

Case Number:	CM13-0053293		
Date Assigned:	12/30/2013	Date of Injury:	08/24/2012
Decision Date:	12/09/2015	UR Denial Date:	10/21/2013
Priority:	Standard	Application Received:	11/18/2013

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: Illinois

Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 patient was a 26-year-old male who sustained an unspecified injury on 08/24/2012. The patient was evaluation on 09/12/2013 which indicated the patient had had a lumbar spine surgery a few months prior. The patient complained of continued aching pain across his lower back and buttocks bilaterally. He also indicated that he had burning, aching pain down the lateral and posterior leg. He rated his pain at 8/10 to 9/10 with intensity without medication and 7/10 with medication. The patient had had an epidural steroid injection 1 month prior to the evaluation as indicated on the evaluation. The documentation submitted for review indicated the patient was not working. The patient was treated with Norco 10/325 mg twice a day as needed for pain, Flexeril 75 mg twice a day as needed for spasms, tramadol 50 mg 1 to 2 tablets twice a day as needed for pain, and Promolax 100 mg twice a day as needed for constipation. Upon evaluation on 10/03/2013, it was noted the patient was still experiencing left leg pain. The documentation further stated that he should complete his course of therapy and be seen for consideration of enrollment in a compass program to deal with chronic pain issues. The documentation submitted for review did not include an evaluation for enrollment into a chronic pain program.

IMR ISSUES, DECISIONS AND RATIONALES

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

One (1) compass program: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Criteria for the general use of multidisciplinary pain management programs Page(s): 32.

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

Decision rationale: The request for 1 compass program is not medically necessary. The California MTUS Guidelines recommend chronic pain programs for patients with conditions that put them at risk of delayed recovery. The patient was noted to have a condition that could potentially put him at risk for delayed recovery. However, the guidelines state an adequate and thorough evaluation must have been made including a baseline functional testing so a followup with the same test can note functional improvement. The documentation submitted for review did not indicate that the patient had had a thorough and adequate evaluation in relation to functional testing. The guidelines further state the patient must have had a loss of significant ability to function independently resulting from chronic pain. The documentation submitted for review did not indicate the patient had lost the ability to function independently. Furthermore, the guidelines state the patient needs to exhibit motivation to change and is willing to forgo secondary gains, including disability payments to effect this change. The documentation submitted for review did not indicate the patient was motivated to change and did not indicate he was willing to forgo secondary gains. It is additionally noted the patient had predictors of a failed outcome such as prevalence of opioid use, the patient stated he was unemployed as such, there was no way to verify he had a positive relationship or a prospective relationship with an employer. Given the information submitted for review the request for 1 compass program is not medically necessary.