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| <b>Case Number:</b>   | CM15-0041635 |                              |            |
| <b>Date Assigned:</b> | 03/11/2015   | <b>Date of Injury:</b>       | 04/09/2013 |
| <b>Decision Date:</b> | 04/15/2015   | <b>UR Denial Date:</b>       | 02/27/2015 |
| <b>Priority:</b>      | Standard     | <b>Application Received:</b> | 03/05/2015 |

### 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

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 43 year old female patient, who sustained an industrial injury on 04/09/2013. A primary treating office visit dated 12/03/2014, reported subjective complaints of ongoing lower back pain and bilateral lower extremity pain. She continues to report ongoing right hip and leg soreness that radiates to the right knee and calf. The patient is status post lumbar spine fusion on 04/2014. She has been undergoing aquatic physical therapy and receiving pain management through [REDACTED]. Physical examination found lumbar spine with hypertonicity of the paralumbar muscles bilaterally, with two plus spasm. The Kemps' test is positive bilaterally. Her right foot elicits tenderness to palpation at the right third metatarsophalangeal joint. There is decreased sensation along the L4-5 dermatome distribution. The patient is diagnosed with status post lumbar spine fusion, L5-S1, 04/2014; L4-5, 3mm to 4mm posterior disc protrusion with facet arthropathy and mild central canal stenosis; L5-S1 anterior lumbar interbody fusion with mild bilateral neural foraminal narrowing and L4-L5 radiculopathy on the left.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**In-house drug rehab:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Detoxification.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines 8 C.C.R. 9792.20 & 9792.26 MTUS (Effective July 18, 2009) Page(s): 42 of 127.

**Decision rationale:** Regarding the request for in-house drug rehab, California MTUS supports detoxification for indications including Intolerable side effects, lack of response, aberrant drug behaviors as related to abuse and dependence, refractory comorbid psychiatric illness, or lack of functional improvement. Within the documentation available for review, the provider recommended in-office detox but there is no indication of any significant complications after a trial of weaning or another clear rationale for formal detoxification rather than gradual weaning. In the absence of such documentation, the currently requested in-house drug rehab is not medically necessary.