

Case Number:	CM15-0086406		
Date Assigned:	05/08/2015	Date of Injury:	11/05/2013
Decision Date:	06/09/2015	UR Denial Date:	04/28/2015
Priority:	Standard	Application Received:	05/05/2015

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: Iowa, Illinois, Hawaii

Certification(s)/Specialty: Preventive Medicine, Occupational Medicine, Public Health & General Preventive 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 61 year old female, who sustained an industrial injury on 11/15/13. She has reported initial complaints of stepping in a hole and falling down on her left knee and hands with pain in the low back. The diagnoses have included lumbar stenosis, lumbar radiculopathy, low back syndrome and lumbar degenerative disc disease (DDD). Treatment to date has included medications, diagnostics, and physical therapy, and ice/heat, extensive time off work, epidural steroid injection (ESI), Functional Capacity Evaluation (FCE) and activity modifications. Currently, as per the physician progress note dated 3/20/15, the injured worker complains of increased pain in the low back with pressure, burning and cramping. The pain level has increased from last visit from 3/10 to 9/10 on pain scale. She reports difficulties with activities of daily living (ADL) and sleeping. She reports that she utilizes a shopping cart as a walker when out and uses handrails when available. Physical exam revealed lumbar spine and bilateral musculature tenderness and decreased lumbar flexion and extension. The current medications included Aspirin, Sudafed, Ambien, Neurontin, ProAir and Flexeril. The diagnostic testing that was performed included lumbar Magnetic Resonance Imaging (MRI) dated 4/25/14, which revealed scoliosis, stenosis, disc protrusion and osteophytes. Work status was modified. The physician requested treatment included Comprehensive muscular activity profiler (CMAP) for the lumbar spine (purchase/rental).

IMR ISSUES, DECISIONS AND RATIONALES

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

Comprehensive muscular activity profiler (CMAP) for the lumbar spine (purchase/rental):
Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints.

MAXIMUS guideline: Decision based on MTUS ACOEM Page(s): 31-37, Chronic Pain Treatment Guidelines 9792.20 - 9792.26 Page(s): 47. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back, Range of Motion.

Decision rationale: The MTUS states, "Physical Impairments (e.g., joint ROM, muscle flexibility, strength, or endurance deficits): Include objective measures of clinical exam findings. ROM should be documented in degrees." In the ACOEM physical examination portion it states Muscle testing and range of motion testing (ROM) are integral parts of a physical examination. This can be done either manually, or with computers or other testing devices. It is the treating physician's prerogative to perform a physical examination with or without muscle testing and ROM devices. However, in order to bill for this sort of test as a stand-alone diagnostic procedure, there must be medical necessity above and beyond the usual requirements of a medical examination, and the results must significantly impact the treatment plan. Muscle testing and range of motion testing as stand-alone procedures would rarely be needed as part of typical injury treatment. In this case, there is no evidence that the ROM muscle tests are clinically necessary and relevant in developing a treatment plan. While the ACOEM guidelines do not comment specifically on this issue, other than to recommend a thorough history and physical examination, for which no computerized devices are recommended for measuring ROM or muscle testing. It is unclear how this testing will impact or change the treatment plan. Additionally, no rationale behind the purchase of this machine has been given. As such the request for Comprehensive muscular activity profiler (CMAP) for the lumbar spine (purchase/rental) is not medically necessary.