

Case Number:	CM15-0181929		
Date Assigned:	09/23/2015	Date of Injury:	04/01/2014
Decision Date:	10/27/2015	UR Denial Date:	08/19/2015
Priority:	Standard	Application Received:	09/15/2015

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: Maryland

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Neuromuscular Medicine

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 52 year old female who sustained an industrial injury on 4-1-2014. A review of medical records indicates the injured worker is being treated for chronic pain syndrome. Recent medical record dated 7-17-2015 noted the she felt well. Physical examination was within normal limits. Treatment has included chiropractic care and injection. Utilization review form dated 8-19-2015 non-certified comprehensive muscular activity profile hip-groin, comprehensive muscular activity profile, and ablation therapy Rhizotomy. The 8/20/15 progress note indicates a severe positive bilateral seated straight leg raise test with a history of lower extremity radicular symptoms.

IMR ISSUES, DECISIONS AND RATIONALES

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

Comprehensive muscular activity profile (CMAP) Hip/Groin: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Fitness for Duty - Comprehensive muscular activity profiler (CMAPPro).

Decision rationale: Comprehensive muscular activity profile (CMAP) Hip/Groin is not medically necessary per the MTUS Guidelines and the ODG. Comprehensive muscular activity profiler (CMAPPro) is not recommended routine use as part of patient rehab or screening. This test may be used as part of a Functional capacity evaluation (FCE), and FCEs are recommended in ODG only prior to admission to a Work Hardening (WH) Program. Work hardening programs have specific criteria that need to be met prior to entering the program per the MTUS. The documentation does not reveal extenuating factors that would necessitate this test over a standard history and physical exam. The documentation does not indicate that this test is being used prior to entering a work hardening program. Therefore, this request is not medically necessary.

Comprehensive muscular activity profile (CMAP) Lumbar: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Work conditioning, work hardening. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Fitness for Duty- Comprehensive muscular activity profiler (CMAPPro?).

Decision rationale: Comprehensive muscular activity profile (CMAP) Lumbar is not medically necessary per the MTUS Guidelines and the ODG. Comprehensive muscular activity profiler (CMAPPro) is not recommended routine use as part of patient rehab or screening. This test may be used as part of a Functional capacity evaluation (FCE), and FCEs are recommended in ODG only prior to admission to a Work Hardening (WH) Program. Work hardening programs have specific criteria that need to be met prior to entering the program per the MTUS. The documentation does not reveal extenuating factors that would necessitate this test over a standard history and physical exam. The documentation does not indicate that this test is being used prior to entering a work hardening program. Therefore, this request is not medically necessary.

Ablation therapy rhizotomy L5-S1: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

MAXIMUS guideline: Decision based on MTUS Low Back Complaints 2004, Section(s): Physical Methods. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Lumbar & Thoracic (Acute & Chronic) Facet joint diagnostic blocks (injections).

Decision rationale: Ablation therapy rhizotomy L5-S1 is not medically necessary per the MTUS Guidelines and the ODG. The MTUS ACOEM guidelines state that facet neurotomies should be performed only after appropriate investigation involving controlled differential dorsal ramus medial branch diagnostic blocks. The ODG states that medial branch blocks should be limited to patients with low-back pain that is non-radicular and at no more than two levels bilaterally. There should be no more than 2 facet joint levels are injected in one session. The 2/3/15 progress note described stabbing left knee and ankle pain which suggest neuropathic etiology. The 8/20/15 progress note indicates a severely positive bilateral seated straight leg raise test with a history of lower extremity radicular symptoms. The documentation is not clear that this patient has purely facetogenic symptoms. Therefore, this request is not medically necessary.