

Case Number:	CM14-0176081		
Date Assigned:	10/29/2014	Date of Injury:	02/20/2007
Decision Date:	12/05/2014	UR Denial Date:	09/23/2014
Priority:	Standard	Application Received:	10/23/2014

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, Family medicine and is licensed to practice in North Carolina. 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 61-year-old with a reported date of injury of 02/20/2007. The patient has the diagnoses of cervical degenerative disc disease and status post anterior cervical discectomy and fusion at C5-C7 and pedicle screw fixation at C5/6. Per the most recent progress notes provided for review from the primary treating physician dated 04/02/2014, the patient had complaints of unchanged pain radiating to the right upper extremity. The physical exam noted decreased cervical range of motion and decreased sensation over the lateral right hand. The treatment plan recommendations included cervical spine x-rays and a bone stimulator. The other records were from an agreed upon medical examination for internal medicine. There were no included records for review concerning the requested service.

IMR ISSUES, DECISIONS AND RATIONALES

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

Drug detox x 10 days: Upheld

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

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

Decision rationale: Detoxification Recommended as indicated below. Detoxification is defined as withdrawing a person from a specific psychoactive substance, and it does not imply a diagnosis of addiction, abuse or misuse. May be necessary due to the following: (1) Intolerable side effects, (2) Lack of response, (3) Aberrant drug behaviors as related to abuse and dependence, (4) refractory comorbid psychiatric illness, or (5) Lack of functional improvement. Gradual weaning is recommended for long-term opioid users because opioids cannot be abruptly discontinued without probable risk of withdrawal symptoms. See also Rapid detox. While the California MTUS does recommend detoxification there are certain criteria for the recommendations. The provided documentation does not meet these criteria as outlined above. Therefore the request is not medically necessary.