

Case Number:	CM15-0096444		
Date Assigned:	05/27/2015	Date of Injury:	08/18/2011
Decision Date:	06/25/2015	UR Denial Date:	05/11/2015
Priority:	Standard	Application Received:	05/20/2015

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: North Carolina
Certification(s)/Specialty: Family Practice

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

This is a 34 year old female with an August 18, 2011 date of injury. A progress note dated April 23, 2015 documents subjective findings (chronic regional pain syndrome of the right upper extremity and bilateral lower extremities; severe burning pain, severe stabbing pain, severe intolerance to cold, and intermittent swelling in the affected limbs), objective findings (bundled in multiple layers of clothing; allodynia of right hand; right upper extremity wrapped in blanket, held as in sling to minimize movement; right hand and both feet pale, hypopigmented, swollen; episodes of crying and moderate anxiety), and current diagnoses (chronic regional pain syndrome). Treatments to date have included medications, stellate ganglion blocks (a few hours of relief after the first, ten day relief after the second), and yoga. The treating physician documented a plan of care that included an electrocardiogram.

IMR ISSUES, DECISIONS AND RATIONALES

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

EKG: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back Chapter, Preoperative Testing.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation up-to date guidelines, EKG.

Decision rationale: The California MTUS, ODG and ACOEM do not directly address the requested service. The up-to date medical guideline states EKG are indicated in the evaluation of heart arrhythmias. As Ketamine infusions are accompanied by possible arrhythmia, pre infusion EKG would be indicated to ensure no baseline abnormalities. Therefore, the request is medically necessary.