

Case Number:	CM14-0038698		
Date Assigned:	06/27/2014	Date of Injury:	08/06/2004
Decision Date:	07/31/2014	UR Denial Date:	03/05/2014
Priority:	Standard	Application Received:	04/02/2014

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 has a subspecialty in Pain Management 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:

According to the records made available for review, this is a 69-year-old male with an 8/6/04 date of injury. At the time (2/21/14) of the request for authorization for Genetic Testing Quantity: 1.00, there is documentation of subjective (neck pain and low back pain with radiation to the left leg) and objective (antalgic gait, increased tenderness to palpation lumbar spine bilateral paraspinal (illegible) left greater than right with spasm) findings, current diagnoses (cervical & lumbar spine radiculopathy, severe anxiety, depression, and insomnia), and treatment to date (medication).

IMR ISSUES, DECISIONS AND RATIONALES

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

Genetic Testing Quantity: 1.00: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Pain, Genetic testing for potential opioid abuse.

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 potential opioid abuse.

Decision rationale: MTUS does not specifically address this issue. ODG identifies genetic testing for potential opioid abuse is not recommended. Therefore, based on guidelines and a review of the evidence, the request for Genetic Testing Quantity: 1.00 is not medically necessary.