

Case Number:	CM14-0028157		
Date Assigned:	06/13/2014	Date of Injury:	07/10/2002
Decision Date:	07/16/2014	UR Denial Date:	02/06/2014
Priority:	Standard	Application Received:	03/05/2014

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 Neurological Surgery, 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 records presented for review indicate that this 61-year-old female was injured on July 10, 2002. The mechanism of injury is not listed in these records reviewed. The most recent progress note, dated April 15, 2014, indicates that there are ongoing complaints of low back pain. Current medications include Dilaudid, Duragesic, and Neurontin. There was no focused physical examination performed on this date. There was a diagnosis of lumbar post laminectomy syndrome.

IMR ISSUES, DECISIONS AND RATIONALES

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

LAB TESTING: 81225, 81226, 81401, 81227, 81355, 81240, 81241, 81291 (RETROSPECTIVE DATE OF SERVICE 12/3/13): Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines.

Decision rationale: The listed medical tests are testing for genetic test for opioid abuse and drug metabolism panels. There is no mention in recent notes in the attached medical record the intention behind these laboratory tests. There is also no mention in the know about the injured

employee having any opioid abuse, addiction, or aberrant behavior. For these reasons this request for the above stated laboratory testing is not medically necessary.