

Case Number:	CM14-0121844		
Date Assigned:	09/16/2014	Date of Injury:	03/26/2013
Decision Date:	10/16/2014	UR Denial Date:	07/18/2014
Priority:	Standard	Application Received:	08/01/2014

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 Utah. 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:

California Medical Treatment Utilization Schedule (MTUS) treatment guidelines were reviewed in regards to this specific case, and the clinical documents were reviewed. The request is for physical therapy of the lumbar spine. Physical Medicine Guidelines - Allow for fading of treatment frequency (from up to 3 visits per week to 1 or less), plus active self-directed home Physical Medicine. Myalgia and myositis, unspecified (██████████): 9-10 visits over 8 weeks Neuralgia, neuritis, and radiculitis, unspecified (██████████) 8-10 visits over 4 weeks The clinical documents state that the patient has attended and been approved for 20 session of physical therapy. According to the clinical documentation provided and current California MTUS guidelines; additional physical therapy sessions are not indicated as a medical necessity to the patient at this time.

IMR ISSUES, DECISIONS AND RATIONALES

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

DNA testing: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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

Decision rationale: California Medical Treatment Utilization Schedule (MTUS) treatment guidelines are silent with regard to the above test. Other guidelines were reviewed in regards to this specific case, and the clinical documents were reviewed. The request is for Genetic Drug Metabolism Test. The Official Disability Guidelines (ODG) guidelines state the following: not recommended. According to the clinical documentation provided and current guidelines; Genetic Drug Metabolism Test is not indicated as a medical necessity to the patient at this time.