

Case Number:	CM15-0070757		
Date Assigned:	04/20/2015	Date of Injury:	06/15/2009
Decision Date:	05/22/2015	UR Denial Date:	03/27/2015
Priority:	Standard	Application Received:	04/14/2015

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: Florida

Certification(s)/Specialty: Family Practice

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 35-year-old male, who sustained an industrial injury on 06/15/2009. He reported an injury to his lumbar spine. The injured worker is currently diagnosed as having discogenic back pain and depression. Treatment and diagnostics to date has included lumbar spine MRI, physical therapy, injection, psychiatric treatment, and medications. In a progress note dated 08/22/2014, the injured worker presented with complaints of constant pain in his lower back. The treating physician reported requesting authorization for a detoxification program and lumbar spine MRI.

IMR ISSUES, DECISIONS AND RATIONALES

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

Detox Program: Overturned

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

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

Decision rationale: MTUS states the following regarding Detoxification: Recommended as indicated below. Detoxification is defined as withdrawing a person from a specific psychoactive substance, and it does not imply a diagnosis of addiction, abuse or misuse. May be necessary due to the following: (1) Intolerable side effects, (2) Lack of response, (3) Aberrant drug behaviors as related to abuse and dependence, (4) refractory comorbid psychiatric illness, or (5) Lack of functional improvement. Gradual weaning is recommended for long-term opioid users because opioids cannot be abruptly discontinued without probable risk of withdrawal symptoms. Records indicate that he became addicted to Oxycodone following with injury. He was placed on Suboxone to get off the Oxycodone. At this point, he needs assistance getting off Ativan and Suboxone. This request is medically necessary.

MRI of the Lumbar Spine: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disabilities Guidelines.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303-305.

Decision rationale: An MRI of the Lumbar spine was requested to re-evaluate this patient's chronic low back pain. Subjective back pain complaints are noted in the documentation, but there is a paucity of documented objective physical exam findings to support a repeat MRI. This patient had an MRI performed in 2012 with no significant findings at that time, per the documentation. There is no documentation of red flag symptoms, as are discussed in MTUS guidelines, in the provided records. Likewise, without additional documentation, this request is not be medically necessary.