

<b>Case Number:</b>	CM15-0204032		
<b>Date Assigned:</b>	10/20/2015	<b>Date of Injury:</b>	06/09/2008
<b>Decision Date:</b>	12/02/2015	<b>UR Denial Date:</b>	09/18/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/16/2015

### 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 59 year old female who sustained an industrial injury on June 09, 2008. The worker is being treated for: status post lumbar surgery with residual pain, loss of strength, and loss of sensation in the right lower extremity; lumbosacral radiculopathy; discouraged and depressed. Subjective: April 14, 2015, May 11, 2015, "pain has increased," and is "having more symptoms in her right foot." Objective: April 14, 2015 May 28, 2015, spasm, tenderness and guarding in the paravertebral musculature of lumbar spine with loss of range of motion; decreased sensation right S1 dermatome. May 12, 2015, "no significant improvement since last examination; having "worsening numbness and tingling in right lower extremity, especially foot." Medications: May 11, 2105: Cymbalta, Tramadol, Neurontin, and Soma. April 14, 2015: Carisoprodol, Norco, and Pregabalin. Diagnostics: nerve conduction study noted with denial. Treatments: activity modification, medication, home exercise, anterior lumbar fusion L4-S1 December 09, 2014, psychotherapy, physical therapy, chiropractic care, October 14, 2011, January 16, 2012, June 15, 2012, August 16, 2012, October 23, 2012 and February 21, 2013 administration of right transforaminal epidural injections, March 16, 2012 underwent radiofrequency facet neurotomy. On September 15, 2015 a request was made for CMAP comprehensive muscular activity profile of the lumbar spine and bilateral lower extremities that was noncertified by Utilization Review on September 18, 2015.

### 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) of the lumbar, BLE (bilateral lower extremity): Upheld**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Low Back, Lumbar & Thoracic (Acute & Chronic); Fitness for Duty; Functional Capacity Evaluation.

**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-Comprehensive muscular activity profiler (CMAPPro).

**Decision rationale:** Comprehensive muscular activity profile (CMAP) of the lumbar, BLE (bilateral lower extremity) is not medically necessary per the ODG. The MTUS Guidelines do not address this request. The ODG states that the comprehensive muscular activity profile is not recommend routine use as part of patient rehab or screening. This 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. The documentation does not reveal that this is being utilized as part of an FCE prior to work hardening therefore this request is not medically necessary.