

Case Number:	CM13-0016054		
Date Assigned:	10/11/2013	Date of Injury:	03/28/1999
Decision Date:	01/29/2014	UR Denial Date:	08/07/2013
Priority:	Standard	Application Received:	08/23/2013

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 Occupational 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 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 patient is 72 year old female pharmacist that sustained an injury on 3/28/99 when she tripped and fell while assisting a customer. The patient developed neck symptoms and has been treated with Chiropractic, PT, Acupuncture, oral medications including narcotics. Treating doctor's diagnosis of cervical spine radiculopathy, myofascial pain and chronic pain syndrome of the cervical spine. on 6/19/13 reveals patient's pain is up and down depending on the day and patient is on Limbrel 500mg 2x/day. On 8/21/13 PTP PR2 with limited exam finding of tenderness along the paracervical muscles. On 8/26/13 urine toxicology report was negative including opioids. There is a retrospective request for Genetic testing(one time) to asses the risk for opioid dependency.

IMR ISSUES, DECISIONS AND RATIONALES

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

. Retrospective Genetic Testing (one time lab test): Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 3 Initial Approaches to Treatment Page(s): 44. Decision based on Non-MTUS Citation www.mayoclinic.com.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 42.

Decision rationale: This test is NOT medically necessary. The MTUS Chronic Pain guidelines page 42, indicate that there is no current evidence to support the use of cytokine DNA testing for the diagnosis of pain, including chronic pain. In this case, the outcome of genetic testing would not influence the employee's diagnosis or treatment. The request for genetic testing for narcotic risk is not medically necessary and appropriate.