

Case Number:	CM15-0120568		
Date Assigned:	07/01/2015	Date of Injury:	11/17/2014
Decision Date:	07/30/2015	UR Denial Date:	06/08/2015
Priority:	Standard	Application Received:	06/22/2015

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: New Jersey, Alabama, California
 Certification(s)/Specialty: Neurology, 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:

This 47 year old male sustained an industrial injury to the low back, bilateral shoulders, bilateral wrists and hands and bilateral feet via cumulative trauma from 2009 to 11/17/14. Previous treatment included physical therapy, acupuncture and medications. Electromyography/nerve conduction velocity test of bilateral upper extremities (3/17/15) was normal. X-rays of bilateral shoulders, hands and feet (3/11/15) showed no fracture or dislocations. X-rays of the lumbar spine (3/6/15) showed mild levoscoliosis. In an orthopedic consultation dated 5/21/15, the injured worker complained of pain to the head, neck, upper back, low back, bilateral upper extremities and both feet associated with weakness in the arms and hands. The injured worker rated his pain 8/10 on the visual analog scale. The injured worker also complained of chest pain, cough, swelling, stiffness, muscle pain, itching and redness. No physical exam was documented. Current diagnoses included right shoulder impingement, cervical spine sprain/strain and lumbar spine sprain/strain. The treatment plan included magnetic resonance imaging right shoulder, magnetic resonance imaging cervical spine, x-rays lumbar spine and a Comprehensive Muscular Activity profile (CMAPPRO) for the lumbar spine to determine if the injured worker was truly having the level of symptomatology that he was claiming.

IMR ISSUES, DECISIONS AND RATIONALES

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

Comprehensive Muscular Activity profile (CMAPPRO) for the lumbar spine: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG (Functional evaluation chapter-comprehensive muscular activity profiler (CMAPPro)).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Comprehensive muscular activity profiler ([CMAPPro](http://www.odg-twc.com/index.html)). <http://www.odg-twc.com/index.html>.

Decision rationale: According to ODG guidelines, Comprehensive muscular activity profiler (CMAPPro) "Not recommend routine use as part of patient rehab or screening. 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. See Functional capacity evaluation (FCE). The Comprehensive Muscular Activity Profiler (CMAPPro) incorporates data acquisition hardware and software to help evaluate soft tissue injuries. The device captures and quantifies information regarding the interactivity of muscles and nerves while a patient is in motion. Surface electromyography, one of the technologies used by this device, is not recommended for the diagnosis of neuromuscular disorders. See Surface electromyography (SEMG) in the Low Back Chapter. See also Electrodiagnostic functional assessment (EFA)." There is no documentation that the patient is going to have a functional capacity evaluation or considered for work hardening. Therefore, the request for Comprehensive Muscular Activity profile (CMAPPRO) for the lumbar spine is not medically necessary.

Comprehensive Muscular Activity profile (CMAPPRO) for the cervical spine and right shoulder: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG, (Functional capacity evaluation chapter-Comprehensive muscular activity profiler (CMAPPro)).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Comprehensive muscular activity profiler ([CMAPPro](http://www.odg-twc.com/index.html)). <http://www.odg-twc.com/index.html>.

Decision rationale: According to ODG guidelines, Comprehensive muscular activity profiler (CMAPPro) "Not recommend routine use as part of patient rehab or screening. 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. See Functional capacity evaluation (FCE). The Comprehensive Muscular Activity Profiler (CMAPPro) incorporates data acquisition hardware and software to help evaluate soft tissue injuries. The device captures and quantifies information regarding the interactivity of muscles and nerves while a patient is in motion. Surface electromyography, one of the technologies used by this device, is not recommended for the diagnosis of neuromuscular disorders. See Surface electromyography (SEMG) in the Low Back Chapter. See also Electrodiagnostic functional assessment (EFA)." There is no documentation that the patient is going to have a functional capacity evaluation or considered for work hardening. Therefore, the request for Comprehensive Muscular Activity profile

(CMAPPRO) for the cervical spine and right shoulder is not medically necessary.

X-rays of lumbar spine in 5 views: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303-305.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 304.

Decision rationale: According to MTUS guidelines, x ray of the lumbar spine is indicated in case of disc protrusion, post laminectomy syndrome, spinal stenosis and equina syndrome. The patient had a lumbar spine X-ray dated March 6, 2015, which showed mild levoscoliosis. There are no red flags to suggest new pathology, fracture, or dislocation. Therefore, the request of X-ray of the lumbar spine is not medically necessary.