

Case Number:	CM14-0066137		
Date Assigned:	07/21/2014	Date of Injury:	10/06/2008
Decision Date:	10/03/2014	UR Denial Date:	04/29/2014
Priority:	Standard	Application Received:	05/09/2014

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 injured worker is a 41 year-old male who was reportedly injured on 10/6/2008. The mechanism of injury is not listed. The most recent progress note dated 6/23/2014. Indicates that there are ongoing complaints of low back pain. The physical examination demonstrated lumbar spine: postoperative changes present. Limited range of motion. Strength is limited because of symptoms. No recent diagnostic studies are available for review. Previous treatment includes previous lumbar surgery, medications, and conservative treatment. A request was made for CYP 450 drug sensitivity test and was not certified in the pre-authorization process on 4/29/2014.13929

IMR ISSUES, DECISIONS AND RATIONALES

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

CYP 450 drug sensitivity test: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 42.

Decision rationale: California Medical Treatment Utilization Schedule guidelines do not recommend cytokine deoxyribonucleic acid testing for the diagnosis of pain, including chronic pain. As such, this request is not considered medically necessary.