MAXIMUS Federal Services

Case Number:	CM13-0018244		
Date Assigned:	01/29/2014	Date of Injury:	10/08/2011
Decision Date:	04/22/2014	UR Denial Date:	08/22/2013
Priority:	Standard	Application Received:	08/29/2013

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 Board Certified in Physical Medicine and Rehabilitation, has a subspecialty in Neuromuscular Medicine and is licensed to practice in Maryland. 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. 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 a 47 year old female who injured her back at work on while moving a coffee table on 10/8/11. The table weighed approximately 60 lbs. The patient reported injury to her neck, right shoulder, elbow, wrist, hand, midback, low back, right hip, leg, and psyche. There is a request for genetic testing to test genetic predisposition to drug testing. The patient's diagnoses include thoracic sprain, lumbar disc syndrome, lumbosacral radiculitis, sprain/strain of the cervical spine, sprain/strain/impingement of the right shoulder, supraspinatus and infraspinatus tendinosis, per MRI scan of the right shoulder, June 14,2012,. Sprain/strain/medial and lateral epicondylitis on the right arm, mild right wrist pain. There is a urine toxicology screen document dated 2/22/13 which reveals that Tramadol is prescribed and not detected which was an inconsistent finding. There is a 2/22/13 PR-2 physician progress report which states that the patient comes for follow up with complaints of back pain, right leg and right arm pain. She has debilitating shoulder pain from her injury. She is having a flair up of symptoms are continues to use pain medications. She describes the pain as stabbing and sharp and constant in duration. The pain is aggravated by lifting or carrying heavy objects, lifting above shoulder level, overhead activities, reaching, pushing and pulling. The associated symptoms include waking up at night, stiffness, weakness. The condition is recovering as expected. Her medications are well tolerated, no allergies or side effects noted. Therapeutic goals are not being met at this time. The impact of symptoms is significant affecting activities of daily living. Her current meds are tramadol, orpbenadrine naproxen. On physical exam the right shoulder is symmetrical, without overt muscle atrophy. There is good scapular control. Upon palpation; there is tenderness to the anterior shoulder region, inclusive of the subacromial space, inclusive of the acromioelavieular joint. The skin exam revealed no skin conditions, no abnormal pigmentation, no scars, no

wounds, spasms and swelling no trapezial or paraspinal muscle tightness noted, no swelling identified. There are no palpable masses. The range of motion testing is full in the upper extremities. There is full passive range of motion. Strength testing: deltoid 5/5, supraspinatus 5/5, infraspinatus 5/5, subscapularis 5/5, deltoid 5/5, supraspinatus 5/5, infraspinatus 5/5, subscapularis 5/5. Provocative testing revealed a positive Neer impingement sign, positive Hawkin's impingement sign, positive cross-chest test, positive AC joint compression test, negative drop-arm test, negative Jobe's test, negative lift-off test, negative external rotation lag sign, negative O'Brien's test, negative crepitation on circumduction, negative speeds test, negative Yergason test, negative posterior loading test, negative sulcus sign. Stability tests: negative apprehension test, negative sulcus sign, negative relocation/release test, negative posterior jerk sign.

IMR ISSUES, DECISIONS AND RATIONALES

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

RETROSPECTIVE REQUEST FOR GENETIC TESTING ADMINISTERED ON 2/20/13: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation (ODG) OFFICIAL DISABILITY GUIDELINES, PAIN GENETIC TESTING FOR POTENTIAL OPIOID ABUSE.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation OFFICIAL DISABILITY GUIDELINES (ODG), PAIN GENETIC TESTING FOR POTENTIAL OPIOID ABUSE.

Decision rationale: Retrospective request for genetic testing administered on 2/20/13 is not medically necessary per ODG guidelines. The MTUS does not address genetic testing. The ODG states that while there appears to be a strong genetic component to addictive behavior, current research is experimental in terms of testing for this. Per documentation submitted patient denies any history of illicit substance abuse in the family or in her past. The use of genetic testing for potential opioid abuse is not recommended per the ODG. The request for genetic testing administered 2/20/13 is not medically necessary.