

Case Number:	CM15-0093821		
Date Assigned:	05/20/2015	Date of Injury:	08/22/2005
Decision Date:	06/24/2015	UR Denial Date:	05/14/2015
Priority:	Standard	Application Received:	05/15/2015

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: Texas, California

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:

This is a 65 year old female patient who sustained a work related injury on 8/22/05. She had repetitive strain injuries on the job. The diagnoses have included repetitive strain injuries to upper extremities and shoulder, chronic pain and habituation to controlled substances. Per the Initial Evaluation note dated 4/23/15, she had complains of constant neck, shoulder and upper extremities pain. She complains of pain that extends down to the low back and right buttock. She had also complaints of numbness and tingling at night in her right hand. She states pain was made worse by movement and cold. Hot baths and medications make pain better. She had depression and anxiety. Physical examination revealed limited range of motion in right shoulder, tenderness to palpation of cervical paraspinal musculature, trapezius, levator scapulae and thoracic paraspinal musculature. The medications list includes percocet, norco, diazepam, suboxone, warfarin, norvasc and HCTZ. She states she entered an addiction program previously. She has undergone right shoulder rotator cuff repair and right wrist synovectomy in 2006 and left rotator cuff surgery in 2002-3. Other therapy done for this injury was not specified in the records provided. The treatment plan includes requests for authorization for an inpatient detoxification program and then for 6 weeks of a functional restoration program.

IMR ISSUES, DECISIONS AND RATIONALES

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

2 weeks Inpatient Detoxification: Overturned

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 of 127.

Decision rationale: Per the Chronic Pain Medical Treatment Guidelines CA MTUS "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." The medications list includes percocet, norco, diazepam, suboxone, warfarin, norvasc and HCTZ. Patient had depression and anxiety. Patient has history of aberrant drug behavior. Per the records provided patient underwent a detox program but it was unsuccessful. Therefore the request for 2 weeks Inpatient Detoxification is medically appropriate and necessary for this patient.

Functional Restoration Program ([REDACTED]) 6 weeks: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic pain programs (functional restoration programs) Page(s): 30-34.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic pain programs (functional restoration programs) Page Number 30-32.

Decision rationale: According to the CA MTUS chronic pain medical treatment guidelines chronic pain programs (functional restoration programs) are "Recommended where there is access to programs with proven successful outcomes, for patients with conditions that put them at risk of delayed recovery. Patients should also be motivated to improve and return to work, and meet the patient selection criteria outlined below." In addition per the cited guidelines "Criteria for the general use of multidisciplinary pain management programs-Outpatient pain rehabilitation programs may be considered medically necessary when all of the following criteria are met: (1) An adequate and thorough evaluation has been made, including baseline functional testing so follow-up with the same test can note functional improvement; (2) Previous methods of treating chronic pain have been unsuccessful and there is an absence of other options likely to result in significant clinical improvement; (3) The patient has a significant loss of ability to function independently resulting from the chronic pain; (6) Negative predictors of success above have been addressed." Response to previous conservative treatment is not specified in the records provided. Previous conservative therapy notes are not specified in the records provided. Per the cited guidelines "Treatment is not suggested for longer than 2 weeks without evidence of demonstrated efficacy as documented by subjective and objective gains." Therefore the requested visits are more than recommended by the cited criteria. There was no documentation provided for review that the patient failed a return to work program with modification. Per the cited guidelines, "The following variables have been found to be negative

predictors of efficacy of treatment with the programs as well as negative predictors of completion of the programs "(4) high levels of psychosocial distress (higher pretreatment levels of depression, pain and disability); (7) duration of pre-referral disability time; (8) prevalence of opioid use." This patient's date of injury was in 2005 therefore she had an increased duration of pre-referral disability time. Patient had anxiety and depression. These are negative predictors of efficacy and completion of the programs. The request for Functional Restoration Program ([REDACTED]) 6 weeks is not medically necessary or fully established for this patient.