

<b>Case Number:</b>	CM13-0018444		
<b>Date Assigned:</b>	06/06/2014	<b>Date of Injury:</b>	06/09/2013
<b>Decision Date:</b>	07/11/2014	<b>UR Denial Date:</b>	07/31/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/29/2013

### 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. The expert reviewer is Board Certified in Internal Medicine and is licensed to practice in North Carolina, Colorado, California, and Kentucky. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

### 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 55 year old female who reported injuries to her cervical and lumbar spine as well as the right shoulder and right wrist on 6/09/12. The MRI of the cervical spine dated 2/19/14 revealed a two millimeter left-sided paracentral disc osteophyte complex at C3-4 indenting on the left lateral recess and anterior thecal sac without central canal or neuroforaminal stenosis. There is a straightening of the normal cervical curvature having been revealed. The clinical note dated 1/20/14 indicates the injured worker having previously undergone electrodiagnostic studies in the recent past. There was also an indication the injured worker is utilizing a night splint at the right upper extremity. Upon exam, the injured worker was able to demonstrate 40 degrees of cervical extension and 25 degrees of flexion. The injured worker did have complaints of discomfort with flexion. The clinical note dated 12/5/13 indicates the injured worker rating her neck pain as 7-8/10. The note does indicate the injured worker utilizing heat, massage, as well as Ibuprofen for pain relief. Upon exam, tenderness was identified at the paravertebral musculature bilaterally. The electrodiagnostic studies completed on 11/8/12 revealed no evidence of neuropathy or cervical radiculopathy. There is an indication the injured worker has previously undergone physical therapy.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**ONE COMPREHENSIVE MUSCULAR ACTIVITY PROFILE (CMAP): Upheld**

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: 1.)Muceli S, Boye AT, d'Avella A, Farina D. Identifying representative synergy matrixes for describing muscular activation patterns during multi-directional reaching in the horizontal plane. J Neurophysiol 103: 1532-1542, 2010.2.)Brown SH, Brookham RL, Dickerson CR. High-pass filtering surface EMG in an attempt to better represent the signals detected at the intramuscular level. Muscle Nerve 41: 234-239, 2010.

**Decision rationale:** The documentation indicates the injured worker complaining of pain at several areas. The use of a comprehensive muscular activity profile has been used in the past in order to assess the injured worker's musculoskeletal disorders related to low back pain. However, no information was submitted regarding the injured worker's need for this test as minimal information was submitted regarding the injured worker's low back complaints. Additionally, it is unclear if the injured worker has undergone any recent attempts at returning to work. Furthermore, no objective information was submitted regarding the injured worker's significant functional deficits specifically associated with any low back complaints. Therefore, it does not appear that the requested procedure would be reasonable for this injured worker at this time. As such, the request is not medically necessary.