

<b>Case Number:</b>	CM14-0029507		
<b>Date Assigned:</b>	06/20/2014	<b>Date of Injury:</b>	08/31/1998
<b>Decision Date:</b>	08/19/2014	<b>UR Denial Date:</b>	02/19/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/07/2014

### 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 Anesthesiology, and has a subspecialty in Pain Medicine 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 53 year old male who reported an injury regarding his low back on 8/31/98. The utilization review dated 02/20/14 resulted in a denial for a DNA test as insufficient information had been submitted regarding the medical necessity for the exam. The clinical note dated 02/26/14 indicates the injured worker complaining of low back pain with radiating pain into the lower extremities. The injured worker rated the pain as 3-5/10. The note also indicates the injured worker utilizing a cane for ambulatory assistance. The note indicates the injured worker utilizing Lisinopril, Ibuprofen, Soma, Tramadol, and Subsys. There is an indication the injured worker has undergone a total of 8 previous back surgeries. The clinical note dated 02/12/14 indicates the injured worker being recommended for a pharmacokinetic study. There is a discussion within the note regarding the metabolism of the injured worker's prescribed drug regimen. The clinical note dated 01/21/14 indicates the injured worker having recently had a fall resulting in a laceration on the head. The injured worker presented to the emergency room where the injured worker underwent stapling at the laceration site. The injured worker underwent a scar injection subsequent to the stapling. The CT scan of the abdomen and pelvis dated 08/23/13 revealed postoperative changes at the left flank. Mild distension was identified at the renal collecting systems bilaterally. Diverticulosis was also revealed. The emergency room note dated 08/18/13 indicates the injured worker presenting with persistent and severe low back pain despite previous surgical interventions. No new injuries were identified. The note indicates the injured worker had been provided with Fentanyl spray. This spray was to be utilized on an as needed basis to address the ongoing low back complaints.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**DNA baseline one-time testing:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence:1.)Fischbach FT, Dunning MB III, eds. (2009). Manual of Laboratory and Diagnostic Tests, 8th ed. Philadelphia: Lippincott Williams and Wilkins.2.)Pagana KD, Pagana TJ (2010). Mosby's Manual of Diagnostic and Laboratory Tests, 4th ed. St. Louis: Mosby Elsevier.

**Decision rationale:** The documentation indicates the injured worker complaining of ongoing low back pain despite several surgical interventions. Ongoing urine drug screens are indicated for continued use of opioid therapy. However, no information was submitted regarding any exceptional factors indicating the need for DNA testing. Therefore, without any exceptional factors having been identified in the injured worker's present status, this request is not medically necessary.