

Case Number:	CM14-0083073		
Date Assigned:	07/21/2014	Date of Injury:	03/11/2005
Decision Date:	09/18/2014	UR Denial Date:	05/31/2014
Priority:	Standard	Application Received:	06/04/2014

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 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:

The injured worker is a 45-year-old male who reported an injury on 03/11/2005. The mechanism of injury was not provided. On 06/18/2014 the injured worker presented with back pain and bilateral leg pain. Upon examination, the injured worker ambulated slowly with the use of a walker. The range of motion values for the lumbar spine revealed 5 degrees of flexion braced in a walker, 0 degrees of extension, 0 degrees of left lateral flexion, 0 degrees right lateral flexion, and 0 degrees of bilateral rotation. All maneuvers were accompanied with back pain. Current medications included morphine, clonidine, and the use of a morphine pump. The provider recommended a molecular pathology procedure. The provider's rationale was not provided. The Request for Authorization was not included in the medical documents for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Molecular pathology procedure: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG- Pain ChronicVuilleumier, 2012.

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: The request for a molecular pathology procedure is not medically necessary. The Official Disability Guidelines do not recommend a genetic testing for potential opioid use. While there appears to be a strong genetic component to addictive behavior, 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. More work is needed to clarify the role of variance suggested to be associated with addiction and for clearer understanding of the role in different populations. The guidelines do not recommend genetic testing for potential opioid abuse, molecular pathology procedure would not be warranted. As such, the request is not medically necessary.