

Case Number:	CM14-0197120		
Date Assigned:	12/05/2014	Date of Injury:	01/28/2013
Decision Date:	01/22/2015	UR Denial Date:	10/29/2014
Priority:	Standard	Application Received:	11/24/2014

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 Arizona. 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 42 year old male sustained work related industrial injuries on January 28, 2013. The mechanism of injury involved injury to his lower back while lifting a fifty pound case of soda at work. According to the agreed medical examination dated October 6, 2014, medication and physical therapy was prescribed. The injured worker subsequently complained of lumbar pain radiating to the left lower extremity. The injured worker's treatment consisted of radiographic imaging, medication management, acupuncture, chiropractic treatment, physical therapy, consultations and periodic follow up visits. There was no clinical documentation submitted from primary treating physician or physical therapist. Additionally, there was no radiographic imaging, current medications and the injured worker's response to the medication submitted for review. The injured worker remains on temporary total disability. The treating physician prescribed request for DNA medicated collection kit J3490 now under review. On October 29, 2014, Utilization Review evaluated the prescription for DNA medicated collection kit J3490 requested on October 28, 2014. Upon review of the clinical information, UR noncertified the request, noting lack of clinical documentation to support the medical necessity for requesting the DNA medical collection kit at this time. This UR decision was subsequently appealed to the Independent Medical Review.

IMR ISSUES, DECISIONS AND RATIONALES

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

DNA medicated collection kit: 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, 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 Official Disability Guidelines (ODG) Pain, Genetic testing for potential opioid abuse

Decision rationale: The Ca MTUS and ACOEM are silent regarding genetic testing for potential opioid abuse. According to the ODG genetic testing is not recommended as the current research is experimental in terms of testing for potential opioid abuse. The studies are inconsistent, with inadequate statistics and large phenotype range. The DNA medicated collection kit to test for genetic predisposition for addictive behavior is not medically necessary.