

Case Number:	CM14-0077993		
Date Assigned:	07/18/2014	Date of Injury:	03/25/2011
Decision Date:	08/15/2014	UR Denial Date:	05/09/2014
Priority:	Standard	Application Received:	05/28/2014

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 55-year-old male with a 3/25/11 date of injury, and status post lumbar decompression (undated). At the time (5/9/14) of request for authorization for Inpatient Detoxification 7-10 days, Outpatient Detoxification 5-10 days, and Functional Restoration Program HELP 90 hours, there is documentation of subjective (pain with reports that medications are not helping very much with no significant improvement in activities of daily living and significant adverse effects) and objective (markedly antalgic gait and use of single-point cane) findings, current diagnoses (lumbar post laminectomy syndrome, lumbar neuropathic pain, herniated disk L4-5 and L5-S1 status post decompression surgery, lumbar spine degenerative disk disease, opioid dependence to prescribed medication without evidence of abuse or misuse or addiction) and treatment to date (medications (including ongoing treatment with opioids), massage therapy, physical therapy, epidural steroid injections, home exercise program, and surgery). The 4/21/14 medical report indicates a plan for detoxification in an inpatient setting, followed by transition to outpatient detoxification services. 4/17/14 medical report identifies an evaluation for a Functional Restoration Program was performed including baseline functional testing. 5/16/14 medical report identifies patient has failed outpatient attempts at tapering his medications and is receiving a high dose of opioids, that previous methods of treating chronic pain have been unsuccessful and there is an absence of other significant options likely to result in significant clinical improvement, and patient is not a surgical candidate. Regarding Inpatient Detoxification 7-10 days, the requested Inpatient Detoxification 7-10 days exceeds inpatient detoxification guidelines. Regarding Outpatient Detoxification 5-10 days, there is no documentation of the medical necessity for the requested Outpatient Detoxification 5-10 days. Regarding Functional Restoration Program HELP, the

requested Functional Restoration Program HELP exceeds guidelines for initial Functional Restoration Program.

IMR ISSUES, DECISIONS AND RATIONALES

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

Inpatient Detoxification 7-10 days: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Detoxification. Decision based on Non-MTUS Citation Official Disability Guidelines- Detoxification.

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

Decision rationale: The 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. ODG identifies hospital length of stay for up to 4 days in the management of drug detoxification. Within the medical information available for review, there is documentation of diagnoses of lumbar post laminectomy syndrome, lumbar neuropathic pain, herniated disk L4-5 and L5-S1 status post decompression surgery, lumbar spine degenerative disk disease, opioid dependence to prescribed medication without evidence of abuse or misuse or addiction. In addition, there is documentation of a condition/diagnosis for which detoxification is indicated (intolerable side effects; lack of response; and lack of functional improvement). However, the requested Inpatient Detoxification 7-10 days exceeds inpatient detoxification guidelines. Therefore, based on guidelines and a review of the evidence, the request for Inpatient Detoxification 7-10 days is not medically necessary.

Outpatient Detoxification 5-10 days: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Detoxification. Decision based on Non-MTUS Citation Official Disability Guidelines- Detoxification.

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

Decision rationale: The 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 lumbar post laminectomy syndrome, lumbar neuropathic pain, herniated disk L4-5 and L5-S1 status post decompression surgery, lumbar spine degenerative disk disease, opioids dependence to prescribed medication without evidence or abuse or misuse or addiction. In addition, there is documentation of a condition/diagnosis for which detoxification is indicated (intolerable side effects; lack of response; and lack of functional improvement). However, given documentation of a plan identifying detoxification in an inpatient setting, followed by transition to outpatient detoxification services and the non-certification of the associated request for Inpatient Detoxification 7-10 days, there is no documentation of the medical necessity for the requested Outpatient Detoxification 5-10 days. Therefore, based on guidelines and a review of the evidence, the request for Outpatient Detoxification 5-10 days is not medically necessary.

Functional Restoration Program HELP 90 hours: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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

Decision rationale: The MTUS Chronic Pain Medical Treatment Guidelines identifies documentation that an adequate and thorough evaluation has been made, including baseline functional testing so follow-up with the same test can note functional improvement; previous methods of treating chronic pain have been unsuccessful and there is an absence of other options likely to result in significant clinical improvement; the patient has a significant loss of ability to function independently resulting from the chronic pain; the patient is not a candidate where surgery or other treatments would clearly be warranted; and the patient exhibits motivation to change, as criteria necessary to support the medical necessity of a functional restoration/chronic pain program. In addition, MTUS Chronic Pain Medical Treatment Guidelines identifies that treatment is not suggested for longer than 2 weeks without evidence of demonstrated efficacy as documentation by subjective and objective gains. Within the medical information available for review, there is documentation of diagnoses of lumbar post laminectomy syndrome, lumbar neuropathic pain, herniated disk L4-5 and L5-S1 status post decompression surgery, lumbar spine degenerative disk disease, opioid dependence to prescribed medication without evidence or abuse or misuse or addiction. In addition, there is documentation that an adequate and thorough evaluation has been made, including baseline functional testing so follow-up with the same test can note functional improvement; previous methods of treating chronic pain have been unsuccessful and there is an absence of other options likely to result in significant clinical improvement; the patient has a significant loss of ability to function independently resulting from the chronic pain; the patient is not a candidate where surgery or other treatments would clearly be warranted; and the patient exhibits motivation to change. However, the requested Functional Restoration Program HELP exceeds guidelines for initial Functional Restoration Program.

Therefore, based on guidelines and a review of the evidence, the request for Functional Restoration Program HELP 90 hours is not medically necessary.