

Case Number:	CM13-0043569		
Date Assigned:	12/27/2013	Date of Injury:	02/27/1995
Decision Date:	02/20/2014	UR Denial Date:	10/09/2013
Priority:	Standard	Application Received:	10/24/2013

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 licensed in Psychology, 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 claimant is a 54 year-old male with a date of injury of 2/27/95. According to reports, the claimant sustained injuries to his hips and lungs as the result of exposure to a gas or aerosolized substance while working as a public works employee for [REDACTED]. The claimant's avascular necrosis is due to pulmonary complications of the above mentioned incident. In his 10/14/13 progress report, [REDACTED] provided the following impressions: (1) Status post recent pneumonia and recent admission to [REDACTED]; (2) L3-L4 disc protrusion with right L5 radicular pain; (3) status post right hip revision surgery with persistent scar pain; (4) long-term opiate use and probable dependency; and (5) severe depression.

IMR ISSUES, DECISIONS AND RATIONALES

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

inpatient detoxification evaluation and treatment: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation American Society of Addiction Medicine: "Patient Placement Criteria for the Treatment of Substance-Related Disorders" (Second Edition-Revised) 2001.

Decision rationale: The California MTUS does not have guidelines that address the use of inpatient detoxification for opiate dependency. As a result, the "Patient Placement Criteria for the Treatment of Substance-Related Disorders" from the American Society of Addiction Medicine have been used. The claimant has been authorized for an evaluation with addiction specialist [REDACTED], who will evaluate and perhaps treat the claimant on an outpatient basis. At this time, the request for "inpatient detoxification evaluation and treatment" appears premature as he has yet to be evaluated by [REDACTED] and received any treatment recommendations. As a result, the request is not medically necessary at this time.