

<b>Case Number:</b>	CM14-0106085		
<b>Date Assigned:</b>	07/30/2014	<b>Date of Injury:</b>	12/13/2004
<b>Decision Date:</b>	08/29/2014	<b>UR Denial Date:</b>	06/27/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/09/2014

### 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 & Rehabilitation, and is licensed to practice in Illinois. 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 38-year-old male who reported an injury on 12/13/2004. The mechanism of injury was not stated. Current diagnoses include status post spinal fusion, failed back surgery syndrome, possible sacroiliitis, status post hardware removal, questionable lumbar disc protrusion, and anterior abdominal incisional hernia. The latest physician progress report submitted for this review is documented on 06/09/2014. The injured worker presented with ongoing complaints of lower back pain with radiation into the left lower extremity. Physical examination revealed tenderness along the left superior iliac crest with hyperesthesia along the L3 distribution on the left side. Treatment recommendations included a selective nerve root block and an evaluation for a possible abdominal hernia.

### IMR ISSUES, DECISIONS AND RATIONALES

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

#### **1 Genetic drug metabolism test: 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) Chronic Pain Chapter, Genetic testing for potential opioid abuse.

**Decision rationale:** The Official Disability guidelines state genetic testing is not recommended. Studies are inconsistent, with inadequate statistics and a large phenotype range. Therefore the current request is not medically necessary and appropriate.

**1 Genetic Opioid Risk Test:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guideline: Pain(chronic).

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Chronic Pain Chapter, Genetic testing for potential opioid abuse.

**Decision rationale:** The Official Disability guidelines state genetic testing is not recommended. Studies are inconsistent, with inadequate statistics and a large phenotype range. Therefore the current request is not medically necessary and appropriate.