

<b>Case Number:</b>	CM14-0096804		
<b>Date Assigned:</b>	07/28/2014	<b>Date of Injury:</b>	07/19/1999
<b>Decision Date:</b>	09/25/2014	<b>UR Denial Date:</b>	05/30/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/25/2014

### 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 Neurology, has a subspecialty in Neuromuscular Medicine and is licensed to practice in New Jersey. 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 50-year-old man who sustained a work-related injury on July 19, 1999. Subsequently, he developed chronic low back pain. According to a follow-up report dated May 15, 2014, the patient has been complaining of lumbar pain radiating to bilateral feet. The pain is constant and described as sharp, dull/aching, and throbbing. He rates his pain at 7/10. The patient reports that his current medication regimen is helping to better perform ADL's. The patient is aware his medications require weaning and requests assistance. The patient was treated with Soma, Norco, MS Contin and Trazodone. The patient was diagnosed with hernia, ventral; sprain/strain lumbar region; failed back surgery syndrome; degenerated disc disease, lumbar; and lumbar radiculopathy. The provider requested authorization for Inpatient detoxification program.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Inpatient detoxification program for submitted diagnosis lumbar radiculopathy and ventral hernia:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM - <https://www.acornpracguides.org/Low Back; Table 2, Summary of Recommendations, Low Back Disorders>.

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

**Decision rationale:** There is no clear documentation for attempts for reduction of pain medications or outpatient detoxification. There is no clear documentation of intolerable side effects, aberrant behavior, drug abuse and dependence. Furthermore, there is no clear description of the detox program. Therefore, the request for Inpatient Detox Program is not medically necessary and appropriate.