

Case Number:	CM14-0106142		
Date Assigned:	07/30/2014	Date of Injury:	11/02/2007
Decision Date:	08/29/2014	UR Denial Date:	06/10/2014
Priority:	Standard	Application Received:	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 Internal Medicine and is licensed to practice in New York. 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 case concerns a 53 year old male who sustained an industrial injury on 1/07/2007. He was injured when striking a pothole while making a delivery. His diagnoses include neck pain with post laminectomy syndrome, left shoulder, and left upper chest pain. He continues to complain of neck pain, left shoulder, left upper extremity and left upper chest pain. His pain is 8/10 with medical therapy including opiates. On exam cervical spine range of motion was 30 degrees on flexion, 5 degrees on extension, and lateral flexion on both sides, and 30 degrees on bilateral rotation. The treating provider has requested genetic testing.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 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) Pain (Chronic).

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: Medscape Internal Medicine: Treatment of Chronic Pain 2012.

Decision rationale: There is no documentation provided necessitating genetic testing for treatment of this claimant's chronic pain condition. The patient has been treated with opiate therapy for pain control. There are no peer reviewed studies in the pain literature that support the use of genetic testing to determine a patient's addictive probability. The testing would not provide any benefit to the treatment of his chronic pain condition. He would benefit from a multidisciplinary approach to treatment of his chronic pain. Medical necessity for the requested item has not been established. The requested item is not medically necessary.