MAXIMUS Federal Services

Case Number:	CM13-0040965		
Date Assigned:	12/20/2013	Date of Injury:	03/13/2003
Decision Date:	02/20/2014	UR Denial Date:	09/23/2013
Priority:	Standard	Application Received:	10/29/2013

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 & 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 patient is status post right leg amputation (2003). Patient presents for a follow up after completing "treatment for his right thigh amputation at USC." It was also noted that patient completed two weeks of outpatient alcohol detoxification at [redacted] and continues to drink. Treater requests an inpatient detoxification alcohol program 5-10 days

IMR ISSUES, DECISIONS AND RATIONALES

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

Inpatient detoxification alcohol program 5-10 days: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Medical Treatment Guidelines, Detoxification Page(s):.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 1 Prevention Page(s): 86.

Decision rationale: The patient is status post right leg amputation (2003). Treater requests an inpatient detoxification alcohol program as the patient continues to drink despite two week detox program. AME report dated 07/08/2013 states patient "continues to consume alcohol, 6 to7 beers daily". The MTUS, ACOEM and ODG guidelines do not discuss Alcohol detoxification programs specifically. However, ACOEM guidelines page 86 states "preexisting and coexisting medical or psychological conditions that may affect physical recovery (e.g., diabetes,

musculoskeletal disorders, smoking, alcoholism, depression, and anxiety, among others). In this patient, however, the treating physician does not discuss how an inpatient program is going to make a difference when an outpatient program has failed. Alcoholism is a challenging problem with no assurance that an inpatient program will help. There is no discussion regarding the patient's involvement with alcoholics anonymous and no discussion regarding the patient's motivation to change. Without the patient's die hard motivation to change, no program or intervention would be able to make a difference. Although MTUS does not discuss alcohol detox program, MTUS considers patient's motivation to change an important criteria for considering a functional restoration program. Recommendation is for denial of the request given the lack of evidence regarding in-patient detoxification for alcoholism.