

Case Number:	CM15-0077431		
Date Assigned:	04/29/2015	Date of Injury:	05/22/2006
Decision Date:	06/01/2015	UR Denial Date:	04/02/2015
Priority:	Standard	Application Received:	04/23/2015

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

Certification(s)/Specialty: Anesthesiology, Pain Management

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 53-year-old female who sustained an industrial injury on 5/22/06. In 2006 she developed numbness and tingling in her left wrist that awakened her at night and had physical therapy. The injured worker has had multiple injuries dating to 1996 and 1998 after injuring her right ulnar nerve; in 2005, she developed triggering of her left third finger and received ultrasound and physical therapy; 2008 developed bilateral carpal tunnel syndrome. Of note in 2013 she was involved in a rear-end motor vehicle accident causing slight increase in right sided cervical spine pain. She currently complains of burning pain in the right upper extremity down the dorsum of the hand and wrist; pain in the left lateral leg and into the foot. Her activities of daily living are limited in certain aspects of grooming, dressing, walking (uses a cane), driving (uses a knob for steering). She experiences sleep difficulties. Medications are Cymbalta, Lunesta, Lyrica, Percocet, Lidoderm 5% patches, topical analgesic cream, Ketamine cream 5%. Diagnoses include bilateral carpal tunnel syndrome, status post bilateral carpal tunnel release (2011); repetitive strain injury/overuse syndrome on a cumulative traumatic work-related basis resulting in strains of bilateral hands and wrists; complex regional pain type 1/reflex sympathetic dystrophy of the right upper extremity; complex regional pain syndrome/reflex sympathetic dystrophy of the left foot; chronic pain syndrome; morbid obesity; chronic regional myofascial pain involving the cervical spine; degenerative disc disease of the cervical spine; thoracic spine strain/sprain; lumbar spine sprain/strain with myofascitis. Treatments to date include pain psychologist, medications, physical therapy. In the progress note dated 2/21/15 the

treating provider's plan of care includes ketamine infusion therapy and therapeutic injection, brachial plexus block. The records show that a lumbar sympathetic block was recently certified.

IMR ISSUES, DECISIONS AND RATIONALES

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

Ketamine infusion: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 9792.24.2 Page(s): 57, 104. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter Upper extremities.

Decision rationale: The CA MTUS did not address the use of ketamine infusions for the diagnosis and treatment of CRPS of the upper extremities. The ODG guidelines recommend that the ketamine infusions can be considered when conservative treatments and sympathetic nerve blocks have failed. The guidelines noted that the use of ketamine infusions is still being evaluated for efficacy in the treatment of CRPS. The records show that the patient had subjective and objective symptoms consistent with the diagnosis of CRPS of the upper extremity. There is no documentation of failure of treatments with sympathetic nerve blocks for the upper extremities. The patient was recently certified for lumbar sympathetic nerve blocks for the treatment of the lower extremities, which have not been completed. The criteria for the use of ketamine infusion was not met. The request is not medically necessary.

Brachial plexus nerve block with catheter pump: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 9792.24.2 Page(s): 57, 104. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter Upper Extremities.

Decision rationale: The CA MTUS and the ODG guidelines recommend that sympathetic nerve blocks can be utilized for the diagnosis and treatment of CRPS of the upper extremities. The utilization of brachial plexus catheter pump infusion for the diagnosis and treatment of CRPS of the upper extremities was not addressed or recommended. The records show that the patient had subjective and objective symptoms consistent with the diagnosis of CRPS of the upper extremity. There is no documentation of failure of treatments with sympathetic nerve blocks for the upper extremities. The patient was recently certified for lumbar sympathetic nerve blocks for the treatment of the lower extremities, which have yet to be completed. The criteria for the use of brachial plexus nerve block with catheter pump infusion was not met. The request is not medically necessary.

