

<b>Case Number:</b>	CM14-0046424		
<b>Date Assigned:</b>	07/02/2014	<b>Date of Injury:</b>	03/14/2006
<b>Decision Date:</b>	08/14/2014	<b>UR Denial Date:</b>	03/27/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/14/2014

### 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 and Rehabilitation and is licensed to practice in Nevada. 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 40-year-old female was reportedly injured on March 14, 2006. The mechanism of injury was not listed in these records reviewed. The most recent progress note, dated March 14, 2014, indicated that there were ongoing complaints of significant, chronic low back pain. The physical examination demonstrated a 5'8, 210-pound, normotensive individual in no acute distress. A slight decrease in lumbar spine range of motion was noted. There was no evidence of sensory loss, and deep tendon reflexes were intact. Diagnostic imaging studies were not noted for review. Previous treatment included narcotic analgesics, physical therapy, a pain management consultation, epidural steroid injections and other conservative measures. A request had been made for pharmacogenetic testing and was not certified in the pre-authorization process on March 27, 2014.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**PGT:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM. 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 (ODG) pain chapter, updated July 10, 2014.

**Decision rationale:** It is noted that neither the California Medical Treatment Utilization Schedule (MTUS) address this topic. This is addressed in the Official Disability Guidelines (ODG) and those prone for use. Based on the parameters cited, this testing is not recommended or considered experimental and there is no noted efficacy or utility provided. Therefore, based on the medical records presented for review and by the parameters noted in the ODG, this is not medically necessary.