

Case Number:	CM14-0069995		
Date Assigned:	07/14/2014	Date of Injury:	07/22/2004
Decision Date:	09/15/2014	UR Denial Date:	05/07/2014
Priority:	Standard	Application Received:	05/15/2014

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 injured worker is a 57-year-old male who sustained injuries on July 22, 2004. Medical records dated February 23, 2014 indicated that the injured worker experienced great benefits with aquatic therapy and his medications. Flector and Lidoderm continued to alleviate his pain. As per medical records dated April 11, 2014, he presented complaints of bilateral low back pain and stiffness with radiation to the both lower extremities. He rated his pain at 10/10 without medications but at 7/10 with medications. Lower extremity numbness, tingling and weakness were noted. He also complained of sleep interference and he felt depressed. He reported that he completed his aquatherapy with noted increase in strength and endurance. On examination, he was noted to be obese with anxiety and mild distress. Antalgic gait was noted and uses a cane to walk. Forward flexed body posture was noted and he had to stand during his visit due to pain. He is diagnosed with psychogenic back pain, degeneration of lumbosacral intervertebral disc, displacement of lumbar intervertebral disc without myelopathy, depressive disorder, and anxiety disorder.

IMR ISSUES, DECISIONS AND RATIONALES

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

Detox program times 10 days: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Detoxification, Rapid Detoxification, Weaning of Medications. Decision based on Non-MTUS

Citation Official Disability Guidelines (ODG) On Line Treatment Guidelines for chronic pain (<http://www.odg-twc.com/odg/pain.htm>).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Detoxification, Rapid detox, Weaning of Medications Page(s): 42, 102-103, 124.

Decision rationale: Review of this injured worker's records indicates that a prior requested detoxification program has been approved and completed as indicated in the records dated April 11, 2014. However, there is no documentation indicating the outcome of the prior detoxification program. Moreover, non-opioid medication and physical modalities have been able to produce significant benefits in managing his pain. Based on these reasons, the medical necessity of the requested 10 day additional detoxification program is not established.