

Case Number:	CM14-0092097		
Date Assigned:	07/25/2014	Date of Injury:	04/17/1996
Decision Date:	10/03/2014	UR Denial Date:	06/11/2014
Priority:	Standard	Application Received:	06/18/2014

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 Emergency Medicine 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:

Patient with reported date of injury on 4/17/1996. No mechanism of injury was provided for review. Patient has a history of bilateral knee replacements, sacroilitis, degeneration of lumbar disc, lumbago, lumbosacral radiculopathy and lumbosacral spondylosis. Medical reports reviewed. Last report available until 5/29/14. Patient complains of low back pain, bilateral hip pain and bilateral "sacroiliac" pain. R hip pain is causing most pain. Pain is to back and legs, moderate and sharp. Worsened with activity. Objective exam reveals tenderness to paravertebral muscles of lumbar spine. Hypertonicity noted. Tenderness to R sacroliliac joint, Range of motion of lumbar spine is severely decreased. Motor and sensory exam is normal.No imaging reports were provided for review.Patient has reported pain management consultation, epidural steroid injections with no improvement.Medications list include Norco, Lunesta, Lyrica, Methocarbamol, Methochloride, Protonix and Tramadol.Independent Medical Review is for "R-S1 Joint injection" and "Genetic testing to identify enzymes that metabolize opiates".Prior UR on 5/11/14 recommended non-certification of SI joint injection and genetic testing. As per UR report, during peer to peer contact conversation, the requesting provider had apparently withdrew SI joint injection request.

IMR ISSUES, DECISIONS AND RATIONALES

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

R - S1 Joint Injection: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines-Low Back

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Hip and Pelvis, Sacroiliac joint blocks.

Decision rationale: MTUS Chronic pain and ACOEM Guidelines do not adequately deal with this topic. Official Disability Guidelines(ODG) consider Sacroiliac(SI) Joint blocks as an option when it meets certain criteria. The documentation presented fails to meet these criteria. History and physical requires 3 positive exam findings consistent with SI joint dysfunction, the provider provided no documentation of these findings. The provider also fails to rule out other causes of patient's pain and has not documented failure of aggressive conservative treatment. R SI joint injection is not medically necessary.

Genetic Testing to Identify Enzymes that Metabolize Opiates: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Ruan G, Linder MW. Clinical practice considerations. In: Valdes R Jr, Payne DA, Linder MW, editor(s). Laboratory medicine practice guidelines: guidelines and recommendations for laboratory analysis and application of pharmacogenetics to clinical practice. Washington (DC): National Academy of Clinical Biochemistry (NACB); 2010. p. 23-8

Decision rationale: As per records, the requester of the testing was for long term pain management to determine medication management and long term strategy for managing pain and use of opioids. The requested pharmacogenetic testing are for such as CYP2D6 and CYP2C19 enzymes. There are no relevant sections in MTUS Chronic pain, ACOEM or Official Disability Guidelines related to this topic. As per review of current guideline recommendations as per the National Academy of Clinical Biochemistry, the requested testing is currently only recommended only to determine metabolism for warfarin, tamoxifen, atomoxetine and Irinotecan for management of medication levels. Testing to determine opioid metabolism is still in trial phase with poor evidence to support regular use. The request and explanation for testing is unjustified. Patient has chronic pain. There is no documentation of increasing or worsening use of opioid in this patient that warrants the need for genetic testing. Patient's pain has been stable. Due to lack of necessary evidence based recommendations, the requested Genetic Testing to Identify Enzymes that Metabolize Opiates testing is not medically necessary.