

<b>Case Number:</b>	CM13-0043524		
<b>Date Assigned:</b>	06/20/2014	<b>Date of Injury:</b>	04/02/2013
<b>Decision Date:</b>	08/22/2014	<b>UR Denial Date:</b>	09/20/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/23/2013

### 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 Internal Medicine and Pulmonary Diseases 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 injured worker is a 49-year-old female who reported an injury on 04/02/2013. The mechanism of injury was noted to be a twisting injury to her low back. She has a diagnosis of lumbosacral spine pain with sacroiliac joint dysfunction. Her previous treatments were noted to include physical therapy, Naproxen, Tylenol #3, and Soma. On 06/12/2013, the injured worker presented with complaints of low back pain rated 6/10. It was noted that she reported little improvement with her 6 physical therapy treatments and medications. Her physical examination revealed a normal gait, normal range of motion, and normal sensation. Her medications were noted to include Tylenol with codeine. The treatment plan was noted to include additional physical therapy and medication refills. A 07/08/2013 note indicated that the injured worker was requesting to be discharged from care. However, no rationale was provided regarding this request. A request was received for a 1 time saliva DNA testing. However, no rationale was provided for this request, and the Request for Authorization form was not submitted.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**One Time Saliva DNA Testing:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Cytokine DNA Testing For Pain Page(s): 42.

**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:** According to the Official Disability Guidelines, genetic testing for potential opioid abuse is not recommended, as current research is experimental and studies are inconsistent. The clinical information submitted for review indicated that the injured worker was utilizing an opioid medication. However, the documentation did not provide any evidence of misuse or noncompliance. A rationale for the requested genetic testing was also not submitted. In the absence of further documentation regarding the request, and as genetic testing for opioid abuse is not supported by the guidelines as assessing is still under study, the request of one Time Saliva DNA Testing is not medically necessary and appropriate.