

Case Number:	CM14-0036951		
Date Assigned:	06/25/2014	Date of Injury:	04/13/2006
Decision Date:	07/25/2014	UR Denial Date:	02/25/2014
Priority:	Standard	Application Received:	03/26/2014

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 & Rehabilitation has a subspecialty in Sports Medicine and is licensed to practice in Texas & New York. 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 27-year-old female who reported an injury on 04/13/2006. The mechanism of injury was not provided for clinical review. Diagnoses include cervical spine sprain/strain, lumbar spine sprain/strain. Previous treatments include x-rays, MRI, surgery, medication, and urine drug screen on 02/11/2014. In the clinical note dated 02/11/2014, it was reported the injured worker complained of pain described as stabbing low back pain, which radiated down her left lower extremity into her foot. She rated her pain 7/10 to 8/10 with weakness. The injured worker complained of lower back pain. Upon the physical examination, the provider noted decreased sensation over the left lower extremity of L4, L5. She had decreased motor strength at 4/5 on the left lower extremity. She had decreased patellar reflexes as well as decreased Achilles reflexes on the left. The provider indicated that the injured worker had a positive straight leg raise on the left at 65 degrees. The provider requested urine toxicology, and genetic testing for narcotic risk. The Request for Authorization was submitted and dated 02/18/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Urine Toxicology: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) - TWC Pain Procedure Summary.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Drug Testing Page(s): 43.

Decision rationale: The injured worker complained of stabbing low back pain, which radiating down to her left lower extremity into her foot. She noted the pain was constant. She rated her pain 7/10 to 8/10 with weakness. The California MTUS Guidelines recommend a urine drug test as an option to assess for the use of the presence of illegal drugs. It may also be used in conjunction with a therapeutic trial of opioids, for ongoing management, and as screening for risks of misuse and addiction. The documentation provided did not indicate the injured worker displayed any aberrant behaviors, drug-seeking behaviors, or whether the injured worker was suspected of illegal drug use. While a urine drug screen would be appropriate for individuals on opioids, a urine drug screen after the initial baseline would not be recommended unless there is significant documentation of aberrant drug taking behaviors. The injured worker had a urine drug screen completed on 02/11/2014, did not warrant the need for an additional urine drug test. Therefore, the request for urine toxicology is not medically necessary.

Genetic testing: 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) - TWC Pain Procedure Summary.

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

Decision rationale: The injured worker complained of stabbing low back pain, which radiating down to her left lower extremity into her foot. She noted the pain was constant. She rated her pain 7/10 to 8/10 with weakness. The Official Disability Guidelines do not recommend genetic testing for potential opioid abuse. While there appears to be strong genetic components to addictive behaviors, current research is experimental in terms of testing for this. Studies are inconsistent, with inadequate statistics and large phenotype range. Different studies use different criteria for definition of controls. There is a lack of documentation indicating the medical necessity for the use of a genetic testing. The guidelines note genetic testing is not recommended and current research is experimental in terms of testing. Therefore, the request for genetic testing is not medically necessary.