

<b>Case Number:</b>	CM13-0044719		
<b>Date Assigned:</b>	12/27/2013	<b>Date of Injury:</b>	02/14/2009
<b>Decision Date:</b>	10/31/2014	<b>UR Denial Date:</b>	10/11/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/31/2013

### 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 Occupational Medicine 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 applicant is a represented [REDACTED] employee who has filed a claim for chronic low back pain reportedly associated with an industrial injury of February 14, 2009. Thus far, the applicant has been treated with the following: Analgesic medications; transfer of care to and from various providers in various specialties; trigger point injection therapy; psychotropic medications; earlier shoulder arthroscopy; unspecified amounts of manipulative therapy; unspecified amounts of acupuncture; and unspecified amounts of extracorporeal shock wave therapy. In a Utilization Review Report dated October 12, 2013, the claims administrator retrospectively denied a request for genetic testing apparently performed on June 28, 2013. Non-MTUS ODG Guidelines were invoked. The applicant's attorney subsequently appealed. In a May 1, 2013 progress note, the applicant reported persistent complaints of chronic neck and low back pain. Authorization was sought for trigger point injections. Multiple medications were renewed, including Ambien, Flexeril, and Norco. The applicant's work status was not clearly stated. In an earlier note dated March 12, 2013, it was noted that the applicant was working regular duty at that point in time. On July 22, 2013, it was stated that the applicant was working regular duty as a police officer. Norco and Ambien were renewed. In an earlier note of May 31, 2013, the need for genetic testing was not explicitly discussed.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Retrospective request for 1 genetic screening, dated 6/28/13: 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 (Chronic)

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

**Decision rationale:** As noted on page 42 of the MTUS Chronic Pain Medical Treatment Guidelines, DNA testing/genetic testing is "not recommended" in the diagnosis of pain and/or chronic pain, both of which were seemingly present here on or around the date in question. The attending provider failed to furnish any compelling applicant-specific rationale or medical evidence which would offset the unfavorable MTUS position on the article at issue. Therefore, the request is not medically necessary.