

Case Number:	CM13-0023274		
Date Assigned:	11/20/2013	Date of Injury:	02/10/2010
Decision Date:	04/17/2014	UR Denial Date:	09/06/2013
Priority:	Standard	Application Received:	09/12/2013

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 Occupational 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 applicant is a represented [REDACTED] employee who has filed a claim for chronic low back pain reportedly associated with an industrial injury of February 10, 2010. Thus far, the applicant has been treated with following: Analgesic medications; attorney representation; transfer of care to and from various providers in various specialties; multiple shoulder surgeries, including right shoulder reverse total shoulder replacement on August 8, 2012; unspecified amounts of postoperative physical therapy; lumbar medial branch block procedure; and extensive periods of time off of work. In a Utilization Review Report of September 6, 2013, the claims administrator apparently denied request for admission and hospitalization to a step-down unit and a drug rehabilitation program. The utilization review decision was quite difficult to follow and seemingly used a number of bullet points as opposed to providing much in the way of narrative commentary. The primary reason for the denial appeared to be lack of supporting information. On March 18, 2013, the claimant received a shoulder corticosteroid injection seven months following the reverse total shoulder arthroplasty. He was described as exhibiting limited shoulder range of motion with flexion to 100 degrees and 5-/5 shoulder strength appreciated. On September 20, 2013, the claimant was described as recently hospitalized with diagnoses of renal failure, medication overdose, degenerative joint disease, history of cardiomyopathy, hypertension, dyslipidemia, atrial fibrillation, myopathy, diarrhea secondary to narcotic withdrawal, and chronic lung disease. The applicant is reportedly off of pain medications and has been off for eight weeks. He is having easy bruising. The applicant is asked to pursue a shoulder corticosteroid injection, which apparently took place in the clinic setting. Beyond July 30, 2013, the applicant was described in the Emergency Department as having issues related to rhabdomyolysis, renal failure, congestive heart failure, and hypotension. It was stated that the applicant had chest x-ray suggestive of CHF. The applicant was using a

BiPAP mask. The first arterial blood gas was notable for a pH of 7.24 with an elevated white count of 22,000 suggestive of lactic acidosis. The applicant also had an elevated troponin of 1.22. It was stated that the applicant should be transferred to a step-down facility at the hospital to rule out myocardial infarction and/or sepsis. The applicant apparently initially presented to the emergency department with difficulty breathing, shortness of breath, nausea, confusion, and difficulty comprehension. The applicant initially arrived to the ED with the pulse ox of 75% on room air. His BNP was elevated at 289. In a letter dated August 2, 2013, one of the applicant's treating providers writes that the applicant is at significant risk of a similar episode of medication overdose occurring and/or recurring if the applicant's underlying problems with pain medication addiction are not addressed properly. It is stated that the applicant should go through a drug rehabilitation program to stop his habit.

IMR ISSUES, DECISIONS AND RATIONALES

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

ADMISSION/HOSPITALIZATION TO [REDACTED], TRANSFER TO STEP DOWN UNIT: Overturned

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guideline (ODG), ICD-9 Look-Up Tool

Decision rationale: Yes, the proposed admission and hospitalization to [REDACTED] and transfer to a step-down unit were medically necessary, medically appropriate, and indicated here. The MTUS does not address the topic. However, as noted in the ODG ICD-9 look-up tool, the median length of hospital stay following an actual myocardial infarction is 7.7 days. In this case, suspected myocardial infarction was one of the issues stated on the differential diagnoses. The applicant did have an elevated troponin. The applicant was reportedly unresponsive on initial presentation to the ED. The applicant had a diminished pulse ox on room air. The applicant had evidence of lactic acidosis and had evidence of cardiomegaly noted on chest x-ray. Many of the diagnoses and suspected diagnoses all warranted hospitalization here. ODG, it is incidentally noted, notes that the median hospital length of stay following a diagnosis of congestive heart failure is five days and that the median hospital length of stay following admission for sepsis is eight to nine days. Thus, all of the diagnoses and suspected diagnoses here did warrant hospitalization, admission, and eventual transfer to the step-down unit in question. Therefore, the original utilization review decision is overturned. The request is retrospectively certified.

DRUG REHAB PROGRAM: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 32, 42.

Decision rationale: Conversely, the proposed drug rehabilitation program is not medically necessary, medically appropriate, or indicated here. While the attending provider wrote on August 2, 2013 that he believed that the claimant was in danger of relapsing in terms of abuse of pain medications on that date, the claimant was subsequently described on an office visit of September 25, 2013 as having been drug free for a period of eight to nine weeks. While pages 32 and 42 of the MTUS Chronic Pain Medical Treatment Guidelines do support detoxification programs, including inpatient detoxification programs in those applicants who have aberrant drug behaviors related to abuse and dependence with associated refractory psychiatric comorbidities, which may necessitate medication weaning in an observed setting, in this case, the applicant is already drug free. He has apparently ceased usage of the drug in question. He is apparently no longer using the medications in question. Page 32 of the MTUS Chronic Pain Medical Treatment Guidelines further states that inpatient rehabilitation and detoxification programs can be employed in applicants who do not have the minimum capacity to participate effectively in an outpatient program. In this case, however, the information on file does not necessarily support this proposition. The applicant has already ceased consumption of the offending medications in