

<b>Case Number:</b>	CM14-0130007		
<b>Date Assigned:</b>	08/20/2014	<b>Date of Injury:</b>	09/11/2006
<b>Decision Date:</b>	12/31/2014	<b>UR Denial Date:</b>	07/29/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/14/2014

### 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 Family Medicine and is licensed to practice in Utah. 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 a 51 year-old female. The patient's date of injury is 09/11/2005. The mechanism of injury was described as stocking that caused back pain. The patient has been diagnosed with lumbar spine radiculopathy, and chronic pain medication usage. The patient's treatments have included imaging studies, injections, and medications. The physical exam findings dated 7/21/2014 shows the gait to be normal. There are spasms noted in the lumbar paravertebral region at L4-L5 and L5-S1 regions. Pain is increased with extension in the rotation and facet loading maneuvers. The FABER's test, pelvic shear test, and stork test is positive on the right. There is pain noted in the lumbar back with extension. The straight leg test is positive bilaterally at 60 degrees. Sensation in the lower legs is equal. Motor strength is normal. Reflexes are reported as normal. The range of motion in the neck is reported as reduced. The patient's medications have included, but are not limited to, Cymbalta, Vicodin, Klonopin, Trazodone, Percocet, Oxycodone, Nucynta, Hydrocodone, and Percocet. The request is for a Detox Program.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Detox Program-Merrill Peralta:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines- Detoxification Program

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Detoxification program

**Decision rationale:** MTUS treatment guidelines are silent with regards to the above request. Other guidelines were reviewed in regards to this specific case, and the clinical documents were reviewed. The request is for a Detox program Merrill Peralta x 4 weeks. There is lack of clinical documentation the patient has failed an outpatient program, and should not be requiring an inpatient Detox at this time. According to the clinical documentation provided and current guidelines; a Detox program, as stated above, is not indicated as a medical necessity to the patient.