

Case Number:	CM14-0054703		
Date Assigned:	07/07/2014	Date of Injury:	09/03/2012
Decision Date:	08/07/2014	UR Denial Date:	03/27/2014
Priority:	Standard	Application Received:	04/23/2014

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, has a subspecialty in Interventional Spine 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:

The patient is a 45 year old female with date of injury 9/3/12. The treating physician report dated 12/11/13 indicates that the patient presents with pain affecting the neck rated a 4/10, back rated a 5/10 and headaches rated a 3/10. The patient has received 2 cervical epidurals with 10 days of pain relief and neurosurgery now is the next step. The patient is not working and is currently taking NSAIDs, muscle relaxant and Tramadol. The current diagnoses are: Cervical discogenic disease C3-5, and Lumbar discogenic disease L4/5 with annular fissuring of the disc. The utilization review report dated 3/27/14 did not grant the request for Comprehensive Muscular Activity Profile for Functional Capacity based on the rationale that the patient was not in need of a functional capacity test.

IMR ISSUES, DECISIONS AND RATIONALES

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

Comprehensive Muscular Activity Profile for Functional Capacity: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation American College of Occupational and Environmental Medicine, 2nd Edition, Chapter 7 Independent Medical Examinations and Consultations (pp 132-139); <http://www.ncbi.nlm.nih.gov/pubmed/19011955>.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004) ACOEM chapter 7, pg 137-138.

Decision rationale: The patient presents with chronic neck pain, back pain and headaches. The current request is for Comprehensive Muscular Activity Profile (CMAP) for Functional Capacity. The treating physician report dated 12/11/13 indicates that the patient is being referred out for MRI of the brain, MRI of the cervical and lumbar spine, CMAP testing for functional capacity, physical therapy 2x4, Acupuncture 2x4 and neurological consult. Examination findings state, She has low back pain and muscle spasms in the paravertebral muscles in the lumbar spine area and she has some point tenderness over the L5/S1 area. Unable to touch her toes or lean backwards and she cannot squat. There is nothing in the report to indicate that the patient requires a functional capacity evaluation (FCE) and there is no request for an FCE. The ACOEM guidelines support FCE evaluations only when requested by the employer or claims administrator. This request is for CMAP, which is not addressed in the MTUS, ODG or ACOEM guidelines. In this case, LC4610.5 (2) indicates the following standards would apply, the highest ranked standard is likely (D) Expert opinion or (E) generally accepted standards of medical practice. Comprehensive Muscular Activity Profile (CMAP) is used for detecting sub maximal effort on Functional Capacity Testing using surface EMG since this patient is not being considered for a functional capacity test as there is no request for FCE found from the employer or claims administrator and there is no documentation to indicate that the patient is not showing maximum effort during her examination the request for CMAP is not medically necessary.