

Case Number:	CM14-0155082		
Date Assigned:	09/25/2014	Date of Injury:	08/16/2010
Decision Date:	10/27/2014	UR Denial Date:	09/15/2014
Priority:	Standard	Application Received:	09/22/2014

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 Tennessee. 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 57-year-old female with a August 16, 2010 date of injury. The mechanism of injury was a fall down concrete steps. According to a handwritten and largely illegible progress report dated September 8, 2014, the provider noted to the patient that there is a genetic test for malignant hyperthermia and this should be looked into. The patient reported pain in the neck, shoulder, arm, and back rated as a 6/10. The provider is requesting a consult with a geneticist to know if she has the genetic disposition for malignant hyperthermia before surgery can be scheduled. Objective findings: unchanged. Diagnostic impression: low back pain, neck pain, left shoulder pain, pain bilateral hand. Treatment to date: medication management, activity modification, physical therapy. A UR decision dated September 15, 2014 denied the request for genetic consultation. The provider is requesting a genetic consult with specialist prior to surgery. However, the medical necessity of the current request is not established in the documentation submitted. The patient is noted to have had hyperthermia previously after surgery. Any determination of anesthetic risk would be determined by an anesthesiologist, regardless of the results of genetic testing. There is no approved surgery pending.

IMR ISSUES, DECISIONS AND RATIONALES

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

Genetic consultation QTY: 1: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Page(s): chapter 7, 127.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Clinical Topics. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter

Decision rationale: The Chronic Pain Medical Treatment Guidelines states that consultations are recommended, and a health practitioner may refer to other specialists if a diagnosis is uncertain or extremely complex, when psychosocial factors are present or when the plan or course of care may benefit from additional expertise. However, in the present case, it is noted that the provider is requesting a consult with a geneticist to know if she has the genetic disposition for malignant hyperthermia before surgery can be scheduled. According to the UR decision dated September 15, 2014, the patient is already noted to have had hyperthermia previously after surgery. It is unclear why genetic testing would be necessary since the patient already has a history of malignant hyperthermia. In addition, there is no documentation that the request for surgery has been authorized. Therefore, the request for One genetic consultation is not medically necessary or appropriate.