

<b>Case Number:</b>	CM15-0093519		
<b>Date Assigned:</b>	05/19/2015	<b>Date of Injury:</b>	05/24/1996
<b>Decision Date:</b>	06/22/2015	<b>UR Denial Date:</b>	04/27/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/14/2015

### 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 female, who sustained an industrial injury on May 24, 1996. She reported an injury to her back and shoulder. Treatment to date has included steroid injections, lumbar spine fusion and cervical spine fusion, and medications. Currently, the injured worker complains of an increased pain in her back, her neck, her upper body and her legs as well as numbness in the arms. She describes the pain as constant, sharp, aching, pressure, stabbing, burning and cramping. She reports that using Norco does help a bit. She rates her pain an 8-10 on a 10-point scale and notes that the injury has greatly affected her activities of daily living. She reports difficulty in transferring and changing positions, issues with sitting, standing, walking, stairs, housework, cooking, yard work and sleeping. She has difficulty reaching her back and has to seek assistance with toileting. On examination, the injured worker has decreased range of motion of the cervical spine and has tenderness to palpation of the upper thoracic spine without palpable crepitus. The Diagnoses associated with the request include degenerative disc disease of the cervical and lumbosacral spine. The treatment plan includes Tramadex cream, Norco and Comprehensive Muscular Activity Profiler monitoring.

### 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) for the cervical spine:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG, comprehensive muscular activity profile.

**Decision rationale:** The California MTUS and ACOEM do not directly address the requested service. The ODG states the requested service is not recommended as it has been determined to be of little value in the diagnosis of neuromuscular disease or back pain. Therefore, the request is not medically necessary.