

<b>Case Number:</b>	CM14-0017158		
<b>Date Assigned:</b>	02/21/2014	<b>Date of Injury:</b>	09/21/2012
<b>Decision Date:</b>	06/26/2014	<b>UR Denial Date:</b>	02/11/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/11/2014

### 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 Anesthesiologist, has a subspecialty in Pain Management and is licensed to practice in Florida. 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 32-year-old female who reported an injury from a motor vehicle accident on 09/21/2012. In the clinical note dated 02/05/2014, the injured worker complained of lower back pain. She stated that her pain level was at a 7/10 but it was noted that it happened every time the injured worker had a chiropractic appointment. She was noted as stating that the pain increased with the chiropractic session and that it was explained to her by the chiropractor as to why it was happening. However, the injured worker stated that it was her third chiropractic appointment and that she felt that it was helping. She stated that heat decreased the pain as did stretching exercises given to her by the chiropractor. It was also noted that the injured worker took ibuprofen once a day and that she slept fairly well at night. She denied numbness/tingling in the lower extremities or bowel/bladder dysfunction. The injured worker's prescribed medications included ibuprofen and Cyclobenzaprine. Upon the physical examination of the lumbar spine, it was noted that there was paravertebral tenderness from L4 to S1 with the right side greater than the left. The range of motion for the lumbar spine was noted as flexion 30 degrees, extension 10 degrees, and lateral bending bilaterally 15 degrees. The diagnosis was lumbar strain. The treatment plan included continuation of ibuprofen as indicated twice a day particularly on the days that she was having chiropractic treatments, encouragement of use of heat/ice to decrease pain, a request for refill of Cyclobenzaprine 10 mg #60 1 tab up to twice a day, continuation with the chiropractic treatments, and follow-up in 1 month, sooner if there was increased problems/concerns. The injured worker's work status was annotated as modified with no lifting/carrying over 20 pounds, no bending, no squatting and sit/stand as tolerated. The request for authorization for a CMAP (compound muscle action potential) study for lumbar pain to show the functional status of the patient and also sincerity of effort was submitted on 01/27/2014.

## IMR ISSUES, DECISIONS AND RATIONALES

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

**CMAP (COMPOUND MUSCLE ACTION POTENTIAL) STUDY:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS: ACOEM GUIDELINES, CHAPTER 12,

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): Diagnostic Criteria and Special Studies and diagnostic and treatment page(s) 296-297, 303-305.

**Decision rationale:** The request for CMAP (compound muscle action potential) study is not medically necessary. The American College of Occupational and Environmental Medicine (ACOEM) guidelines state that if the patient does not have red flags for serious conditions, the clinician can then determine which common musculoskeletal disorder is present. The guidelines also state that Electromyography (EMG), including H reflex tests, may be useful to identify subtle, focal neurologic dysfunction in patients with low back symptoms lasting more than three or four weeks. A CMAP (compound muscle action potential) is an electromyography investigation. In the clinical notes provided for review, there lacked documentation of the requesting physician requesting a CMAP (compound muscle action potential) for the injured worker. It was noted in the documentation provided that the injured worker was in chiropractic therapy and felt that it was helping. Also, in the physical examination, there lacked evidence of any neurologic dysfunction or decreased range of motion to warrant a CMAP study. Therefore, the request for CMAP (compound muscle action potential) study is not medically necessary.