MAXIMUS Federal Services

| Case Number: | CM14-0164455 | | |
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| Date Assigned: | 10/09/2014 | Date of Injury: | 05/26/2000 |
| Decision Date: | 11/10/2014 | UR Denial Date: | 09/22/2014 |
| Priority: | Standard | Application Received: | 10/07/2014 |

## 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 Illinois. 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 42-year-old male who reported an injury on 0526/2000. Mechanism of injury was not provided. The injured worker has a diagnosis of major depressive disorder, alcohol abuse, chronic pain, postlaminectomy syndrome, and right shoulder posterior labral tear. Past medical treatment medications, psychotropic medication management, and cognitive behavioral therapy. Diagnostic testing included urine toxicology. The injured worker underwent an implantation trial spinal cord stimulation, and a lumbar fusion at L4-5 and L5-S1 on 01/31/2002. The injured worker complained of continuous struggle through his psychosocial stress and feeling depressed on 08/19/2014. The injured worker reported that he has been drinking alcohol despite doctor's warning. The injured worker reported that he has tried to stop, but enjoys the escape of drinking alcohol. The injured worker reported he continues to feel depressed, and does not want to go to [redacted]. The physician reported the injured worker was depressed and anxious during physical examination. Medications were not provided. The treatment plan is for chemical dependency intensive outpatient program. The rationale for the request is not submitted, and the Request for Authorization was not submitted.

## IMR ISSUES, DECISIONS AND RATIONALES

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

**Chemical Dependency Intensive Outpatient Program:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 5 Cornerstones of Disability Prevention and Management Page(s): 79.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain, Substance abuse (substance related disorders, tolerance, dependence, addiction)

**Decision rationale:** The request for Chemical Dependency Intensive Outpatient Program is not medically necessary. The injured worker complained of continuous struggle through his psychosocial stress and feeling depressed on 08/19/2014. The Official Disability Guidelines (ODG) state the DSM-IV Criteria for substance abuse: The patient must meet one or more of the following criteria to meet this diagnosis: (1) Failure to fulfill major role obligations at work, school or home; (2) Recurrent substance abuse in situations in which it is physically hazardous; (3) Recurrent legal problems associated with substance abuse; (4) Continued use despite persistent or recurrent social or interpersonal problems related to use. The American Psychiatric Association states that substance abuse is a maladaptive pattern of use in which the individual manifests recurrent and significant adverse consequences related to the repeated use of the substance. Use of the substance/substances has a negative impact on daily functioning or is associated with significant problems. There is documentation of continued use of alcohol with medications despite of persistent discussion and therapy from physician and psychologist. The documentation stated the injured worker refused to attend alcoholic anonymous. The injured worker has not been employed since the year 2000. The injured worker could possibly benefit from treatment request, however the documentation failed to provide frequency and duration. Therefore the request for Chemical Dependency Intensive Outpatient Program is not medically necessary.