

Case Number:	CM14-0122461		
Date Assigned:	08/06/2014	Date of Injury:	06/04/1987
Decision Date:	10/01/2014	UR Denial Date:	06/30/2014
Priority:	Standard	Application Received:	08/04/2014

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 Internal Medicine and is licensed to practice in New York. 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 claimant is a 50 yo male who sustained an industrial injury on June 04, 1987. The mechanism of injury was not provided for review. His diagnoses include neck, shoulder, and low back pain s/p lumbar surgery. He complains of neck and low back pain with numbness and tingling in the bilateral upper extremities and shoulder and numbness in the gluteals and bilateral lower extremities. Examination finds decreased cervical range of motion with stiffness and pulling in all planes with cervical and lumbar range of motion. Treatment has included medications and epidural steroid injections. The treating provider has requested genetic metabolism test through [REDACTED].

IMR ISSUES, DECISIONS AND RATIONALES

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

Genetic Metabolism Test through [REDACTED]: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines:Pain (Chronic) Genetic testing for potential opioid abuse.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Genetic Testing for Potential Opioid Abuse; and the Non-MTUS Medscape Internal Medicine: Treatment of Chronic Pain 2012

Decision rationale: There is no documentation provided necessitating genetic testing for treatment of this claimant's chronic pain condition. There are no peer reviewed studies in the pain literature that support the use of genetic testing to determine a patient's addictive probability. While there appears to be a strong genetic component to addictive behavior, current research is experimental in terms of testing for this. Studies to date have been inconsistent. Medical necessity for the requested service has not been established. The requested service is not medically necessary.