

MAXIMUS FEDERAL SERVICES, INC.

Independent Medical Review

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Notice of Independent Medical Review Determination

Dated: 11/25/2013

[REDACTED]

[REDACTED]

Employee:	[REDACTED]
Claim Number:	[REDACTED]
Date of UR Decision:	7/15/2013
Date of Injury:	11/10/2008
IMR Application Received:	7/31/2013
MAXIMUS Case Number:	CM13-0004868

- 1) MAXIMUS Federal Services, Inc. has determined the retrospective request for **genetic testing for specimen drawn on 5/24/2013 is not medically necessary and appropriate.**

INDEPENDENT MEDICAL REVIEW DECISION AND RATIONALE

An application for Independent Medical Review was filed on 7/31/2013 disputing the Utilization Review Denial dated 7/15/2013. A Notice of Assignment and Request for Information was provided to the above parties on 8/13/2013. A decision has been made for each of the treatment and/or services that were in dispute:

- 1) MAXIMUS Federal Services, Inc. has determined the retrospective request for **genetic testing for specimen drawn on 5/24/2013** is not medically necessary and appropriate.

Medical Qualifications of the Expert Reviewer:

The independent Medical Doctor who made the decision has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Internal Medicine 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 treatments and/or services at issue.

Expert Reviewer Case Summary:

Claimant is a 45 year old male who sustained a work related lifting injury 8/24/08 which resulted in chronic low back pain and associated left lower extremity sciatica. He has been treated with a variety of pain medications and a series of lumbar spine epidural steroid injections. The claimant also underwent radiofrequent nerve ablation which he reported give him significant pain relief. Since November 2010, the patient has been on several opiate pain medications with mild/moderate relief. However, over the past 1 yr he reports increasing levels of chronic pain related to his low back injury. Clinic notes document evidence of marked tenderness to palpation of the lumbar spine and paraspinal muscle regions and significantly decreased range of motion of the lumbar spine. Lastly, Lumbar spine MRI from 5/8/13 revealed L4/5, L5/S1 disc dessication, loss of vertebral body height, posterior disc bulging of approximately 2-3 mm but no evidence of foraminal, lateral recess or central canal stenosis. Review requested to determine if genetic testing retrospectively for specimen drawn 5/24/13 to assess the patient's genetic predisposition to prescription narcotic dependence and/or tolerance is medically necessary/appropriate.

Documents Reviewed for Determination:

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

- Application of Independent Medical Review
- Utilization Review Determination
- Medical Records from Employee/Employee Representative
- Medical Treatment Utilization Schedule (MTUS)

1) Regarding the retrospective request for genetic testing for specimen drawn on 5/24/2013:

Section of the Medical Treatment Utilization Schedule Relied Upon by the Expert Reviewer to Make His/Her Decision

The Claims Administrator based its decision on the Official Disability Guidelines, (ODG), and Genetic testing for potential opioid abuse, which is not a part of the 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 ODG, Chapter: Pain, section: Opioids, tools for risk stratification/monitoring.

Rationale for the Decision:

ACOEM and MTUS guidelines do not address genetic testing. ODG guidelines indicate that, Genetic testing for potential opioid abuse – not recommended. While there appears to be a strong genetic component to addictive behavior, current research is experimental in terms of testing for this. Studies are inconsistent with inadequate data (Levrin 2012). Therefore, the request for genetic testing retrospectively for specimen drawn 5/24/13 to assess the employee's genetic predisposition to prescription narcotic dependence and/or tolerance does not meet medical necessity. **The request for genetic testing retrospectively for specimen drawn 5/24/13 is not medically necessary and appropriate.**

Effect of the Decision:

The determination of MAXIMUS Federal Services and its physician reviewer is deemed to be the final determination of the Administrative Director, Division of Workers' Compensation. With respect to the medical necessity of the treatment in dispute, this determination is binding on all parties.

In accordance with California Labor Code Section 4610.6(h), a determination of the administrative director may be reviewed only if a verified appeal is filed with the appeals board for hearing and served on all interested parties within 30 days of the date of mailing of the determination to the employee or the employer. The determination of the administrative director shall be presumed to be correct and shall be set aside only upon proof by clear and convincing evidence of one or more of the grounds for appeal listed in Labor Code Section 4610.6(h)(1) through (5).

Sincerely,

Paul Manchester, MD, MPH
Medical Director

cc: Department of Industrial Relations
Division of Workers' Compensation
1515 Clay Street, 18th Floor
Oakland, CA 94612

/ejf

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.