MAXIMUS Federal Services

Case Number:	CM15-0011808		
Date Assigned:	01/29/2015	Date of Injury:	12/13/2011
Decision Date:	03/27/2015	UR Denial Date:	12/26/2014
Priority:	Standard	Application Received:	01/20/2015

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, Arizona
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 45-year-old female who reported an injury on 12/13/2011 due to an unknown mechanism of injury. The injured worker ultimately developed complex regional pain syndrome type 2 of the right upper extremity. The injured worker's treatment history included hand therapy, medications, psychological support, and occupational therapy. It was also noted that the injured worker had previously undergone stellate ganglion blocks. The injured worker was evaluated on 08/26/2014. The injured worker's medications included injectable ketamine, a Medrol Dosepak, Dulcolax, Colace, tizanidine, naltrexone, and tramadol. The injured worker's prescriptions also included Ambien, Effexor, Gralise, Savella, and Zoloft. A physical evaluation was not provided at that appointment. The injured worker's treatment plan included continuation of medications. A request was made for a ketamine infusion. No Request for Authorization was submitted to support the request.

IMR ISSUES, DECISIONS AND RATIONALES

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

Ketamine Infusion treatment with [redacted] (x3-5 per week for 12 weeks): 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), Ketamine

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter, Ketamine

Decision rationale: The requested ketamine infusion treatment with [redacted] (x3-5 per week for 12 weeks) is not medically necessary or appropriate. California Medical Treatment Utilization Schedule does not address IV ketamine infusion. Official Disability Guidelines do not support the use of ketamine IV infusion as there is inconsistent evidence of efficacy and safety of treatment. There are no exceptional factors noted to support extending treatment beyond guidelines recommendations. As such, the requested ketamine infusion treatment with [redacted] (x3-5 per week for 12 weeks) is not medically necessary or appropriate.

Cardiology consult and EKG: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004) 7, page(s) 124

Decision rationale: The requested cardiology consult and EKG are not medically necessary or appropriate. The American College of Occupational and Environmental Medicine recommend specialty consultations when additional expertise is needed to assist with treatment planning and diagnosing a patient. The clinical documentation does not support that the treating provide has exhausted resources within his scope of practice and requires a specialty consultation to assist with treatment. As such, the requested Cardiology consult and EKG is not medically necessary or appropriate.