

## Independent Medical Review Final Determination Letter

864

[REDACTED]  
[REDACTED]  
[REDACTED]  
[REDACTED]

Dated: 12/26/2013

<b>IMR Case Number:</b>	CM13-0017905	<b>Date of Injury:</b>	06/09/2012
<b>Claims Number:</b>	[REDACTED]	<b>UR Denial Date:</b>	07/30/2013
<b>Priority:</b>	STANDARD	<b>Application Received:</b>	08/28/2013
<b>Employee Name:</b>	[REDACTED]		
<b>Provider Name:</b>	[REDACTED] M.D.		
<b>Treatment(s) in Dispute Listed on IMR Application:</b>			
CMAP (COMPREHENSIVE MUSCULAR ACTIVITY PROFILER) CPT 95999			

DEAR [REDACTED],

MAXIMUS Federal Services has completed the Independent Medical Review (“IMR”) of the above workers’ compensation case. This letter provides you with the IMR Final Determination and explains how the determination was made.

Final Determination: UPHOLD. This means we decided that none of the disputed items/services are medically necessary and appropriate. A detailed explanation of the decision for each of the disputed items/services is provided later in this letter.

The determination of MAXIMUS Federal Services and its expert reviewer is deemed to be the Final Determination of the Administrative Director of the Division of Workers’ Compensation. This determination is binding on all parties.

In certain limited circumstances, you can appeal the Final Determination. Appeals must be filed with the Workers’ Compensation Appeals Board within 30 days from the date of this letter. For more information on appealing the final determination, please see California Labor Code Section 4610.6(h).

Sincerely,

Paul Manchester, MD, MPH  
Medical Director

cc: Department of Industrial Relations, [REDACTED]

## 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. The expert reviewer is a Licensed Chiropractor and is licensed to practice in California. 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/services.

### DOCUMENTS REVIEWED

The following relevant documents received from the interested parties and the documents provided with the application were reviewed and considered. These documents included:

- [REDACTED]
- [REDACTED]
- [REDACTED]
- [REDACTED]

### CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

According to the available medical records, this is a 58 year old male patient with multiple injuries, following an auto accident, involving his cervical, low back, right knee and shoulder, date of injury 06/09/2012. His worst pain is his lower back with paresthesias and numbness in his mid upper quad on the right, he also has neck pain going down his right arm and chest pain referring to this sternum. He also has a history of work related injury on 10/23/2008 which resulted in a partial discectomy (2009) of the L4-5 area. There also an MRI of the lumbar spine on 08/16/2011 report mild L4 vertebral body fracture (which is either subacute or old), mild posterior protrusion of the L4-5 disk without spinal stenosis or neural foraminal narrowing, post-surgical change at L5-S1 with some enhancing granulation tissue on the posterior aspect of the disk centrally, no compromise of the spinal canal or nerve roots or neural foramen in present at the level, mild posterior protrusion of the L1-2 disk. Previous treatments include medications, physical therapy, Tramcap C Cream and work modification. In a report date 08/19/2013 by Jo Petelin, N.P., examination revealed no paravertebral tenderness, no palpable masses in the cervical spine, painful lateral rotation; the lumbar spine revealed no paravertebral tenderness, no palpable masses, mild tenderness to palpation over the SI joint on the right, ROM is 30% of normal with flexion and lateral flexion is 80% of normal. DTRs are symmetrical, no decreased in strength; neurovascular is grossly intact, bilateral negative straight leg raises.

### IMR DECISION(S) AND RATIONALE(S)

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

**1. CMAP (comprehensive muscular activity profiler) is not medically necessary and appropriate.**

The Claims Administrator based its decision on the Comprehensive Muscular Activity Profile (CMAP), its high sensitivity, specifically and overall classification rate for detecting submaximal

effort on functional capacity testing, Gatchel RJ, Richard MD, Choksi DN, Mayank J. Howard K, which is not part of MTUS.

The Expert Reviewer found that no section of the MTUS was applicable. Per the Strength of Evidence hierarchy established by the California Department of Industrial Relations, Division of Workers' Compensation, the Expert Reviewer based his/her decision on the Comprehensive Muscular Activity Profile (CMAP), its high sensitivity, specifically and overall classification rate for detecting submaximal effort on functional capacity testing, Gatchel RJ, Richard MD, Choksi DN, Mayank J. Howard K, Department of Psychology, College of Science, The University of Texas at Arlington, Arlington, TX.

The Expert reviewer's decision rationale:

Chronic Pain Medical Treatment Guidelines and American College of Occupational and Environmental Medicine (ACOEM) do not address this issue. The only medical evidence found above demonstrates the potential utility of the CMAP as a valid method of objectively quantifying subject muscular performance and effort during lumbar range-of motion and lifting tasks. There are not enough guideline recommendations for CMAP and its value to assist this employee in functional improvement.

Disclaimer: MAXIMUS is providing an independent review service under contract with the California Department of Industrial Relations. MAXIMUS is not engaged in the practice of law or medicine. Decisions about the use or nonuse of health care services and treatments are the sole responsibility of the patient and the patient's physician. MAXIMUS is not liable for any consequences arising from these decisions.

[REDACTED]

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