

Case Number:	CM13-0022991		
Date Assigned:	11/15/2013	Date of Injury:	03/30/2010
Decision Date:	02/04/2014	UR Denial Date:	09/10/2013
Priority:	Standard	Application Received:	09/11/2013

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 applicant is a represented [REDACTED] employee who has filed a claim for chronic low back pain with derivative anxiety and depression reportedly associated with an industrial injury of March 30, 2010. Thus far, the applicant has been treated with the following: Analgesic medications; attorney representation; transfer of care to and from various providers in various specialties; and extensive periods of time off of work, on total temporary disability. In a Utilization Review Report of September 9, 2013, the claim administrator denied a request for genetic testing, denied a request for urine toxicology screening, denied a request for topical compounds, denied a request for spine surgery evaluation, and denied a request for 12 additional aquatic therapy sessions; denied a request for Prilosec, denied a request for Functional Capacity Evaluation, denied a request for Somnacin and denied a request for Laxacin. The applicant's attorney later appealed. An earlier handwritten note of June 8, 2013 is difficult to follow, not entirely legible, notable for comments that the applicant reports heightened pain. There is associated tenderness about the lumbar spine and about sciatic notch. Decreased motor function and sensory function are noted about the right lower extremity, it is stated. Various topical compounds, genetic testing, aquatic therapy and spine surgery consultation are endorsed while the applicant remains off of work, on total temporary disability.

IMR ISSUES, DECISIONS AND RATIONALES

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

One (1) genetic testing for narcotic risk (through One Call Medical) between 8/13/2013 and 10/19/2013: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Pain (Chronic)

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

Decision rationale: As noted on Page 42 of the MTUS Chronic Pain Medical Treatment Guidelines, DNA testing/generic testing is not recommended for the diagnosis of pain, including the chronic pain present here. Therefore, the request is not certified owing to the unfavorable guideline recommendation.