

Case Number:	CM15-0132093		
Date Assigned:	07/20/2015	Date of Injury:	11/19/1998
Decision Date:	08/14/2015	UR Denial Date:	06/11/2015
Priority:	Standard	Application Received:	07/08/2015

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: Connecticut, California, Virginia
 Certification(s)/Specialty: Preventive Medicine, Occupational Medicine

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 76 year old female, who sustained an industrial injury on 11/19/1998. The mechanism of injury is unknown. The injured worker was diagnosed as having a lumbosacral fusion in 1999 and unsuccessful weaning of narcotic medications. There is no record of a recent diagnostic study. Treatment to date has included therapy and medication management. In a letter dated 6/3/2015, the physician and the injured worker have been trying to get the injured worker into a detoxification program for facilitated weaning of narcotic medications. The treating physician is requesting inpatient functional restoration program and detoxification.

IMR ISSUES, DECISIONS AND RATIONALES

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

Inpatient functional restoration program F(RP) and detox: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Functional restoration programs, Chronic pain programs, Criteria for the general use of multidisciplinary pain management programs, Inpatient pain rehabilitation programs, Detoxification.

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

Decision rationale: The patient in this case has a complicated history of pain and treatment with opioids exceeding ten years; a request has been made for use of a functional restoration program/inpatient detox. The MTUS thoroughly discusses recommendations and indications for use of functional restoration programs. The patient has a history of mental health concerns for which she is currently under treatment. As continuing treatment is deemed necessary for mental health, and high levels of psychosocial stress are correlated with decreased efficacy in functional evaluation programs per the MTUS guidelines, it may be valuable to continue treatment for mental health disorders before further consideration of a functional restoration program, but in cases of low back pain where the evidence for use of functional restoration is much stronger, and based on her clear dependence on opioids, such a program may be reasonable at this time. Based on the current guidelines and the provided case documents, implementation of a functional restoration program at this time to facilitate appropriate detoxification from chronic opioids is considered medically appropriate.