

Case Number:	CM13-0047134		
Date Assigned:	12/27/2013	Date of Injury:	08/13/1996
Decision Date:	03/06/2014	UR Denial Date:	10/16/2013
Priority:	Standard	Application Received:	11/04/2013

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 Physical Medicine and Rehabilitation, 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:

This is a 67-year old female with an injury caused by a trip and fall at work on 8/13/96. Her claim is accepted for low back, psyche and left lower extremity. She has had extensive prior treatment for diagnoses of lumbar spondylosis, sacroilitis, spinal enthesopathy, myalgia, joint pain, lumbago, cervicgia, and chronic pain with opioid drug dependence. Her chronic pain is now managed at a pain specialist practice.

IMR ISSUES, DECISIONS AND RATIONALES

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

depression test and a genetic test: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Official Disability Guidelines. Page(s): 100-101.

Decision rationale: The California MTUS states that DNA testing for pain is not recommended. The Official Disability Guidelines state that genetic testing for opioids is not recommended. There is no current evidence that supports the use of cytokine DNA testing for chronic pain, and it is unclear how this would affect treatment, given that the patient is already opioid dependent and has been on chronic opioid therapy. With regards to depression testing, it is unclear why this

is necessary. There are no clinical changes with regards to psyche symptoms/depression noted in any of the submitted reports. While psychological screening/evaluation may be appropriate in initial evaluation, or to assess changes in psyche profile/symptoms, it is unclear why this would be done otherwise. Medical necessity for these tests is not substantiated. The request is not certified.