

Case Number:	CM14-0102214		
Date Assigned:	09/16/2014	Date of Injury:	01/24/2012
Decision Date:	10/29/2014	UR Denial Date:	06/28/2014
Priority:	Standard	Application Received:	07/02/2014

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 Physical Medicine and Rehabilitation, and is licensed to practice in Texas. 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:

Medical records reflect the injured worker is a 63 year old male who sustained a work injury to the neck and low back on 1-24-12. On 4-13-12, the injured worker underwent ESWT. On 1-30-14, the injured worker underwent a CMAP study. Office visit on 3-5-14 notes the injured worker's pain behavior was mixed or ambiguous. Office visit on 6-30-14 notes the injured worker has occasional mid back pain, constant low back pain radiating to the right lower extremity with numbness and tingling. On exam, the injured worker has decreased sensation at right L5, decreased thoracic and lumbar range of motion. Positive SLR and femoral stretch on the right.

IMR ISSUES, DECISIONS AND RATIONALES

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

Neurological Procedure (Compound Muscle Action Potential (CMAP) for Cervical and Lumbar Spines: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines: Fitness of Duty Chapter Official Disability Guidelines: Peer Review Contact Per Peer Review Report

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Fitness for duty - CMAP

Decision rationale: ODG notes the Comprehensive Muscular Activity Profiler (CMAPPro) incorporates data acquisition hardware and software to help evaluate soft tissue injuries. The device captures and quantifies information regarding the interactivity of muscles and nerves while a patient is in motion. This claimant underwent a CMAP study on 1-30-14. There is an absence in documentation noting change in this claimant's condition or objective findings to support the need for repeated study or how the results will change current treatment. Therefore, the medical necessity of this request is not established.