

Case Number:	CM14-0013735		
Date Assigned:	02/26/2014	Date of Injury:	10/02/2010
Decision Date:	08/25/2014	UR Denial Date:	01/16/2014
Priority:	Standard	Application Received:	02/03/2014

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 Orthopedic Surgery and is licensed to practice in Mississippi. 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 41-year-old male was reportedly injured on October 2, 2010. The mechanism of injury is not listed in these records reviewed. The most recent progress note, dated January 21, 2014, indicates that there are ongoing complaints of low back pain radiating to the right lower extremity. The physical examination demonstrated a normal gait without the use of assistance devices. There was a mildly positive right-sided straight leg raise test at 75. There was decreased sensation in the right L4 and L5 dermatomes. Diagnostic imaging studies of the lumbar spine showed a disc extrusion at L4-L5. Nerve conduction studies show a chronic right sided L2 and L3 radiculopathy. A request had been made for a urine drug screen and genetic testing and was not certified in the pre-authorization process on January 16, 2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

URINE DRUG SCREEN: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) online (<http://www.odg-twc.com/odgtwc/pain/htm>).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 8 C.C.R. 9792.20 - 9792.26, MTUS (Effective July 18, 2009) Page 43 of 127 Page(s): 43 OF 127.

Decision rationale: It is not clear from the attached medical record what current medications the injured employee is prescribed nor is there any documentation of any previous issues of medication abuse, addiction, poor pain control, medication misuse, or aberrant behavior. For these reasons this request for urine drug screen is not medically necessary.

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 Chapter, Genetic testing for Opioid addiction.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 8 C.C.R. 9792.20 9792.26 MTUS (Effective July 18, 2009) Page 76 of 127 Page(s): 76 OF 127.

Decision rationale: According to the California Chronic Pain Medical Treatment Guidelines the criteria for the use of opioids does include a verbal screening regarding opioid medications; however there is no mention of required genetic testing screening. For these reasons this request for genetic testing is not medically necessary.