

Case Number:	CM14-0066553		
Date Assigned:	07/11/2014	Date of Injury:	07/15/2009
Decision Date:	09/03/2014	UR Denial Date:	04/09/2014
Priority:	Standard	Application Received:	05/09/2014

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 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:

The patient is a 48-year-old who sustained a lumbar spine injury on July 15, 2003. He has received epidural injections with minimal relief. He received a L3-L5 laminectomy, medial facetectomy and bilateral foraminal foraminotomy on May 23, 2011. He received PT (physical therapy), and eventually returned to full duty but was unable to tolerate it. Medications include phenytoin, amitriptyline, Percocet, docusate and atorvastatin. Physical exam was significant for pain to palpation along the thoracolumbar spine, positive SLR, antalgic gait and DTR 2+Diagnoses include multi-level thoracolumbar disc herniations, caudal syringomyelia³. Seizure d/o, and a request for an inpatient detoxification was denied based on lack of information.

IMR ISSUES, DECISIONS AND RATIONALES

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

Inpatient detoxification for medications for symptoms related to lumbar spine injury (unspecified length of stay): Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain, Detoxification.

Decision rationale: A detoxification program has been recommended by pain management. The only narcotic he is taking is Percocet. There is no criteria for requesting the program. There is no duration for the program. There is insufficient information in the medical records to determine if the guidelines have been met. The request for an Inpatient detoxification for medications for symptoms related to lumbar spine injury (unspecified length of stay) is not medically necessary or appropriate.