MAXIMUS Federal Services

| Case Number: | CM14-0163954 | | |
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| Date Assigned: | 10/08/2014 | Date of Injury: | 12/13/2009 |
| Decision Date: | 12/03/2014 | UR Denial Date: | 09/15/2014 |
| 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 and Rehabilitation, has a subspecialty in Neuromuscular Medicine and is licensed to practice in Maryland. 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 27 years old male who had a work injury dated 12/13/09.The diagnoses include discogenic low back pain and myofascial pain syndrome.Under consideration are requests for DNA/ Pharmacogenetics testing.An 8/1/14 progress note states that the patient is a 27 years old male who presents for a recheck of low back pain. Note for "Low back pain": Patient takes Tramadol p.r.n for his low back pain. Patient rates his pain at 6-7/10 prior to taking his medication. The Tramadol reduces his pain level down to 2-3/10 and increases his ability to perform his customary duties. On exam there are paresthesia -Left L4 (Much Improved since ESI), Left L5 (Much improved since ESI) and Left 51 (Much improved since ESI). Pain: decreased- Left foot-dorsal aspect (Much improved since ESI), Left foot-plantar aspect (Much improved since ESI), Left L4 (Much Improved since ESI), Left LS (Much improved since ESI) and Left S1.Two Point Discrimination: Intact- Left L4, Left L5 and Left 51.Overall Assessment of Muscle Strength and Tone reveals: full strength 5/5 in the bilateral lower extremities. There is myofascial paraspinal tenderness in the lumbar spine and positive trigger point tenderness. There is a positive straight leg raise test. The treatment plan is continue Tramadol, Duexis, home exercise and chiropractic treatment.

## IMR ISSUES, DECISIONS AND RATIONALES

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

**DNA/ Pharmacogenetics testing:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain Chapter, 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) Pain (Chronic) - Cytokine DNA

**Decision rationale:** DNA/ Pharmacogenetics testing is not medically necessary per the ODG Guidelines. The MTUS does not address this issue. The ODG states that there is no current evidence to support the use of cytokine DNA testing for the diagnosis of pain, including chronic pain. The documentation does not indicate extenuating circumstances that would require going against guideline recommendations. The request for DNA/ Pharmacogenetics testing is not medically necessary.