

<b>Case Number:</b>	CM15-0053320		
<b>Date Assigned:</b>	03/26/2015	<b>Date of Injury:</b>	10/25/2013
<b>Decision Date:</b>	05/01/2015	<b>UR Denial Date:</b>	02/27/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/20/2015

### 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: California

Certification(s)/Specialty: Emergency 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 30 year old female who sustained an industrial injury on 10/25/13. The injured worker reported symptoms in the back. The injured worker was diagnosed as having thoracic sprain, strain, herniated nucleus pulposus, lumbar strain sprain, sciatic tract neuritis effecting gait and degenerative joint disease lumbar spine. Treatments to date have included oral pain medication, injections, chiropractic treatments, massage, and heat application. Currently, the injured worker complains of lower back pain. The plan of care was for Compound Muscle Action Potential test and a follow up appointment at a later date.

### 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):** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Functional Improvements.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Functional Improvement Measures, Page 48 Page(s): 48.

**Decision rationale:** The requested CMAP (Compound Muscle Action Potential) is not medically necessary. Chronic Pain Medical Treatment Guidelines, Functional Improvement Measures, Page 48 note that in regards to range of motion and muscle testing, that these findings are "measured during the history and physical exam, performed and documented as part of the evaluation and management visit billed under the Official Medical Fee Schedule." The injured worker has lower back pain. The treating physician has not documented the medical necessity for this diagnostic exam as a separate procedure. The criteria noted above not having been met, CMAP (Compound Muscle Action Potential) is not medically necessary.