

Case Number:	CM15-0018809		
Date Assigned:	02/04/2015	Date of Injury:	03/21/2006
Decision Date:	04/13/2015	UR Denial Date:	12/22/2014
Priority:	Standard	Application Received:	01/27/2015

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:
 State(s) of Licensure: California, Arizona
 Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 54-year-old male who reported an injury on 03/21/2006. The mechanism of injury involved a fall. The current diagnosis is cervical sprain/strain. The injured worker presented on 12/03/2014 with complaints of progressively limited range of motion of the neck and arms, with severe muscle spasm. The injured worker also reported frequent moderate to severe headaches with blurry vision, as well as tingling, numbness, and weakness in the upper extremities. The injured worker is dependent on Neurontin. Previous conservative treatment also includes a cervical epidural steroid injection on 10/01/2014, which provided 50% improvement in symptoms. Upon examination, there was weakness in the bilateral upper extremities. The treatment recommendations included a second cervical epidural steroid injection, physical therapy twice per week for 8 weeks, continuation of Norco 10/325 mg, Neurontin 300 mg, Terocin pain patch, and Terocin lotion. The injured worker was also referred for an inpatient detox treatment program. There was no Request for Authorization form submitted for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Inpatient Detox Treatment: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Treatment

in Workers Compensation (TWC) updated 2014, procedure summary - Pain Chapter; Detoxification.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 42. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Chronic Pain Chapter, Hospital Length of Stay.

Decision rationale: The California MTUS Guidelines recommend detoxification as indicated. Detoxification may be necessary due to intolerable side effects, lack of response, aberrant drug behaviors, refractory comorbid psychiatric illness, or a lack of functional improvement. It is noted within the documentation provided that the injured worker is dependent on the current medication regimen. However, the specific duration of treatment was not listed in the request. The Official Disability Guidelines recommend a median length of stay of 4 days for drug detoxification. Given the above, the request is not medically appropriate.