

Case Number:	CM14-0043222		
Date Assigned:	06/20/2014	Date of Injury:	03/14/2003
Decision Date:	07/23/2014	UR Denial Date:	03/13/2014
Priority:	Standard	Application Received:	03/17/2014

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 injured worker is a 41-year-old gentleman who was reportedly injured on March 14, 2003. The mechanism of injury is not listed in these records reviewed. The most recent progress note, dated March 7, 2014, indicates that there are ongoing complaints of low back pain with radiation to the bilateral lower extremities with numbness and tingling in his lower extremities. The injured employee was stated to have trouble obtaining his medications. Pena stated to be 10/10 without medications and 8/10 with medications. There are also complaints of depression, anxiety, and frustration. The physical examination demonstrated limited range of motion of the lumbar spine with guarding and severe tenderness over the bilateral lumbar paraspinal muscles. There was a positive straight leg test bilaterally in the seated position. Neurological examination noted decreased strength with right ankle dorsiflexion and great toe extension. There was also decreased sensation in the bilateral L5 and S1 dermatomes of the lower extremities and C7 and C8 dermatomes in the upper extremities. Diagnostic imaging studies objectified a posterior spinal dysraphism at L4/L5 to L5/S1. There was also disk desiccation at L4/L5 and L5/S1 as well as disc bulges at these levels. Participation in a functional restoration program was recommended due to the injured employee's dependence on opioid therapy. A request had been made for a five-day outpatient detox program and was not certified in the pre-authorization process on March 13, 2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

5 days of outpatient detox program: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 8 C.C.R. 9792.20 - 9792.26, MTUS (Effective July 18, 2009) Page 42 of 127 Page(s): 42 of 127.

Decision rationale: According to the MTUS Chronic Pain Medical Treatment Guidelines, a detoxification program is recommended if there is intolerable side effects, lack of response, a barren to drug behavior, comorbid psychiatric illness, or lack of functional improvement. The injured employee has not been mentioned to meet these criteria in the most recent progress note recommending a functional restoration program on March 7, 2014. Therefore, the request for five days of an outpatient detox program is not medically necessary and appropriate.