

<b>Case Number:</b>	CM14-0166874		
<b>Date Assigned:</b>	10/14/2014	<b>Date of Injury:</b>	02/21/2014
<b>Decision Date:</b>	11/25/2014	<b>UR Denial Date:</b>	09/10/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/09/2014

### 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, 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 injured worker is a 30 year old male with a date of injury on 2/21/2014. He is diagnosed with (a) discogenic back pain and (b) right lower extremity radiculopathy. Per records dated 4/3/2014 documents that he sustained injuries while lifting a heavy object. He complained of severe lumbar spine pain radiating to the right side of the hip. Objective examination noted that he walked with a slight limp and limited active range of motion. Lumbar spine magnetic resonance imaging (MRI) records dated 4/29/2014 demonstrated (a) L4-L5: there is a 4-mm posterior rightward protrusion with moderately severe right greater than left lateral recess encroachment. There is an inferior right paramedian extrusion 5-mm with severe encroachment on the right lateral recess/right L5 nerve. There is moderate central canal stenosis. These findings are probably acute as there is very little degenerative change at this level. Small facet effusions were present. (b) L5-S1: there is a 3-4 mm posterior protrusion. There is mild central canal and lateral recess encroachment. The foramina are maintained. There is a suspect posterior annular tear present. These findings could be acute on that basis. (c) L3-4: there is a 3-mm left greater than right bulge or protrusion with mild to moderate left neural foraminal stenosis and indenting the thecal sac with mild to moderate central canal stenosis. He had a urine drug screening test on 6/4/2014 and results noted negative findings. Most recent records provided for review dated 8/4/2014 noted that the he still complained of difficulties in the lower back, mostly on the right side, with pain radiating down the right leg. He stated that pain sometimes can be as high as 6/10. A lower back examination noted positive straight leg raising sign on the right. There was diffuse myofascial guarding and triggering point on the right side of the lower back. Range of motion was limited.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Deoxyribonucleic acids (DNA) pharmacogenetics test:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Cytokine DNA Testing for Pain Page(s): 42. Decision based on Non-MTUS Citation <http://www.ncbi.nlm.nih.gov/pubmed/1944962>

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Cytokine DNA Testing for Pain Page(s): 42.

**Decision rationale:** Guidelines do not recommend the requested deoxyribonucleic acid (DNA) pharmacogenetics test as there is no current evidence to support its use for the diagnosis of pain including chronic pain. In addition, the records do not detail the current medications being used by the injured worker. Information regarding the medication of the injured worker is essential in order to determine if there are medications that predispose the injured worker to elicit immediate drug absorption or rejection. Due to non-support by evidence-based guidelines as well as failure to indicate the medications being utilized by the injured worker, the medical necessity of the requested deoxyribonucleic acid (DNA) pharmacogenetics test is not established.