

<b>Case Number:</b>	CM14-0186433		
<b>Date Assigned:</b>	11/14/2014	<b>Date of Injury:</b>	08/18/2013
<b>Decision Date:</b>	01/05/2015	<b>UR Denial Date:</b>	10/20/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/10/2014

### 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:

This 37 year old male sustained a lower back injury when lifting a ladder in a poor biomechanical position on August 18, 2013. On June 23, 2013, the orthopedic physician noted the injured worker complained of right lower back pain, back weakness, and back stiffness, especially in the morning. There was no numbness and tingling down the legs. The physical exam revealed diffuse tenderness of the right lower back, a vague right straight leg raise, intact reflexes of bilateral lower extremities, intact sensation, within normal limits vascular status, and intact motor exam. Range of motion was moderately decreased in flexion, mildly decreased in extension, and mildly decreased in bilateral lateral bending. Prior treatment included non-steroidal anti-inflammatory drug, muscle relaxant medication, and chiropractic therapy. Diagnoses included chronic lumbar spine sprain/strain, lumbar spine myofascitis, rule out discogenic back pain, and intermittent lower extremity radiculitis. The treatment plan included a magnetic resonance imaging (MRI) and to continue medications and analgesic creams. The injured worker remained on regular work duties. On July 14, 2014, a MRI of the lumbar spine revealed multi-level spondylosis of the lumbar spine at L1-2 (Lumbar 1-2), L4-5(Lumbar 4-5), and L5-S1 (Lumbar 5 -Sacral 1); Mild facet arthropathy and hypertrophy of the ligamentum flavum from L2-3 (Lumbar 2-3) to L5-S1 (Lumbar 5 -Sacral 1); and annular tear/fissure at L1-2 (Lumbar 1-2) and L5-S1 (Lumbar 5 -Sacral 1). There was potential for right lateral recess and neural foramen at nerve impingement L5-S1 (Lumbar 5 -Sacral 1) and bilateral recesses of L4-5(Lumbar 4-5). On July 24, 2014 the orthopedic physical exam revealed intact peripheral circulation, sensation, and reflexes, impaired tandem walking, toe/heel walking, painful and antalgic gait with guarding of the lumbar-sacral spine. There was diffuse myofascial tenderness of the lumbar spine, bilateral flanks, and medical low back. Pain level was 8/10 and was relieved by cold, heat and rest. The lumbar range of motion was moderately decreased; straight leg raise

was positive, normal strength and reflexes, and negative Trendelenburg's sign and Valsalva maneuver. The treatment plan included 6 sessions of physical therapy for the lumbar-sacral spine, a home exercise program, activity modification, and creams. The physical therapy included therapeutic exercise, manual therapy, and traction. On August 18, 2014, the orthopedic physician noted the injured worker's pain level was 4-6/10. The physical exam revealed myofascial guarding, trigger-points, no acute spasms, negative straight leg raise, and negative Lasegue's sign. The physician recommended trigger-point injections, non-steroidal anti-inflammatory injection, and to continue therapy with addition of traction to treatment. On September 29, 2014, the orthopedic physician noted lower back pain. The injured worker had completed the prescribed physical therapy and continued a home exercise program. The physical therapy with traction therapy had been significantly beneficial to the injured worker, but his pain was increasing after having completed the physical therapy. The injured worker's pain level was 8/10. The physical exam was similar to the exam on July 24, 2014. The physician recommended another 6 sessions of physical therapy with traction, home exercise program, medications as needed, and activity modifications. On October 20, 2014 Utilization Review non-certified a request for 1 Comprehensive Molecular Diagnostic Testing. The Comprehensive Molecular Diagnostic Testing was non-certified based on the testing was recommended for optimal medication management, the value of testing for specific genetic variation when drugs are metabolized has not been established, and the guidelines referenced do not recommend the testing for management of pain medication. California Medical Treatment Utilization Schedule (MTUS), Chronic Pain, DNA testing, see Cytokine DNA testing and the ODG-TWC (Official Disability Guidelines- Treatment in Workers' Compensation), online edition, Chapter pain: genetic testing for opioid abuse was cited.

### **IMR ISSUES, DECISIONS AND RATIONALES**

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

**One (1) comprehensive molecular diagnostic testing:** 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, Aetna Clinical Policy Bulletin, Pharmacogenic and Pharmacodynamic Testing, Number: 0715, [http://www.aetna.com/cpb/medical/date/700\\_799/0715.html](http://www.aetna.com/cpb/medical/date/700_799/0715.html)

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG); Genetic Testing For Potential Opiate Abuse

**Decision rationale:** Pursuant to the Official Disability Guidelines, comprehensive molecular diagnostic testing times one is not medically necessary. Genetic testing for potential opiate abuse is not recommended. While there appears to be a strong genetic component to addictive behavior, current research is experimental in terms of testing for this. Studies are inconsistent with inadequate statistics and large phenotype range. In this case, the injured worker was a 37-year-old man with a date of injury August 18, 2013. He was diagnosed with lumbosacral sprain and myofascial pain syndrome. The treating physician requested a comprehensive collective of

diagnostic testing. However genetic testing potential opiate abuse is not recommended while there appears to be a strong genetic complement to addictive behavior, current research is experimental in terms of testing for this. As enumerated above, studies are inconsistent with inadequate statistics. Consequently, comprehensive molecular diagnostic testing times one is not medically necessary.