

Case Number:	CM14-0153745		
Date Assigned:	09/23/2014	Date of Injury:	10/28/1995
Decision Date:	01/20/2015	UR Denial Date:	08/22/2014
Priority:	Standard	Application Received:	09/19/2014

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 New York. 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 claimant is a 71 year old male who sustained an industrial injury on 10/28/95 when struck by a motor vehicle. His diagnoses include low back pain status post microdiscectomy. On 03/06/2012, status post 2 shoulder surgeries, status post right thumb surgery, and right hip pain. He continues to complain of low back pain with associated difficulty walking and standing. On exam there is pain with lumbar range of motion. There were no neurologic abnormalities reported. Treatment to date in addition to surgery has included medical therapy, steroid injections to the right hip and sacroiliac joints, and a nerve block. The treating provider has requested a genetic drug metabolism test.

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 Official Disability Guidelines (ODG), (Web version), Pain (updated 07/10/2014) 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 Other Medical Treatment Guideline or Medical Evidence: Medscape Internal Medicine: Treatment of Chronic Pain 2012

Decision rationale: There is no documentation provided necessitating genetic testing for treatment of this claimant's chronic pain condition. There are no peer reviewed studies in the pain literature that support the use of genetic testing to determine a patient's addictive probability. Medical necessity for the requested item is not established. The requested item is not medically necessary.