MAXIMUS Federal Services

Case Number:	CM15-0070803		
Date Assigned:	04/20/2015	Date of Injury:	08/19/2009
Decision Date:	05/19/2015	UR Denial Date:	03/25/2015
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: North Carolina
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 32 year old female, who sustained an industrial injury on 08/19/2009. She has reported injury to the neck, left hand, left shoulder, and low back. The diagnoses have included cervicalgia, lumbalgia, acute pain; and chronic pain. Treatment to date has included medications, diagnostics, trigger point injections, and physical therapy. Medications have included Dilaudid, Diazepam, and Amitriptyline. A progress note from the treating physician, 03/07/2015, documented a follow-up visit with the injured worker. Currently, the injured worker complains of pain in the left upper and lower extremity, and lumbar spine; migraine headaches; and pain is constant at 4/10 on the visual analog scale with medications, and 7-8/10 without medications. Objective findings included tenderness and pain upon palpation of the cervical spine, bilateral shoulders, lumbar spine, left hip, and left knee; and decreased ranges of motion. The treatment plan has included the request for rehab detox program.

IMR ISSUES, DECISIONS AND RATIONALES

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

Rehab Detoxification Program: Upheld

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

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

Decision rationale: The California MTUS chapter on detoxifications states: 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. (Benzon, 2005) See also Rapid detox. The provided clinical documentation for review does not provided clinical rationales for rehab detoxification nor does not meet criteria as listed above. Therefore the request is not medically necessary.