

<b>Case Number:</b>	CM13-0025246		
<b>Date Assigned:</b>	12/27/2013	<b>Date of Injury:</b>	01/06/2010
<b>Decision Date:</b>	04/22/2014	<b>UR Denial Date:</b>	09/05/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/16/2013

### 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 & Rehabilitation, has a subspecialty in Interventional Spine, 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 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 46-year-old male with date of injury 01/06/2010. Treater's report from 09/05/2013 states that the patient complains of neck pain, bilateral shoulder pain. The listed diagnosis: Cervical radiculopathy, neck pain, left shoulder sprain/strain status post surgery, left shoulder, cephalgia, chronic pain syndrome, tension headaches, chronic pain-related insomnia. Under assessment and treatment plan, the treater is requesting authorization for "baseline functional capacity evaluation." He is also asking for authorization of one time saliva DNA testing to assess the patient's predisposition to prescription narcotic addiction/dependence. Under treatment discussion, the treater also states that the patient was referred to his office for cervical ESI, and the MRI results support this course of action and he was requesting epidural steroid injection. He describes MRI of the cervical spine that was obtained on 08/29/2013. It reads there are 1 to 2-mm posterior disk bulges from C3 to C7 with some multilevel foraminal stenosis. The next report by the treating physician, [REDACTED], is 08/14/2013. This was his initial evaluation, and under discussion, he states that the patient has had multiple cervical MRIs in the past, but that the last one was a year and a half ago, and before he can perform a cervical epidural steroid injection, he wants to make sure of the pathology that he has in his cervical spine. This report also requests baseline functionalFinal Determination Letter for IMR Case Number CM13-0025246 3capacity evaluation as well as a DNA saliva test. There is a request for authorization of the cervical and left shoulder MRI.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**FUNCTIONAL CAPACITY EVALUATION: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation OFFICIAL DISABILITY GUIDELINES (ODG), LOW BACK CHAPTER.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Page(s): 137-139.

**Decision rationale:** This patient presents with chronic neck pain, upper extremity pain, and shoulder pain. The treating physician, [REDACTED], initially evaluated the patient on 08/14/2013. The request is for baseline functional capacity evaluation. ACOEM Guidelines page 137 states regarding functional capacity evaluation that the examiner is responsible for determining whether the impairment results in functional limitation, that employer or claim administrator may request functional ability evaluations and by the physician if he feels the information from such testing is crucial. It further states there is a little scientific evidence confirming that FCEs predict an individual's actual capacity to perform in the workplace. In this case, the treating physician has asked for a baseline functional capacity evaluation without providing a rationale for its crucial need. Recommendation is for denial.

**SALIVA DNA TEST TO ASSESS PREDISPOSITION TO ADDICTION: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation OFFICIAL DISABILITY GUIDELINES (ODG), PAIN CHAPTER, CYTOKINE DNA TESTING.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation OFFICIAL DISABILITY GUIDELINES (ODG), PAIN CHAPTER, CYTOKINE DNA TESTING

**Decision rationale:** Discussion: This patient presents with chronic neck and shoulder pain. The patient has been evaluated by [REDACTED] initially on 08/14/2013. In this report, the treating physician has asked for a saliva DNA testing to assess predisposition to addiction. MTUS and ACOEM Guidelines do not discuss saliva DNA testing. ODG Guidelines does discuss cytokine DNA testing for diagnosis of various different pain conditions. In cases of chronic pain, ODG Guidelines do not support DNA testing for the diagnosis of pain including chronic pain. I was not able to find much evidence or discussion in any of the current commonly used guidelines for saliva DNA testing to assess drug addiction predisposition. There is lack of adequate scientific evidence for routine use of saliva DNA testing. Recommendation is for denial.

**CERVICAL MRI: Upheld**

**Claims Administrator guideline:** Decision based on MTUS ACOEM.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Page(s): 177-178.

**Decision rationale:** This patient presents with persistent neck pain, upper extremity pain, and shoulder pain. The treating physician evaluated the patient initially on 08/14/2013. The patient appears to have been referred to the treating physician for cervical epidural steroid injection as well as chronic pain management. The treating physician has asked for an updated MRI of the cervical spine stating in his report that the patient has had several cervical MRIs in the past, but that the last one was from a year and a half ago. He wanted an updated MRI of the C-spine before pursuing the epidural steroid injection. ACOEM Guidelines page 177 recommends special studies for emergence of red flag, physiologic evidence of tissue insult, neurologic dysfunction, clarification anatomy prior to an invasive procedure, failure to progress in a strengthening program intended to avoid surgery. ODG Guidelines further require neurologic signs or symptoms present for chronic neck pain. In this patient, treating physician clearly indicates that the patient has had prior MRI of the C-spine. There is no indication that an updated MRI is required before proceeding with epidural steroid injection if it is indicated. Given that this patient has already had prior MRI of the C-spine, updated MRI is not indicated. There are no new signs of injury, no new neurologic findings, no progressive deterioration of the neurologic symptoms warrant updated MRI at this point. Recommendation is for denial.

**MRI LEFT SHOULDER:** Overturned

**Claims Administrator guideline:** Decision based on MTUS ACOEM.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Page(s): 207-208.

**Decision rationale:** This patient presents with persistent neck pain and shoulder pain. The treating physician has asked for an MRI of the left shoulder. Review of the reports that included 77 pages and several of [REDACTED] report, and an MRI of the C-spine from 08/29/2013, I did not see that this patient had prior MRI of the left shoulder. The patient's injury dates back to 2010, and given the patient's chronic persistent shoulder pain, an MRI evaluation of the shoulder would appear reasonable. ACOEM Guidelines page 207 allows for special ordering of the imaging studies when there is emergence of red flag, physiologic evidence of tissue insult or neurovascular dysfunction, failure to progress in strengthening program. ODG Guidelines support [REDACTED] for subacute shoulder pain, when instability and labral tear are suspected. Recommendation is for authorization.