

<b>Case Number:</b>	CM13-0047690		
<b>Date Assigned:</b>	12/27/2013	<b>Date of Injury:</b>	07/21/2009
<b>Decision Date:</b>	02/24/2014	<b>UR Denial Date:</b>	10/17/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/04/2013

### HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Family Medicine and is licensed to practice in Arizona. He 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 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 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:

Patient is a 36 y/o female with DOI on 7/21/2009. Patient's initial injury was to her right foot resulting in CRPS. Patient holds the diagnoses of TMG tendiniligamentous injury, lateral epicondylitis, tendiniligamentous injury of the wrist, reflex sympathetic dystrophy/complex regional pain syndrome lower limb, lumbar disc bulging, lumbar facet athropathy, lumbar spine radiculopathy, trochanteric bursitis, and sacroiliac dysfunction. Patient is maintained on medications including Lyrica, Orudis, Ultracet, Relistor, Percocet, Levorphanol, and Zofran. Patient has undergone physical therapy, acupuncture, and chiropractic care. Patient has had lumbar trigger point injections, and bilateral SI joint injections. Subjective complaints are increasing low back pain, left elbow pain, right elbow/right wrist pain, rated between 6-9/10. Medication was shown to be helpful and without any harmful side effect or evidence of dependency. Physical exam, demonstrated an anxious demeanor and moderate pain. Patient was specifically tender over lumbar spine, bilateral wrists. Motor exam was normal except 4/5 strength in right ankle and right great toe. Sensory exam demonstrated Tinel's of the bilateral wrists. There was no identified discussion or reasoning present for this request in the documentation provided.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Genetic testing:** Upheld

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

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Genetic Testing.

**Decision rationale:** CA MTUS Guidelines are silent on Genetic testing. ODG does not recommend Genetic testing for potential opioid abuse. While there is a genetic component to addictive behavior, current research remains experimental in this area. Studies are inconsistent, with inadequate statistics and large phenotype range. Using these evidenced based guidelines, and the lack of documentation supporting the need for testing, the medical necessity of genetic testing is not established.