

Case Number:	CM14-0197649		
Date Assigned:	12/05/2014	Date of Injury:	11/26/2003
Decision Date:	01/20/2015	UR Denial Date:	11/06/2014
Priority:	Standard	Application Received:	11/24/2014

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 Family 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 worker is a 72 year old male who was injured on 11/26/2003. He was diagnosed with lumbar pain and chronic pain syndrome. He was treated with various medications including opioids and sedative hypnotics. More recently, he was recommended to attend the [REDACTED] for detoxification from his opioids and sedative hypnotics. He was admitted on 10/14/14. During the stay, he was recommended to have an attendant. The reason for this attendant was described by the managed care specialist as being due to the worker's instability and being a fall risk related to reports of dizziness and mental status changes during his stay. Progress notes from the physician seeing him during his stay do not provide much detail on this, but do mention weakness, but with steady gait with walker (10/27/14), hypersomnolent and with low blood pressure of 81/47 (10/29/2014) following an episode of acute diverticulitis and associated anemia, for which he was treated during his stay at the clinic.

IMR ISSUES, DECISIONS AND RATIONALES

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

Attendant for claimant with post laminectomy syndrome: Overturned

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
Detoxification Page(s): 42.

Decision rationale: The MTUS Chronic Pain Treatment Guidelines state that detoxification is recommended in some circumstances. Having an attendant during a stay at a clinic for detoxification, there was no guidelines to reference. Based on the documents provided for review for this particular case of this worker, some evidence for instability and weakness were documented, however limited and brief. Considering the overall situation of having had anemia and diverticulitis during his stay while detoxing from his medications, it is of the opinion of this reviewer that the worker was at a fall risk and an attendant to keep an eye on him in order to help prevent a fall was warranted and medically necessary.