

Case Number:	CM14-0126582		
Date Assigned:	08/13/2014	Date of Injury:	06/22/2005
Decision Date:	10/22/2014	UR Denial Date:	07/17/2014
Priority:	Standard	Application Received:	08/11/2014

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, has a subspecialty in Pain Medicine 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 injured worker is a 50 year-old male who was reportedly injured on June 22, 2005. The most recent progress note dated June 25, 2014, indicates that there were ongoing complaints of pain that was not improved with the implanted pump. However, the note indicates the pain level is 0/10 with this procedure decrease the pain by 0%. The physical examination demonstrated no particular pertinent positives. Diagnostic imaging studies were not reported. However, there is one note indicating a positive history of HIV and that the injured worker is an intravenous "meth user." Previous treatment includes numerous medications, physical therapy, implanted pain management pump, and other pain management interventions. A request was made for drug detoxification program and was not certified in the pre-authorization process on July 17, 2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Supervised drug detox x 4-6 weeks inpatient program: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM.

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

Decision rationale: While clearly this request is not reasonably required to address the sequelae of the compensable injury, the MTUS notes that inpatient programs such as this should occur

after an outpatient weaning protocol has been attempted. There is no documentation of such an intervention. Furthermore, it is not clear that all the criterion outlined in the guidelines have been met. As such there is insufficient clinical information presented to support the medical necessity of this request.