MAXIMUS Federal Services

Case Number:	CM14-0031290		
Date Assigned:	04/09/2014	Date of Injury:	03/19/2012
Decision Date:	07/10/2014	UR Denial Date:	12/31/2013
Priority:	Standard	Application Received:	01/31/2014

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 Occupational 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:

This is a 28-year-old female who has reported widespread pain of gradual onset attributed to office work, with a date of injury listed as 03/19/2012. The current diagnoses include cauda equina syndrome, right carpal tunnel syndrome, cervical spine discopathy, lumbar annular fissure and stenosis, polyradiculopathy, sleep disorder, and headaches. She has been treated with polypharmacy, chiropractic, physical therapy, braces, and acupuncture. The agreed medical exam (AME) on 11/19/13 stated that no further diagnostic studies were indicated. A 6/13/13 requisition is for the Drug Metabolism test. The progress report (PR-2) of 6/13/13 does not address the Drug Metabolism test. A generic letter with no patient-specific information regarding the need for Drug Metabolism testing was submitted on 09/13/13. The injured worker was evaluated on 06/13/2013. A physical examination revealed tenderness to palpation of the lumbar spine, spasm, positive straight leg raising, decreased sensation from L2 through S1, moderately decreased sensation in the entire left lower extremity, 4/5 strength, and hyperreflexes on the left. Treatment recommendations at that time included authorization for referral to a spine surgeon, urologist and ob/gyn specialist. On 1/1/14, the Utilization Review non-certified a drug metabolism profile test, noting the lack of indications or good medical evidence per the Official Disability Guidelines.

IMR ISSUES, DECISIONS AND RATIONALES

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

RETROSPECTIVE REQUEST FOR ONE (1) DRUG METABOLISM PROFILE DOS: 6/20/13: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Chronic Pain Chapter, Genetic testing for potential opioid abuse.

Decision rationale: The MTUS does not address genetic or metabolic testing. The Official Disability Guidelines, cited above, recommends against this kind of test, noting the lack of good medical evidence to support it. The treating physician has provided no medical evidence to contradict the Official Disability Guidelines recommendations, and has provided no specific indications or rationale for this test, so the test is not medically necessary.