

<b>Case Number:</b>	CM15-0128744		
<b>Date Assigned:</b>	07/15/2015	<b>Date of Injury:</b>	02/24/2014
<b>Decision Date:</b>	08/10/2015	<b>UR Denial Date:</b>	06/15/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/02/2015

### 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: North Carolina

Certification(s)/Specialty: Family Practice

### 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 54 year old male, who sustained an industrial injury on 2/24/2014. Diagnoses include bilateral lumbar (L5-S1) radiculopathy. Treatment to date has included conservative care including medication management. Per the Panel Qualified Medical Examination dated 3/19/2015, the injured worker reported constant pain in the lower back with radiation to the left leg with weakness. He has lateral calf numbness intermittently as well as left leg numbness in the L5-S1 distribution bilaterally. Physical examination of the thoracic spine revealed no palpable musculature tenderness to palpation. Left and right rotation were 15 degrees, all other planes were within normal limits. He reported pain towards terminal range of motion. Lumbar spine examination revealed loss of normal lumbar curvature with positive muscle guarding and spasm. Range of motion was restricted in all planes and he reported pain towards terminal end of range of motion. There was muscle guarding and spasm with ileolumbar pain bilaterally. The plan of care included, and authorization was requested for comprehensive muscular activity profile (CMAP).

### 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 lumbar spine:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Independent Medical Examinations and Consultations Chapter (ACOEM Practice Guidelines, 2nd Edition (2004), Chapter 7).

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) CMAP.

**Decision rationale:** The California MTUS, ODG and ACOEM do not specifically address the requested service. The ODG states that CMAP is not a medically indicated procedure for low back pain due to the lack of efficacy and benefit in the treatment of patients with musculoskeletal pain. The provided clinical documentation does not provided clinical reasoning to contradict these recommendations. Therefore the request is not medically necessary.