

Case Number:	CM14-0111156		
Date Assigned:	09/16/2014	Date of Injury:	11/01/2009
Decision Date:	10/21/2014	UR Denial Date:	06/16/2014
Priority:	Standard	Application Received:	07/16/2014

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 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 injured worker is a 57-year-old male who reported an injury on 11/01/2009. The mechanism of injury involved repetitive activity. The current diagnoses include lumbar post laminectomy syndrome, sciatica, and lumbosacral radiculitis. Current medications include Nucynta and Ultram. It is noted that the injured worker has undergone a lumbar fusion in 07/2013. The injured worker was evaluated on 04/28/2014 with complaints of persistent lower back pain. The physical examination revealed diffuse tenderness in the axial lumbosacral spine, limited lumbar range of motion, and intact sensation. The treatment recommendations at that time included authorization for genetic testing to identify the patient's ability to metabolize opiates. There was no Request for Authorization form submitted for this review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Molecular pathology procedure: 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): Genetic testing for potential opioid abuse; Levran, 2012; Vuilleumier, 2012

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG): Chronic Pain Chapter, Genetic testing

Decision rationale: The Official Disability Guidelines state genetic testing for potential opioid abuse is not recommended. Studies are inconsistent with inadequate statistics and a large phenotype range. The medical necessity for the requested procedure has not been established. Based on the clinical information received and the Official Disability Guidelines, the request is not medically appropriate at this time.