

Case Number:	CM13-0004412		
Date Assigned:	11/20/2013	Date of Injury:	03/27/2009
Decision Date:	03/28/2014	UR Denial Date:	07/15/2013
Priority:	Standard	Application Received:	07/29/2013

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 Internal Medicine 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 has filed a claim for fusion of the spine associated with industrial injury date of March 27, 2009. Treatment to date has included multiple opioid and non-opioid analgesics, benzodiazepines, physical therapy, epidural injections, and facet block/RFA. A utilization review from July 15, 2013 denied the request for inpatient detox program. Medical records were reviewed from 2013 showing the patient complaining of constant pain in the cervical spine with radiation to the right upper extremity as well as pain in the right shoulder, low back with numbness into the right groin extending into the right anterior and posterior thigh, and left ankle. On examination, the patient uses a front-wheeled walker for ambulation with tenderness over the lower back area and into the upper buttocks bilaterally. There is decreased sensation and motor strength for the right lower extremity. There is a discussion in the August 16, 2013 progress note about the need for an inpatient detox program for approximately 1 month. The 8/28/13 progress report indicates that the patient has had a difficult time getting her medications, and has reported increasing stress, more anxiety and depression.

IMR ISSUES, DECISIONS AND RATIONALES

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

INPATIENT DETOX PROGRAM: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 124. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain, Weaning, scheduled medications (general guidelines).

Decision rationale: As stated in page 124 of the California MTUS Chronic Pain Medical Treatment Guidelines and ODG pain chapter, detoxification is recommended for patients receiving multiple medications and / or lack of efficacy. However, the request does not specify any length of time for the inpatient detox program or the specific services to be rendered. There are no clearly identified indications for inpatient detox, and attempts to wean or taper were non-specifically reported as 'difficult' without specific evidence as to those difficulties. Therefore, the request is not medically necessary.