MAXIMUS Federal Services

Case Number:	CM14-0107550		
Date Assigned:	08/01/2014	Date of Injury:	07/02/2009
Decision Date:	09/10/2014	UR Denial Date:	06/17/2014
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 Internal Medicine and is licensed to practice in California. 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 patient is a 59 year old male who was injured on 07/02/2009. The mechanism of injury is unknown. Prior treatment history has included physical therapy. Prior medication history included Lunesta, Hydroxyzine, Bupropion, Terazosin, Cialis, Advil, Tylenol extra strength, Ibuprofen, Neurontin, Norco and Soma. Pain management note dated 04/29/2014 documented the patient to have complained of low back pain and lumbar radiculopathy. On exam, the lumbar spine revealed positive straight leg raise on the right radiating right leg pain and numbness. On the left, straight leg raise is negative. The lumbar facet revealed pain bilaterally at L3-S1 region. There is pain over the intervertebral spaces on palpation. The lumbar paraspinal muscles are tender. Anterior flexion is noted to be 30 degrees and causes pain. Extension of the lumbar spine is to 10 degrees with pain. Motor strength is normal except right leg weakness. He has decreased sensation at L4-L5 and L5-S1 dermatomes. He is diagnosed with herniation disc of the lumbar spine, lumbar spine pain, and radiculopathy of the lumbar spine. The patient has been recommended for genetic drug metabolism test. Prior utilization review dated 06/17/2014 states the request for genetic metabolic test is denied as medical necessity has not been established.

IMR ISSUES, DECISIONS AND RATIONALES

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

Genetic Metabolic Test: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Aetna Policy Cytochrome P450 polymorphisms.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Genetic Testing for Potential Opioid Abuse.

Decision rationale: The guidelines do not recommend genetic metabolic testing. The guidelines state that genetic testing has shown inconsistent clinical results and has not proven to be beneficial. The clinical documents provided did not have an adequate discussion of why genetic testing outside of clinical guidelines is warranted. There should be peer-reviewed literature provided which shows the indication of such testing which is outside of the current guidelines. It is not clear from the documents how the genetic testing would alter the treatment regimen. Based on the guidelines and criteria as well as the clinical documentation stated above, the request is not medically necessary.