

<b>Case Number:</b>	CM14-0108304		
<b>Date Assigned:</b>	09/15/2014	<b>Date of Injury:</b>	03/26/2001
<b>Decision Date:</b>	10/15/2014	<b>UR Denial Date:</b>	06/30/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/11/2014

### 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 Family 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:

This 65 year old patient had a date of injury on 3/26/2001. The mechanism of injury was he fell down the stairs at the Maine claims office. In a progress noted dated 5/7/2014, subjective findings included pain in his legs left greater than right and 60% of his pain is in legs, 40% of pain in low back. His neck is better and he describes an aching sensation in his low back with numbing sensation in the left abdomen and groin region. On a physical exam dated 5/7/2014, objective findings included depression, difficulty starting urination. He has a 7 inch lumbosacral incisional scar as well as 3 inch abdominal left sided scar that is well healed. The diagnostic impression shows chronic low back pain, status post foraminotomy right side C3-4, C4-5, C5-6, and major depression. Treatment to date: medication therapy, behavioral modification, surgery 2005, 2007, TENs unit, physical therapy. A UR decision dated 6/24/2014 denied the request for DNA test, stating that there are other tests developed to identify risk factors for addiction. There is no documentation that these tests have been tried.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**DNA Test:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines.

**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

**Decision rationale:** MTUS does not address this issue. ODG states that genetic testing for potential narcotic abuse is not recommended. While there appears to be a strong genetic component to addictive behavior, current research is experimental in terms of testing for this. Studies are inconsistent, with inadequate statistics and large phenotype range. In the progress report dated 5/7/2014, there was no clear rationale provided regarding the medical necessity of this request. There was no discussion of potential drug abuse in this patient, and guidelines do not recommend this test. Therefore, the request for DNA testing is not medically necessary.