

Case Number:	CM14-0135974		
Date Assigned:	09/03/2014	Date of Injury:	04/06/2006
Decision Date:	10/03/2014	UR Denial Date:	07/23/2014
Priority:	Standard	Application Received:	08/22/2014

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 Anesthesiology, has a subspecialty in Pain Management 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:

This is a 49-year-old male with a 4-6-2006 date of injury, when he slipped, twisted, and injured his low back. 7/23/14 determination was non-certified given that the testing is not supported by the guidelines. 8/12/14 progress report identified an average pain of 9/10. Pain at the time of the evaluation was 8/10. Exam revealed tenderness to palpation across the lower back. Lumbar range of motion almost normal and sensory decreased over the left L5 distribution and reflexes symmetrical left lower extremity 2+ at the knee and 1+ at the ankle. Diagnoses include chronic low back pain with multiple levels of disc disorders, left lumbar radiculopathy, and depression. There are several other medical reports documenting similar findings. Treatments to date include medications, PT, acupuncture, CBT, LESIs.

IMR ISSUES, DECISIONS AND RATIONALES

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

PHARMACOGENOMIC TESTING FOR MEDICATION THERAPY: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation OFFICIAL DISABILITY GUIDELINES, GENETIC TESTING FOR POTENTIAL OPIOID ABUSE

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 42. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) ODG-TWC: Pain Chapter Cytokine DNA testing

Decision rationale: CA MTUS states that there is no current evidence to support the use of cytokine DNA testing for the diagnosis of pain, including chronic pain. In addition, 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. In this context, there was no indication for performing the requested testing. The medical necessity was not substantiated. Therefore the request is not medically necessary.