

Case Number:	CM14-0095924		
Date Assigned:	07/25/2014	Date of Injury:	03/16/2004
Decision Date:	10/02/2014	UR Denial Date:	05/27/2014
Priority:	Standard	Application Received:	06/24/2014

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 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 43 year old female who reported an injury to her low back and left leg. The utilization review dated 05/22/14 resulted in a denial for genetic screening as insufficient information has been published in peer reviewed literature supporting the safety and efficacy of the use of these diagnostic tests. The clinical note dated 05/18/14 indicates the injured worker complaining of neck and low back pain. Sensation deficits are identified at the C5, C6, C7 and C8 distributions. Upon exam the injured worker also demonstrated strength and sensation deficits in the L4, L5 and S1 distributions, bilaterally. The magnetic resonance image of the lumbar spine dated 05/07/14 revealed a left sided foraminal herniation at L3-4 along with postoperative changes at L4-5 and L5-S1. Urine drug screen completed on 08/09/14 indicates the injured worker showing consistent findings with prescribed drug regimen.

IMR ISSUES, DECISIONS AND RATIONALES

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

GENETIC DRUG METABOLISM TEST: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Online Article "Genetic Screening for Defects in Opioid Metabolism-Historical Characteristics and Blood Levels"

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: 1.) Fischbach FT, Dunning MB III, eds. (2009). Manual of Laboratory and Diagnostic Tests, 8th ed. Philadelphia: Lippincott Williams and Wilkins. 2.) Pagana KD, Pagana TJ (2010). Mosby's Manual of Diagnostic and Laboratory Tests, 4th ed. St. Louis: Mosby Elsevier.

Decision rationale: No high quality studies have been published in the peer reviewed literature supporting the safety and efficacy of use of genetic metabolism tests. Without supporting evidence in place confirming the safety and efficacy of use of these exams, this request is not indicated as medically necessary.