

<b>Case Number:</b>	CM13-0007738		
<b>Date Assigned:</b>	11/01/2013	<b>Date of Injury:</b>	11/09/2007
<b>Decision Date:</b>	01/15/2014	<b>UR Denial Date:</b>	07/15/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/05/2013

### HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Physical Medicine and Rehabilitation has a subspecialty in Interventional Spine 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 physician 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:

This is a 58 year old male with injury from 11/9/07. Listed diagnoses include post-laminectomy syndrome of lumbar spine; lumbar facet syndrome; lumbar stenosis per report 3/28/13. He was injured while working construction when he was thrown off of his vehicle. He suffers from pains in low back, left wrist/elbow/shoulder/hip and right knee. The patient is not working. The patient has had therapy, acupuncture, ESI's, braces for his condition. He has tried multiple meds including opiates, NSAIDs, Tramadol, Flexeril, requip, Levitra, Lorazepan, etc. It appears that the patient has had decompression with fusion from L3-S1 from 7/20/09. The patient requires some assistance with bathing, dressing and grooming, unable to complete home duties without help. The patient is on Methadone 30mg per day. Psychologically, the patient has moderate depression; limited intelligence with 10th grade education, tinetti is 13/28 with high risk for fall. The patient exhibited motivation to change and ultimately explore gainful employment. Evaluation with addictionologist was recommended given the patient's substance abuse history. If the patient is not able to successfully decrease his opiate medications while in the program, a transition into an outpatient detox program is anticipated. Addiction medicine evaluation from 7/31/13 is reviewed. The patient is noted to be significantly cognitively impaired with poor memory, stopped smoking 15 years ago, DUI 25 years ago, not treated with antidepressant, has vegetative symptoms of depression. The patient admits to using Cocaine and Methamphetamine once or twice in his life but tested positive on urine drug screen on the date of evaluation and another time with pain management specialist. The patient's SLUM score was 14 and a good history was not obtained due to memory problem. Recommendation was for detoxification first, anti-depressant and psychiatric evaluation first, before considering outpatient functional restoration program.

## IMR ISSUES, DECISIONS AND RATIONALES

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

**Three (3) weeks of part day treatment of the HELP program equating to two (2) full weeks:**  
Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Functional Restoration Programs (FRP) Section Page(s): 30-33.

**Decision rationale:** The addictionology report is revealing in that the recommendation is not for functional restoration program at this point due to the patient's depression, cognitive deficit in dementia range and addiction issues. Recommendation is for detox program first inpatient for 7-10 days at [REDACTED], and then consider outpatient functional restoration program. The most salient point appears to be that this patient is actively using Cocaine/Meth despite self-report of having used them once or twice in his life time. The patient has had two positive urine drug screens and one of them was on the day of evaluation with addictionologist. The patient would not benefit from a functional restoration program with such limited cognition, severe depression, and severe addiction issues. Without being weaned off of opiates the addictionologist did not believe one can assess the patient's true cognitive level. It appears what is more urgent is detoxification and psychiatric evaluation and treatments rather than a functional restoration program that rely heavily of patients' cognitive abilities for training and rehabilitation. In terms of MTUS, while the physician feels that he has address negative predictors, relationship issues with employer, poor work adjustment, negative outlook about employment, high levels of psychosocial distress which is present due to addiction issues, smoking issues, and other issues have not been adequately address. This patient would appear to have many negative outcome variables that the physician has not explored and documented. Recommendation is for denial.