

Case Number:	CM14-0101061		
Date Assigned:	07/30/2014	Date of Injury:	11/21/1996
Decision Date:	09/23/2014	UR Denial Date:	06/23/2014
Priority:	Standard	Application Received:	06/30/2014

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 Anesthesiology, has a subspecialty in Pain Management and is licensed to practice in Georgia. 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 claimant is a 69 year old presenting with chronic pain following a work related injury on 11/21/1996. The claimant reported low back pain and leg pain. The claimant has an implanted spinal cord stimulator. The physical exam showed tenderness of the lumbar intervertebral spaces and pain with flexion and extension. The straight leg raise was described as negative bilaterally along with a normal motor examination. The claimant has also tried physical therapy, transcutaneous electrical nerve stimulation (TENS) unit, epidural steroid injections and medications. The claimant's medications included Soma 350mg, and Norco 10mg. A claim was made for genetic drug metabolism test and genetic opioid risk test.

IMR ISSUES, DECISIONS AND RATIONALES

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

Genetic Drug Metabolism Test: 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).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: Medicare Criteria.

Decision rationale: Genetic drug metabolism test is not medically necessary. The Ca MTUS or ODG do not make a statement on this because it is still investigational; Additionally Medicare guidelines were also referenced and their statement is as follows per Social Security Act Section 1862(a)1(A) and the Code of Federal Regulations 42CFR411.15, Medicare does not pay for any items or services that are not reasonable and necessary for the diagnosis or treatment of illness or injury or to improve the functioning of a malformed body member. The determination of medical necessity must be tailored to the individual patient and their unique clinical scenario. CMS considers services to be medically reasonable and necessary if they are: Safe and effective; Not mainly for the convenience of the patient or the physician; Not experimental or investigational; and Appropriate, including the duration and frequency that is considered appropriate for the service, in terms of whether it is: Furnished in accordance with accepted standards of medical practice for the diagnosis or treatment of the patient's condition or to improve the function of a malformed body member; Furnished in a setting appropriate to the patient's medical needs and condition; Ordered and furnished by qualified personnel; One that meets, but does not exceed, the patient's medical need; and At least as beneficial as an existing and available medically appropriate alternative. In reference to this case, the merit of the genetic testing in providing any improved functional outcomes in managing this claimant's chronic pain has not been demonstrated; therefore the request is not medically necessary.