

<b>Case Number:</b>	CM14-0047963		
<b>Date Assigned:</b>	07/02/2014	<b>Date of Injury:</b>	01/21/2009
<b>Decision Date:</b>	08/25/2014	<b>UR Denial Date:</b>	03/27/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/16/2014

### 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 Occupational Medicine and is licensed to practice in California. 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:

This is a 35-year-old female with a 1/21/09 date of injury. Her injury occurred when she was lifting patient charts in her work as a medical records supervisor when all of a sudden, she felt a sharp, searing, burning pain in her low back radiating down to her right leg. According to a 6/6/14 progress note, the patient complained of low back pain rated at an average intensity of 6/10 on the pain scale. The pain presented with a "radiating, throbbing, tingling, burning, numbing" quality. The patient reported that the pain radiated to her right leg. Her right leg pain rated at an average intensity of 6/10 on the pain scale. The patient reported that the pain radiated to her low back. Objective findings: tender to palpation over the paralumbar muscles of the thoracolumbar spine, trigger point myospasms, no visible evidence of acute or subacute trauma of right knee. Diagnostic impression: Lumbar degenerative disc disease/right L5 radiculopathy. Treatment to date: medication management, activity modification, chiropractic care, ESIA UR decision dated 3/26/14 denied the request for a comprehensive muscular activity profile. However, there is no clear indication for the need of specialized testing to assess the claimant's current condition and effort. There is insufficient documentation of range of motion restrictions as well as weakness noted in certain muscle groups that necessitates further assessment. Therefore, medical necessity is not established.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**CMAP (Comprehensive Muscular Activity Profile) of the lumbar spine and lower extremities:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Gatchel RJ, Richard MD, Choksi DN, Mayank J Howard K. J Occup Rehabil. 2009 Mar, 19(1):49-55. Epub 2008 Nov 15.

**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: <http://www.ncbi.nlm.nih.gov/pubmed/19011955>.

**Decision rationale:** CA MTUS and ODG do not address this search. According to an online search, <http://www.ncbi.nlm.nih.gov/pubmed/19011955>, CMAP (Comprehensive Muscular Activity Profile) is a high sensitivity, specificity and overall classification rate for detecting submaximal effort on functional capacity testing. CMAP, combined with therapist ratings, is a valid method of objectively quantifying subject muscular performance and effort during lumbar range-of-motion and lifting tasks. It is noted in a 2/5/14 progress note that the physician is requesting a CMAP to ensure that the patient is giving full effort, and CMAP is able to objectively quantify ROM and strengthen functional capacities. However, it is unclear why the patient needs specialized testing to assess her current condition and effort. There is no rationale provided as to why this test is being requested, whether she needs to be evaluated to return to work, or if she is participating in a functional capacity exam. Therefore, the request for CMAP (Comprehensive Muscular Activity Profile) of the lumbar spine and lower extremities was not medically necessary.