

<b>Case Number:</b>	CM14-0083190		
<b>Date Assigned:</b>	07/21/2014	<b>Date of Injury:</b>	08/06/2012
<b>Decision Date:</b>	10/16/2014	<b>UR Denial Date:</b>	05/09/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	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 Internal Medicine and is licensed to practice in Pennsylvania. 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 44-year-old woman with a date of injury of 08/06/2012. A daily chiropractic care note by [REDACTED] dated 04/28/2014 identified the mechanism of injury as the worker was moving a hospitalized patient when she felt pain in her neck, mid-back, and lower back. This note and a pain management consultation report by [REDACTED] dated 04/29/2013 indicated the worker was experiencing headaches and pain in her neck and lower back. Limited recent clinical records were submitted for review. Documented examinations described walking assistance with a rolling walker and tenderness in the neck, lower back, and joints where the back and pelvis meet. The submitted and reviewed documentation concluded the worker was suffering from fibromyalgia, bulging disks, cervical radiculopathy, and lower back muscle spasms. Treatment recommendations included stretching, pain medications, a home exercise program, infrared therapy to the lower back, and chiropractic treatments. A Utilization Review decision by [REDACTED] was rendered on 05/09/2014 recommending non-certification for a genetic metabolism test. A supplemental AME report by [REDACTED] dated 04/07/2014 was also reviewed.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Genetic Metabolism Test:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Effective July 18, 2009. Decision based on Non-MTUS Citation Official Disability Guidelines;

Work Institute,LLC; Corpus Christi, TX; www. odg-twc.com; Section: Pain (chronic) updated 04/10/2014

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: Tantisira K, et al. Overview of pharmacogenomics. Topic 2904, version 28.0. UpToDate, accessed 10/11/2014. Darras B, et al. Approach to the metabolic myopathies. Topic 6193, version 8.0. UpToDate, accessed 10/11/2014. Genge A, et al. Mitochondrial myopathies: Clinical features and diagnosis. Topic 5151, version 12.0. UpToDate, accessed 10/11/2014. Sutton VR, et al. Inborn errors of metabolism

**Decision rationale:** The MTUS Guidelines are silent on this issue in this clinical situation. Differences in people's genetics can influence how people react to medications including the efficacy, interactions with other medicines, side effects, and complications. Most serious genetic metabolism conditions are found during infancy or childhood. However, some less serious genetic issues that cause muscle pains can uncommonly be found during adulthood. The submitted and reviewed documentation indicated the worker was experiencing headaches and pain in her neck and lower back. The type of genetic metabolic test requested was not reported in the reviewed records. There was no discussion suggesting which genetic metabolic condition(s) was suspected or supporting the reason(s) for concern. There also was no discussion describing a concern for a genetic issue causing atypical effects from a prescribed medication. In the absence of such evidence, the current request for a genetic metabolism test is not medically necessary.