

Case Number:	CM14-0182673		
Date Assigned:	11/07/2014	Date of Injury:	02/05/2014
Decision Date:	12/18/2014	UR Denial Date:	10/17/2014
Priority:	Standard	Application Received:	11/03/2014

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 Family Practice 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 28-year-old female who sustained an industrial injury on February 5, 2014. Supplemental report dated October 3, 2014 noted that the patient is being seen for neck and mid back pain rated 5/10. Review of systems is negative. The patient was diagnosed with thoracic sprain strain and thoracic spondylosis. She has recently begun chiropractic treatments. Genetic metabolism and genetic opioid risk test was requested. Utilization review dated October 17, 2014 denied the request for genetic metabolism test and genetic opioid risk test.

IMR ISSUES, DECISIONS AND RATIONALES

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

Genetic metabolism test, QTY: 1: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints, Chronic Pain Treatment Guidelines Cytokine DNA Testing for Pain.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Cytokine DNA Testing for Pain Page(s): 41-42. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain Chapter, Pharmacogenetic testing, opioid metabolism, Genetic testing for potential opioid abuse, Cytokine DNA testing

Decision rationale: Evidence based guidelines do not recommend genetic metabolism test. Given that this testing is not recommended, this request would not be medically necessary.

Genetic opioid risk test, QTY: 1: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints, Chronic Pain Treatment Guidelines Cytokine DNA Testing for Pain.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Cytokine DNA Testing for Pain Page(s): 41-42. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain Chapter, Pharmacogenetic testing, opioid metabolism, Genetic testing for potential opioid abuse, Cytokine DNA testing

Decision rationale: Evidence based guidelines referenced above do not recommend Genetic opioid risk test. Given that this test is not recommended, the request for genetic opioid risk test would not be medically necessary.