

Case Number:	CM14-0097827		
Date Assigned:	09/16/2014	Date of Injury:	07/08/1988
Decision Date:	10/29/2014	UR Denial Date:	05/20/2014
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 Physical Medicine and Rehabilitation, Pain Medicine and is licensed to practice in Texas. 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 58 year-old male was reportedly injured on 7/8/1988. Mechanism of injury is noted as an explosion with severe burns. The most recent progress note dated 5/5/2014, indicates that there are ongoing complaints of neck, shoulder, left elbow and upper back pain. Physical examination demonstrated positive Spurling bilaterally; tenderness of the cervical spine with palpable twitch positive trigger points in the muscles of the head and neck; limited cervical spine range of motion; motor strength, and sensation is grossly normal in the upper/lower extremities; limited/guarded shoulder range of motion of the secondary to pain; left elbow tender and guarded with flexion/extension; left anterior chest larger than his right chest very hypersensitive to touch. No recent diagnostic imaging studies available for review. Previous treatment includes cervical epidural steroid injections, therapy and medications.

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 (ODG) 11th Edition (web) Treatment Section for Pain

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: The request for a genetic metabolism test is not recommended. The documentation indicates the injured worker having a 25 year history related to the injuries as a result of an explosion. There is an indication the injured worker is continuing with the use of Norco. However, given the time frame involved with the initial injury and taking into account the ongoing use of opioids it is unclear as to the need for genetic testing at this time. Therefore, this request is not indicated as medically necessary.

Genetic Opioid risk test: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 78. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) 11th Edition (web) Treatment Section for Pain

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: The request for a Genetic Opioid risk test is not recommended. The documentation indicates the injured worker having a 25 year history related to the injuries as a result of an explosion. There is an indication the injured worker is continuing with the use of Norco. However, given the time frame involved with the initial injury and taking into account the ongoing use of opioids it is unclear as to the need for genetic testing at this time. Therefore, this request is not indicated as medically necessary.

Physical therapy 24 sessions: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical therapy Page(s): 99.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Official Disability Guidelines (ODG) Shoulder Chapter, Physical Medicine Page(s): 98, 99.

Decision rationale: The request for 24 sessions of physical therapy is not recommended. There is an indication the injured worker is continuing with ongoing physical therapy to address the shoulder, neck, and elbow complaints. However, no objective data was submitted confirming the injured worker's positive response to the previously rendered treatment. Additionally, minimal information was submitted confirming the injured worker's ongoing functional deficits at the affected body parts. Therefore, this request is not indicated as medically necessary.

