

Case Number:	CM14-0163733		
Date Assigned:	10/08/2014	Date of Injury:	05/09/2006
Decision Date:	11/28/2014	UR Denial Date:	09/08/2014
Priority:	Standard	Application Received:	10/06/2014

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 & Rehabilitation and Pain Management, has a subspecialty in Interventional Spine 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 patient is a 40 year old female with an injury date of 05/09/06. Based on the 06/13/14 progress report, the patient complains of having elbow problems. She continues to experiences paresthasias in her right upper extremity. The 06/19/14 report indicates that the patient rates her pain level as a 6-7/10 and she continues to have pain in her cervical spine with radiation towards her upper left extremity. In regards to her cervical spine, motion of the neck causes painful symptoms and she has muscles spasms at the cervical spine. Adson test was positive. The 08/07/14 report states that the patient's diagnoses as the following: 1. Moderate disc herniation C5-6. 2. Status post anterior partial corpectomy and fusion C6-7 with iliac crest bone graft and instrumentation. 3. Lateral epicondylitis both elbows. 4. Bilateral wrist sprain. The utilization review determination being challenged is dated 09/08/14. Treatment reports were provided from 01/16/14- 08/07/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

Urinalysis: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Drug Testing Page(s): 43.

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

Decision rationale: Based on the 08/07/14 report, the patient presents with cervical spine pain with radiation toward her upper left extremity. The request is for a urinalysis. The patient previously had a urine drug screen on 06/19/14 which appeared to be consistent with the patient's medications. While MTUS Guidelines do not specifically address how frequently UDS should be obtained from various risk opiate users, ODG Guidelines provides a clear guideline for low-risk opiate users. It recommends once yearly urine drug screen following initial screening within the first 6 months for management of chronic opiate use. In this case, the patient recently had a urine drug screen on 06/19/14 and there is no discussion provided as to why the patient needs another one. The 08/07/14 report indicates that the patient is only taking Flexeril and no opiates are mentioned. The treater does not discuss opiate risk assessment to determine how often UDS's should be obtained. Therefore, the request for Urinalysis is not medically necessary and appropriate.

DNA/Pharmacogenetics testing: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

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

Decision rationale: Based on the 08/07/14 report, the patient presents with cervical spine pain with radiation toward her upper left extremity. The request is for a DNA/pharmacogenetics testing. The request is for an Advanced DNA med collection. The report with the request was not provided. MTUS and ACOEM guidelines do not discuss genetic testing; ODG guidelines were referred to. "Not recommended. There is no current evidence to support the use of cytokine DNA testing for the diagnosis of pain, including chronic pain. Scientific research on cytokine is rapidly evolving. There is vast and growing scientific evidence base concerning the biochemistry of inflammation, and it is commonly understood that inflammation plays a key role in injuries in chronic pain." There does not appear to support for DNA testing for medication management as of yet. Therefore, DNA/Pharmacogenetics testing is not medically necessary and appropriate.