

Case Number:	CM15-0128861		
Date Assigned:	07/20/2015	Date of Injury:	11/13/2014
Decision Date:	08/14/2015	UR Denial Date:	06/26/2015
Priority:	Standard	Application Received:	07/03/2015

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: 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:

This 38 year old male sustained an industrial injury on 11/13/14. He subsequently reported low back pain. Diagnoses include lumbar spine degenerative joint disease and vertebral facet hypertrophy. Treatments to date include MRI testing, modified work duty, injections and prescription medications. The injured worker continues to experience cervical, thoracic and lumbar back pain. Upon examination, it was reported that the back pain was affecting his gait. Radiculopathy was noted in the right leg. A request for C-Map was made by the treating physician.

IMR ISSUES, DECISIONS AND RATIONALES

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

C-Map: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back - Lumbar & Thoracic (Acute & Chronic), Online Version, Sensory nerve conduction threshold (sNCT) device, Surface electromyography (EMG); Neck Chapter, Current perception threshold (CPT) testing.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Chapter: Low Back Complaints Sections: CMAPPro (Comprehensive Muscle Activity Profiler); Electrodiagnostic Functional Assessment.

Decision rationale: In this case, the medical records indicate that the treating provider is requesting the use of a "C-MAP" as a means to better quantify this patient's muscular impairment. The MTUS Guidelines are silent on the use of measures to quantify muscular impairment. However, the Official Disability Guidelines have summarized the use of a comprehensive muscle activity profiler (CMAPPro). A CMAPPro is not recommended for routine use as part of patient rehab or screening. It 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. 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. This request may also be considered as part of an electrodiagnostic functional assessment (EFA). The use of EFA is not recommended for routine use as part of patient rehab or screening. It 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. In summary, the use of a comprehensive muscular activity profiler device (CMAPPro) is not considered as medically necessary for the reasons cited above in the Official Disability Guidelines. The records indicate that the use of this assessment tool is being solely used to better quantify the patient's condition and is not part of a Functional Capacity Evaluation or prior to admission to a Work Hardening Program. For these reasons, "C-Map" is not considered as medically necessary.