

Case Number:	CM14-0123314		
Date Assigned:	08/08/2014	Date of Injury:	01/12/2006
Decision Date:	10/01/2014	UR Denial Date:	07/11/2014
Priority:	Standard	Application Received:	08/05/2014

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 and Rehabilitation and is licensed to practice in Nevada. 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 records, presented for review, indicate that this 49-year-old male was reportedly injured on January 12, 2006. The mechanism of injury was noted as a fall from a ladder type event. The most recent progress note, dated June 3, 2014, indicated that the overall situation had improved. There was a better mood and the Suboxone and the other medication have been discontinued. The physical examination demonstrated "a consistent effect". Diagnostic imaging studies were not reviewed. Previous treatment included inpatient and outpatient detoxification. A request had been made for drug rehabilitation program and was not certified in the pre-authorization process on July 11, 2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Drug rehab program (unspecified quantity): Upheld

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

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

Decision rationale: The records, presented by [REDACTED] for review, indicate that an outpatient and inpatient detoxification have been completed. Furthermore, the medication

Suboxone and others have been discontinued. The assessment by [REDACTED], Ph.D. indicated there may be a traumatic brain injury and offered no inference to the assessment provided by [REDACTED]. It is also noted that a drug rehabilitation protocol has been completed. As such, based on the records presented for review, it is not clear why a repeat inpatient rehabilitation protocol is warranted.