-101, 56.

Decision rationale: The CA MTUS guideline regarding the use of psychological evaluations in the treatment of chronic pain as well as the guideline involving the use of ketamine will be used as references in this case. Based on the review of the limited medical records, the claimant continues to experience severe chronic pain despite having received various treatments since her injury in July 2009. The request under review is for a pain psychology evaluation related to Ketamine infusion. The claimant has received prior psychological services via inpatient hospitalization and follow-up services at the [redacted]. Only one progress note was included for review. It is unclear as to the level of services that the claimant currently receives as there are no other psychological records submitted for review. There is mention within the notes that the claimant treats with [redacted] however, that information cannot be confirmed without records. Although the CA MTUS recommends the use of a psychological evaluation in the treatment of chronic pain, the request under review is specifically related to ketamine infusion. There is no specific guideline discussing the need for a psychological evaluation prior to ketamine infusion and the records submitted for review do not provide adequate information as to why an evaluation needs to be conducted. Additionally, since the use of ketamine is not recommended by the ODG and the claimant may currently be treating with a psychologist, the need for an additional evaluation cannot be fully determined. As a result, the request for a "Pain psychology evaluation for Ketamine infusion" is not medically necessary.