

Case Number:	CM14-0094340		
Date Assigned:	07/25/2014	Date of Injury:	12/18/2006
Decision Date:	10/30/2014	UR Denial Date:	06/09/2014
Priority:	Standard	Application Received:	06/20/2014

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 67-year-old male who reported an injury on 12/18/2006. The mechanism of injury was not stated. The current diagnoses include unspecified quadriplegia, lumbago, and displacement of lumbar disc without myelopathy. The injured worker was evaluated on 05/28/2014 with complaints of moderate to severe upper and lower extremity pain with spasticity. Previous conservative treatment is noted to include medication and epidural steroid injections. The injured worker also underwent intrathecal pump implantation on 08/05/2010. Physical examination on that date revealed no acute distress, tenderness to palpation of the lumbar spine, 1+ deep tendon reflexes in the upper and lower extremities, and intact sensation in the bilateral lower extremities. Treatment recommendations at that time included continuation of the current medication regimen and genetic testing to identify enzymes used to metabolize opiates. There was no Request for Authorization form submitted for this review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Molecular Pathology Procedure G0452,26,91: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain (updated 5/15/14) Genetic Testing

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Chronic Pain Chapter, Genetic Testing for potential opioid abuse.

Decision rationale: The Official Disability Guidelines do not recommend genetic testing for potential opioid abuse. While there appears to be a strong genetic component to addictive behavior, studies are inconsistent with inadequate statistics and a large phenotype range. Therefore, the current request cannot be determined as medically appropriate.