MAXIMUS Federal Services

Case Number:	CM13-0029910		
Date Assigned:	03/17/2014	Date of Injury:	11/09/2009
Decision Date:	04/24/2014	UR Denial Date:	09/05/2013
Priority:	Standard	Application Received:	09/25/2013

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 Physical Medicine & Rehabilitation and is licensed to practice in Texas. 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 patient is a 56-year-old male who reported an injury on 11/09/2009. The mechanism of injury involved a motor vehicle accident. The patient is currently diagnosed with lumbar or lumbosacral disc degeneration, pain in a joint of the upper arm, cervicalgia, encounter for longterm use of other medication, depressive disorder, chronic pain disorder, cervical spondylosis without myelopathy, pain in the limb, and sleep disturbance. The patient was seen by [redacted] on 10/23/2013. The patient reported neck, left upper extremity pain, left shoulder pain, low back and left lower extremity pain. Physical examination on that date revealed tenderness to palpation, reduced range of motion, normal stability, palpable taught bands, spasm in the lumbar paraspinal and gluteal region, painful range of motion of the shoulder, positive straight leg raising, decreased sensation, and normal coordination. Treatment recommendations at that time included detoxification.

IMR ISSUES, DECISIONS AND RATIONALES

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

10 SESSIONS OF OUTPATIENT DETOX: Upheld

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

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

Decision rationale: California MTUS guidelines state detoxification may be necessary due to intolerable side effects, lack of response, aberrant drug behaviors, refractory comorbid psychiatric illness, or lack of functional improvement. Gradual weaning is recommended for long-term opioid users. As per the documentation submitted, the patient does not appear to meet criteria as outlined by the California MTUS Guidelines for detoxification. There is no evidence of intolerable side effects, a lack of response or functional improvement, aberrant drug behavior, or refractory comorbid psychiatric illness. The patient reported an appreciable degree of pain relief with the current medication regimen, as well as the ability to achieve a higher degree of daily function. The patient confirmed that they were utilizing the lowest total dosage of pain medication and did not experience any unacceptable adverse effects. The patient also confirmed they have not been overly sedated or intoxicated while using the current medication regimen. Additionally, there is no mention of a contraindication to a traditional tapering schedule as opposed to an outpatient program. Based on the clinical information received and the California MTUS Guidelines, the request is non-certified.

12 SESSIONS OF FUNCTIONAL RESTORATION PROGRAM: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Functional Restoration Programs (FRPS).

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

Decision rationale: California MTUS Guidelines state functional restoration programs are recommended where there is access to programs with proven successful outcomes for patients with conditions that place them at risk of delayed recovery. An adequate and thorough evaluation should be made, including baseline functional testing. As per the documentation submitted, there is no evidence of an adequate and thorough evaluation. There is no indication that previous methods of treating chronic pain have been unsuccessful. There is also no documentation of an absence of other options likely to result in clinical improvement. Additionally, California MTUS Guidelines state, the use of a functional restoration program beyond two weeks is not suggested without demonstrable gains in subjective and objective findings. Therefore, the current request for 12 sessions cannot be determined as medically appropriate. Therefore, the request is non-certified.