

<b>Case Number:</b>	CM14-0087848		
<b>Date Assigned:</b>	07/23/2014	<b>Date of Injury:</b>	04/07/2008
<b>Decision Date:</b>	09/25/2014	<b>UR Denial Date:</b>	05/19/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/12/2014

### 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 60 year old female was reportedly injured on 4/7/2008. The mechanism of injury was noted as a lifting injury. The most recent progress note, dated 3/24/2014, indicated that there were ongoing complaints of low back pain that radiated in the bilateral lower extremities. The physical examination demonstrated lumbar spine positive tenderness to palpation of the lumbar facets bilaterally at L3, L4, S1 and pain of the lumbar vertebral spaces on palpation, also an antalgic gait, flexion caused pain, extension caused pain, left lateral flexion caused pain. No recent diagnostic studies are available for review. Previous treatment included epidural steroid injections, medications, transcutaneous electrical nerve stimulation (TENS) unit, and conservative treatment. A request was made for genetic metabolism test and opioid risk test and was not certified in the preauthorization process on 5/19/2014.

### 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:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines <http://www.ncbi.nlm.nih.gov/pubmed/14996240>.

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

**Decision rationale:** Official Disability Guidelines (ODG) specifically states genetic testing for drug metabolism is not recommended. There is insufficient evidence in the use of this, although scientific research is rapidly evolving. As such, this request is not considered medically necessary at this time.

**Genetic Opioid Risk Test:** 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 chapter.

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

**Decision rationale:** Official Disability Guidelines (ODG) specifically states genetic testing for potential opiate abuse is not recommended. As such, this request is not considered medically necessary.