

Case Number:	CM14-0107214		
Date Assigned:	08/01/2014	Date of Injury:	03/23/1998
Decision Date:	09/12/2014	UR Denial Date:	06/11/2014
Priority:	Standard	Application Received:	07/10/2014

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 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 69 year old male who reported an injury to his low back on 03/23/98 when he had a slip and fall injuring his back. The injured worker reported severe low back pain and bilateral sciatica thereafter. A clinical note dated 06/26/14 indicated the injured worker undergoing implantation of intrathecal pump on 05/02/03. All adjunctive or opioids were subsequently weaned off as the intrathecal pain pump delivery system provided sufficient management in addressing ongoing complaints. Subsequent battery and pump replacement were completed on 11/30/09. The injured worker continued with ongoing pump refills. Pump refill note dated 06/29/14 indicated the injured worker utilizing morphine at 25mg/mL and baclofen 200mg 250 units/mL. The injured worker was prescribed 10.252mg of morphine per day and 102 units of baclofen each day. The injured worker sustained findings consistent with dry mouth and ongoing complaints of low back pain.

IMR ISSUES, DECISIONS AND RATIONALES

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

Molecular pathology, genetic testing: Upheld

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

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:1.)Fischbach FT, Dunning MB III, eds. (2009). Manual of Laboratory and Diagnostic Tests, 8th ed. Philadelphia: Lippincott Williams and Wilkins.2.)Pagana KD, Pagana TJ (2010). Mosby's Manual of Diagnostic and Laboratory Tests, 4th ed. St. Louis: Mosby Elsevier.

Decision rationale: The request for molecular pathology for genetic testing is not medically necessary. The injured worker utilized an intrathecal pump for ongoing pain relief in the low back. The injured worker had findings consistent with dry mouth. However, molecular testing genetic testing including molecular pathology is not indicated as clinical presentation should suffice for ongoing treatments of dry mouth. Therefore, it is unclear how the injured worker would benefit from genetic testing.

Follow-up in one (1) month for pharmacological re-evaluation and pump refill: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303. Decision based on Non-MTUS Citation ODG, Pain.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter, Implantable drug-delivery systems (IDDSs).

Decision rationale: The request for follow up for pharmacological evaluation and pump refill is certified. The injured worker recently underwent pump refill in 06/14. The injured worker responded accordingly to intrathecal pump with reduction in oral pain medications. The intrathecal pump medication appears to alleviate the pain in a sufficient fashion. Therefore, given the timeframe involved and positive response to intrathecal pump this request is reasonable.