

<b>Case Number:</b>	CM14-0102576		
<b>Date Assigned:</b>	07/30/2014	<b>Date of Injury:</b>	02/12/2008
<b>Decision Date:</b>	08/29/2014	<b>UR Denial Date:</b>	06/09/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/02/2014

### 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 Physical Medicine and Rehabilitation and is licensed to practice in Nevada. 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 26-year-old male who was reportedly injured on 2/12/2008. The mechanism of injury was noted as climbing down a ladder when he hit himself on a machine. The injured worker underwent lumbar spine surgery in April 2010. The most recent progress note dated 6/9/2014 indicated that there were ongoing complaints of left leg pain. Physical examination demonstrated tenderness and hypertonicity from L4-S1 on the left and tenderness at the left sciatic notch, lumbar range of motion: Flexion 20, extension 0, lateral flexion 5 and rotation 5 with pain. No recent diagnostic imaging studies available for review. The diagnosis is displacement of the lumbar disc without myelopathy and lumbosacral radiculitis. Previous treatment included lumbar spine surgery in 2010, lumbar injections and medications. A request was made for a molecular pathology procedure (genetic testing) and was non-certified by utilization review on 6/9/2014.

### IMR ISSUES, DECISIONS AND RATIONALES

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

#### **1 Molecular Pathology Procedure (Genetic Testing): 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), Treatment Index, 11th Edition (web), 2013, pain, Genetic testing for potential opioid abuse.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) - TWC/ODG Integrated Treatment/Disability Duration Guidelines; Pain - (Chronic) - genetic testing for potential opiate abuse (updated 07/10/14).

**Decision rationale:** Official Disability Guidelines specifically states genetic testing for potential opiate abuse is not recommended. As such, this request is not considered medically necessary.