

Case Number:	CM15-0056222		
Date Assigned:	04/01/2015	Date of Injury:	09/17/2010
Decision Date:	05/07/2015	UR Denial Date:	03/10/2015
Priority:	Standard	Application Received:	03/24/2015

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, Maryland
Certification(s)/Specialty: Psychiatry

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 56 year old female, who sustained an industrial injury on September 17, 2010. The injured worker reported left arm, bilateral hand and back pain related to a fall. The injured worker was diagnosed as having carpal tunnel syndrome with release, intractable cervical and lumbar pain with radiculopathy, left shoulder tendinosis and lumbar fusion. Treatment and diagnostic studies to date have included magnetic resonance imaging (MRI), electromyogram, wrist, and back surgeries, injection and oral medication. A progress note dated February 2, 2015 provides the injured worker complains of neck, left arm and shoulder, back and bilateral hand pain. It is noted the injured worker has continuous episodes of anxiety, stress and depression with sleep disturbance. It is thought to be related to chronic pain. The plan includes inpatient detoxification due to complex psychiatric issues.

IMR ISSUES, DECISIONS AND RATIONALES

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

Psychiatry, inpatient detoxification program: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 100-101.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Chapter: Mental Illness & Stress Topic: Hospital length of stay (LOS).

Decision rationale: Per ODG "Drug Detox (icd 94.65 - Drug detoxification) Actual data median 4 days; mean 4.1 days (0.2); discharges 78,219; charges (mean) [REDACTED] Best practice target (no complications) 4 days." The ODG does offer guidelines regarding inpatient detoxification program, however there is no information regarding the need for a detox program in this case such as presence of dependence issues or failure of lower level of care than an inpatient program. Thus, the request for psychiatry, inpatient detoxification program is not medically necessary in this case.