

Case Number:	CM13-0068477		
Date Assigned:	01/08/2014	Date of Injury:	09/20/2013
Decision Date:	10/26/2015	UR Denial Date:	12/06/2013
Priority:	Standard	Application Received:	12/19/2013

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, Hawaii

Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 37 year old female who sustained an industrial injury on 9-20-13. The diagnostic impression noted is lumbar strain, thoracic myofascial strain, and mild cervical strain. Previous treatment noted includes physical therapy and medication. In a progress note dated 11-13-13, the physician reports the injured worker was seen in follow-up of back strain. She states "that her back pain is more significant following physical therapy than before." She complains of tightness in her neck and a sharp sporadic pain that shoots sharpness in her spine and goes up her spine. Medications are Ibuprofen, Hydrocodone, and Baclofen. Physical exam reveals tenderness to palpation and limited range of motion with her back. Approximately 40 degrees is noted to be her "comfort zone." Left and right lateral bending is uncomfortable. The treatment plan is to continue conservative treatment. Work status is to remain on modified work status with restrictions. The requested treatment of a Comprehensive Muscular Activity Profile was non-certified on 12-6-13.

IMR ISSUES, DECISIONS AND RATIONALES

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

Comprehensive Muscular Activity Profile: 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 Chapter, Surface electromyography (SEMG).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back chapter, Surface electromyography (SEMG).

Decision rationale: According to the most recent medical report, the patient complains of worsening low back pain which travels into her left buttock area and also tightness in her neck. The current request for consideration is a Comprehensive Muscular Activity Profile. There is a CMAP form in the records which states the reason for the CMAP testing is persistent symptoms. The most recent attending physician report dated 11/13/13 does not discuss CMAP testing. Comprehensive Muscular Activity Profile (CMAP) is a form of sEMG recordings during purposeful muscular activity and resting states. The CMAP testing is an effort to objectively quantify subject muscular performance and effort during lumbar range-of-motion and lifting tasks. According to the available medical records which discuss the comprehensive muscular activity profile (CMAP), this is an approach most similar to sEMG. According to the ODG guidelines, sEMGs are not recommended. Additionally, there is nothing in the medical records that indicates that a functional capacity evaluation is warranted for validity of effort testing. As such, the request is not medically necessary.