

Case Number:	CM14-0099314		
Date Assigned:	07/28/2014	Date of Injury:	05/25/2010
Decision Date:	09/24/2014	UR Denial Date:	06/10/2014
Priority:	Standard	Application Received:	06/27/2014

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 & 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 48 year-old individual was reportedly injured on 5/25/2010. The mechanism of injury is noted as an industrial injury while trying to break up a fight. The most recent progress note, dated 6/3/2014, indicates that there are ongoing complaints of neck pain that radiates into the upper right extremity, and low back pain. The physical examination demonstrated cervical spine, right lower muscle spasm, and tenderness to palpation over the right upper, mid, and lower paravertebral and trapezius muscles. Range of motion flexion 30, right lateral bending 30, left lateral bending 20, writes rotation 40, left rotation 30, and extension 20. There is increased pain with cervical motion. The thoracic spine had positive tenderness to palpation over the paravertebral muscles and mild limitations of motion. Lumbar spine had positive tenderness to palpation over the paravertebral muscles with increased pain with lumbar motion and antalgic gait. The right upper extremity tenderness to palpation over the anterior rotator cuff, AC joint, and bicep with positive impingement. 4+/5 muscle strength with decreased range of motion and pain with motion. Diagnostic imaging studies include an MRI of the lumbar spine dated 2/18/2014, which reveals numbering of the lumbar segments assumes the lower disk space to be L5-S-1 rather than S-1 2 disc space to conform to the previous study. 04-5 this level there is evidence of the 4 mm retrolisthesis and upper relative protrusion which attenuates the anterior epidural fat without compromising L5 nerve roots. No central canal stenosis, foraminal stenosis noted. L3-4 disc space reveals left lateral bolt, no foraminal stenosis. Previous treatment includes trigger point injections, epidural steroid injections, medications, and conservative treatment. A request had been made for genetic testing for opioid risk and metabolism, and was not certified in the pre-authorization process on 6/10/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Genetic Test Metabolism: Upheld

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

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

Decision rationale: The MTUS guidelines do not recommend cytokine DNA testing for the diagnosis of pain, including chronic pain. As such, this request is not considered medically necessary.

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 (ODG) Pain Chapter, Genetic Testing for Potential Opioid Abuse.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG -TWC/ODG Integrated Treatment/Disability Duration Guidelines; Pain - (Chronic) - genetic testing for potential opiate abuse (updated 07/10/14).

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.