MAXIMUS Federal Services

Case Number:	CM15-0038362		
Date Assigned:	03/09/2015	Date of Injury:	06/05/2009
Decision Date:	04/13/2015	UR Denial Date:	02/11/2015
Priority:	Standard	Application Received:	03/02/2015

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, Washington
Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

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 06/05/2009. The mechanism of injury involved a fall from a ladder. The current diagnoses include status post right total hip replacement on 01/06/2014, facet arthropathy at L3-S1, degenerative disc disease at L2-S1, status post right hip arthroscopic decompression on 12/17/2012, status post ORIF of the right tibial plateau, status post hardware removal and right knee arthroscopy, left index partial amputation, status post left thumb fracture, right greater trochanter bursitis, status post right knee replacement, and chronic intractable pain syndrome. On 01/29/2015, the injured worker presented for a follow up evaluation with complaints of 8/10 low back pain with radiating symptoms into the right anterior thigh. The injured worker also reported 4/10 right hip pain and 9/10 right knee pain. The current medication regimen includes Norco 10/325 mg and ibuprofen 800 mg. Upon examination, there was decreased sensation over the right L4 and L5 dermatomal distribution, 12 degree lumbar flexion, 6 degree extension, 3 degree left lateral bending, 6 degree right lateral bending, 2+ deep tendon reflexes, 4/5 motor weakness in the right lower extremity, positive straight leg raise on the right, and positive faber and Fortin's test on the right. Recommendations at that time included inpatient detoxification and an updated MRI of the lumbar spine. A Request for Authorization form was then submitted on 01/29/2015.

IMR ISSUES, DECISIONS AND RATIONALES

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

Consultation for consideration of inpatient detox: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 5 Cornerstones of Disability Prevention and Management Page(s): 79. Decision based on Non-MTUS Citation CA ACOEM Chapter 7: Independent Medical Examinations and Consultations, page 127.

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

Decision rationale: The California MTUS Guidelines recommend detoxification as indicated. Detoxification is defined as withdrawing a person from a specific psychoactive substance and does not imply a diagnosis of addiction, abuse or misuse. In this case, the clinical documentation provided does not support a rationale for inpatient detoxification. The injured worker was pending authorization form an updated MRI given that he was a possible candidate for surgical intervention. Given that surgery is being considered, inpatient detoxification is not medically appropriate at this time. There has been no documentation of a psychological consultation prior to the request for an inpatient detoxification program. There is no indication that the requesting provider has attempted to wean the patient from Norco 10/325 mg. Given the above, the request is not medically appropriate.