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| <b>Case Number:</b>   | CM14-0108537 |                              |            |
| <b>Date Assigned:</b> | 08/01/2014   | <b>Date of Injury:</b>       | 08/09/2011 |
| <b>Decision Date:</b> | 10/07/2014   | <b>UR Denial Date:</b>       | 06/27/2014 |
| <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 Physical Medicine and Rehabilitation and is licensed to practice in Nevada. 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 records presented for review indicate that this 51-year-old female was reportedly injured on August 9, 2011. The mechanism of injury is noted as trying to help the following student. The most recent progress note, dated August 1, 2014, indicates that there are ongoing complaints of low back pain and leg pain. The recent epidural steroid injection was reported not to help more than two weeks' time. The physical examination demonstrated an antalgic gait and the use of a walker. There was decreased sensation throughout the left lower extremity and decreased left lower extremity strength. There was a positive left-sided straight leg raise test. Examination of the lumbar spine reveals tenderness from L4 through the sacrum and along the paraspinal muscles. Diagnostic imaging studies revealed a small recurrent disc herniation on the left side at L5 - S1. Previous treatment includes SI joint injections, epidural steroid injections, and lumbar spine surgery for a microdiscectomy at L5 - S1. A request had been made for genetic metabolism testing and was non-certified in the pre-authorization process on June 27, 2014.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Outpatient genetic metabolism 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)

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Integrated Treatment/Disability Duration Guidelines; Pain - (Chronic) - genetic testing for potential opiate abuse (updated 07/10/14)

**Decision rationale:** According to the Official Disability Guidelines genetic metabolism testing 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. Different studies use different criteria for definition of controls. More work is needed to verify the role of variants suggested to be associated with addiction and for clearer understanding of their role in different populations. As such, this request for outpatient genetic metabolism testing is not medically necessary.