

Case Number:	CM13-0069203		
Date Assigned:	01/03/2014	Date of Injury:	08/07/2003
Decision Date:	08/12/2014	UR Denial Date:	11/18/2013
Priority:	Standard	Application Received:	12/20/2013

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, has 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:

An Ortho report dated 08/27/2013 indicates the patient complained of persistent cervical spine pain associated with stiffness and decreased range of motion. The patient complains of lumbar spine pain with associated stiffness and decreased range of motion. On exam, cervical spine range of motion revealed forward flexion to 40 degrees; extension to 50 degrees; lateral bending was 30/30; right over left rotation was 60/60. Sensation was intact. Lumbar spine motion showed forward flexion of 50 degrees, extension was 20 degrees; right over left lateral bending was 20/20. There was mild pain at the base of the lumbar spine at the extremes of these motions. Straight leg raise was negative. Diagnoses include cervical spine musculoligamentous strain and lumbar spine musculoligamentous strain. The patient has been recommended for pain management consultation and TENS unit or H-wave unit and recommended to join a detoxification program which will be followed by a functional restoration program. Psychological report dated 10/26/2013 states the patient complained of depression, severe in nature, associated with depression and anxiety. She has a diagnosis of posttraumatic stress disorder, pain disorder due to medical condition and major depressive disorder. Prior utilization review dated 11/18/2013 states the request for referral to HELP program for detox and FRD, is not medically necessary as there is a lack of documented evidence submitted for review; therefore it is requested that more information is submitted.

IMR ISSUES, DECISIONS AND RATIONALES

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

Referral to HELP program for detox and FRD: 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 Chronic Pain Programs (Functional Restoration Programs) Page(s): 30-34. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain, Detoxification.

Decision rationale: According to MTUS guidelines, Functional Restoration Programs may be considered when, among other criteria, the patient exhibits motivation to change, and is willing to forgo secondary gains and when negative predictors of success have been addressed. Negative predictors include a negative outlook about future employment, high levels of psychosocial distress, smoking, duration of pre-referral disability time, opioid use, and pre-treatment levels of pain, among others. According to the Official Disability Guidelines, Detoxification may be recommended when there is substance abuse or misuse, lack of response to pain medications, lack of functional improvement, and refractory co morbid psychiatric illness. In this case inpatient Detoxification followed by a Functional Restoration Program (FRP) is requested for a 47-year-old female with chronic pain, cervical strain, lumbar strain, severe depression/anxiety, PTSD, chronic use of opioids, benzodiazepines and SOMA, and a report of suicidal ideation. Prior attempts at opioid weaning have been unsuccessful. AME on 8/27/13 recommended an inpatient Detoxification program followed by possible inpatient or outpatient FRP pending successful detoxification. Inpatient Detoxification is medically necessary in this case as the patient has multiple indications for this treatment. However, Functional Restoration Program is not recommended at this time given several negative predictors of success that should be further addressed including opioid addiction, severe depression with suicidal ideation, and high levels of psychosocial distress. Thus, medical necessity for Detoxification and Functional Restoration Program is not established at this time. Therefore, the request is not medically necessary.