

Case Number:	CM14-0201437		
Date Assigned:	12/11/2014	Date of Injury:	07/17/2014
Decision Date:	01/29/2015	UR Denial Date:	11/20/2014
Priority:	Standard	Application Received:	12/02/2014

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 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 is a 39-year-old male with a 7/17/14 date of injury. The injury occurred while he was lifting heavy branches and felt pain and pressure to his low back. According to a progress report dated 11/14/14, the patient reported that his low back pain was feeling better. The patient's medication regimen consisted of naproxen, cyclobenzaprine, omeprazole, and alprazolam. Objective findings: tenderness and spasm noted over the lumbar spine area with decreased range of motion. Diagnostic impression: lumbar sprain/strain. Treatment to date: medication management, activity modification, shockwave therapy, and chiropractic treatment. A UR decision dated 11/20/14 denied the request for DNA Medicated Collection Kit. A specific rationale for denial was not provided.

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), Genetic testing.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain Chapter - Genetic testing.

Decision rationale: CA MTUS does not address this issue. ODG states that genetic testing for potential narcotic 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. However, in the present case, there is no indication that this patient is currently taking an opioid medication. A specific rationale identifying why this type of testing would be required in this patient despite lack of guideline support was not provided. Therefore, the request for DNA Medicated Collection Kit is not medically necessary.