

<b>Case Number:</b>	CM13-0072160		
<b>Date Assigned:</b>	01/08/2014	<b>Date of Injury:</b>	10/26/2013
<b>Decision Date:</b>	05/30/2014	<b>UR Denial Date:</b>	12/04/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/30/2013

### 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 Sports Medicine and is licensed to practice in Texas. 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 24 year old male who reported an injury on 10/16/2013 secondary to an assault. The diagnoses included adjustment disorder with anxiety, post-traumatic stress disorder and wounds to the back, cheek and chest. The injured worker was evaluated on 11/22/2013 for reports of jaw pain, chest pain, cheek pain, left torso pain, depression and anxiety. The exam noted wounds to the cheek, chest and torso, tenderness to the jaw and decreased mood and affect. The treatment plan included psychological evaluation, plastic surgeon referral, toxicology testing and DNA testing. There is no request for authorization in the documentation provided.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**MRI:** 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) Head Chapter, MRI.

**Decision rationale:** The California MTUS/ACOEM and Official Disability Guidelines do recommend an MRI as a diagnostic tool for many different complaints after conservative

treatment options have been exhausted. However, there is no indication of which area of the body the request is for, and there is a lack of evidence of all conservative treatments having been exhausted. Therefore, based on the information provided, the request is not medically necessary.

**DNA 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 MTUS: CHRONIC PAIN MEDICAL TREATMENT GUIDELINES , CYTOKINE DNA TESTING FOR PAIN, PAGE 42.

**Decision rationale:** The California MTUS Chronic Pain Medical Treatment Guidelines do not recommend DNA testing. There is no current evidence to support the use of cytokine DNA testing for the diagnosis of pain, including chronic pain. Therefore, the request is not medically necessary.

**TOXICOLOGY TESTING:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG, Toxicology Testing.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS: CHRONIC PAIN MEDICAL TREATMENT GUIDELINES , OPIOIDS, 74-96.

**Decision rationale:** The California MTUS Chronic Pain Medical Treatment Guidelines do recommend toxicology testing with the use of opioids for medical management of pain. However, there is no indication of opioid prescriptions or aberrant drug use behaviors in the documentation provided. Additionally, it was unclear when the injured workers last toxicology testing was performed. Therefore, the request is not medically necessary.