

Case Number:	CM14-0064450		
Date Assigned:	07/11/2014	Date of Injury:	09/11/2006
Decision Date:	09/08/2014	UR Denial Date:	04/11/2014
Priority:	Standard	Application Received:	05/07/2014

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 Anesthesiology, has a subspecialty in Pain Management 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:

According to the records made available for review, this is a 67-year-old female with a 9/11/06 date of injury and status post right shoulder surgery x3 in 2008, 2009, and 2010. At the time (4/9/14) of request for authorization for Inpatient Detoxification Program, there is documentation of subjective (ongoing right shoulder pain and neck pain) and objective (diffuse tenderness of the right shoulder and decreased range of motion with pain; and tenderness of the cervical spine with numbness of the upper extremities and decreased range of motion) findings, current diagnoses (right rotator cuff tear, cervical spine degenerative disc disease, and depression), and treatment to date (medications (including ongoing treatment with opioids), physical therapy, psychotherapy, and injections). There is no documentation of a condition/diagnosis for which detoxification is indicated (intolerable side effects; lack of response; aberrant drug behaviors as related to abuse and dependence; refractory comorbid psychiatric illness; or lack of functional improvement).

IMR ISSUES, DECISIONS AND RATIONALES

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

Inpatient Detoxification Program: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Detoxification Page(s): 76.

Decision rationale: MTUS Chronic Pain Medical Treatment Guidelines identifies documentation of a condition/diagnosis for which detoxification is indicated (such as: intolerable side effects; lack of response; aberrant drug behaviors as related to abuse and dependence; refractory comorbid psychiatric illness; or lack of functional improvement), as criteria necessary to support the medical necessity of detoxification. In addition, MTUS identifies that detoxification is defined as withdrawing a person from a specific psychoactive substance, and it does not imply a diagnosis of addiction, abuse or misuse. Within the medical information available for review, there is documentation of diagnoses of right rotator cuff tear, cervical spine degenerative disc disease, and depression. However, despite documentation of ongoing pain, ongoing therapy with opioids, and a diagnosis of depression, there is no (clear) documentation of a condition/diagnosis for which detoxification is indicated (intolerable side effects; lack of response; aberrant drug behaviors as related to abuse and dependence; refractory comorbid psychiatric illness; or lack of functional improvement). Therefore, based on guidelines and a review of the evidence, the request for Inpatient Detoxification Program is not medically necessary.