

Case Number:	CM13-0010029		
Date Assigned:	01/15/2014	Date of Injury:	04/11/2002
Decision Date:	03/19/2014	UR Denial Date:	08/06/2013
Priority:	Standard	Application Received:	08/12/2013

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she 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 New York. 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 physician 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. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

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 claimant is a 62 yo male who sustained a work related injury on 04/11/2002. He was employed as an equipment operator for [REDACTED] and injured his back cutting weeds. His diagnoses include chronic low back pain- s/p discectomies, s/p posterolateral decompression at right L3-4 and bilateral L4-5 and L5-s1 posterior instrumentation L3-S1, fusions L3-S1, and right knee pain. On exam he still complains of low back and right knee pain. On exam he has limited range of motion of the lumbar spine with right sided spasms and positive straight leg raising bilaterally. He has been treated with medical therapy, injection therapy, physical therapy and multiple surgeries. The treating provider has requested genome testing.

IMR ISSUES, DECISIONS AND RATIONALES

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

Genome Testing: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Medscape Internal Medicine: Treatment of Chronic Pain 2012.

Decision rationale: There is no documentation provided necessitating genetic testing for treatment of this employee's chronic pain condition. There are no peer reviewed studies in the pain literature that support the use of genetic testing to determine a patient's addictive probability. While there appears to be a strong genetic component to addictive behavior, current research is experimental in terms of testing for this. Studies to date have been inconsistent. Medical necessity for the requested service has not been established. The requested service is not medically necessary.