

Case Number:	CM13-0050159		
Date Assigned:	12/27/2013	Date of Injury:	07/19/1999
Decision Date:	06/03/2014	UR Denial Date:	11/01/2013
Priority:	Standard	Application Received:	11/11/2013

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 Anesthesiology has a subspecialty in Pain Management 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 patient is an employee of [REDACTED] and has submitted a claim for lumbar pain associated with an industrial injury date of July 19, 1999. Treatment to date has included opioid and non-opioid medications, home exercise program, injections, SCS trial, IT pump trial, and AP fusion. Medical records from 2013 were reviewed, which showed that the patient complained of constant lumbar pain radiating to bilateral feet, 7-10/10, partially relieved by medications and HEP's. Pain was described as sharp, dull/aching, throbbing, pins and needles, stabbing, numbness, pressure, electrical/shooting, burning, stinging, cramping, weakness, and spasm. Aggravating factors were cold, activity, standing, and walking while alleviating factors included rest and lying down. On physical examination of the lumbosacral spine, there were well-healed incisions and a moderate/large ventral hernia at L2-3 level, with left lumbar tenderness and spasm. Range of motion was slightly limited with a positive straight leg raise test bilaterally. Gait was antalgic and posture was hypolordotic. Motor strength was decreased on both lower extremities. Sensation was decreased on the left L2-4 dermatomes. Deep tendon reflexes in the lower extremities were decreased but equal. The medical records also indicated that the primary physician was awaiting authorization for an inpatient pain program. Utilization review from November 1, 2013 denied the request for 10 Additional 10 Days Inpatient Detox Program at [REDACTED], for physical therapy and psychological intervention, (if needed) for chronic pain and opioid dependence due to medications for lumbar/thoracic spine disorder. The rationale for determination was not included in the records for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

AN ADDITIONAL 10 DAYS IN AN INPATIENT DETOX PROGRAM: Upheld

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

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

Decision rationale: According to page 42 of the Chronic Pain Medical Treatment Guidelines, criteria for detoxification include intolerable side effects, lack of response, aberrant drug behaviors, refractory comorbid psychiatric illness, or lack of functional improvement. In this case, the medical records indicated that the primary physician was awaiting authorization for an inpatient pain program. There was no evidence that the patient is in active participation of an inpatient detoxification program; progress with previous participation was not assessed. Therefore, the request for Additional 10 Days in an Inpatient Detox Program are not medically necessary.