

Case Number:	CM14-0056256		
Date Assigned:	07/09/2014	Date of Injury:	11/27/2006
Decision Date:	10/01/2014	UR Denial Date:	04/03/2014
Priority:	Standard	Application Received:	04/25/2014

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 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:

This is a 59 year old female with an 11/27/06 injury date. The mechanism of injury was a fall. In a multi-disciplinary evaluation on 3/18/14, subjective complaints included constant low back pain with radiating pain into the bilateral buttocks and lower extremities, right greater than left. The pain was characterized as burning with electric shocks. The patient was approved for a functional restoration program. Objective signs were breakaway weakness in the right dorsiflexor, decreased sensation in the right lower leg below the knee, tenderness over the right gluteus medius and piriformis muscle, and tenderness over the left gluteus medius and bilateral paraspinals. Current medications include OxyContin 40 mg, 4 times per day, Norco 10/325, 5 times per day, Soma 350 mg, 4-5 times per day, and diazepam 5 mg, twice daily. In the same report on 3/18/14, recommendations were made for an inpatient program to manage her opiate dependence followed by a functional restoration program. Diagnostic impression: failed back surgery syndrome, sacroiliitis. Treatment to date: L4-5 lumbar fusion (7/19/12), medications, physical therapy, injections. A UR decision on 4/3/14 denied the request for admission to Stanford Comprehensive Inpatient Pain program for 5-7 days on the basis that documentation does not support the need for intensive observation.

IMR ISSUES, DECISIONS AND RATIONALES

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

Admission to [REDACTED] for 5-7 Days for Medication Optimization: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Programs Page(s): 30-32.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 30-32.

Decision rationale: CA MTUS states that inpatient rehabilitation programs typically consist of more intensive functional rehabilitation and medical care than their outpatient counterparts. Inpatient chronic pain programs may be appropriate for patients who do not have the minimal functional capacity to participate effectively in an outpatient program; have medical conditions that require more intensive oversight; are receiving large amounts of medication necessitating medication weaning or detoxification; or have complex medical or psychological diagnoses that benefit from intensive observation and/or additional consultation during the rehabilitation process. In the present case, the clinical documentation provided does not show evidence of minimal functional capacity as recommended by the guidelines. Although the patient has hypertension, there is no evidence that the hypertension is not controlled and would require intensive observation during medication adjustment. The patient does take large amounts of medication but there is no evidence that the patient could not tolerate the weaning process at home. Therefore, the request for admission to [REDACTED] for 5-7 Days for Medication Optimization is not medically necessary.