Case Number:	CM14-0207566		
Date Assigned:	12/19/2014	**Date of Injury:**	01/23/2013
Decision Date:	02/13/2015	**UR Denial Date:**	12/08/2014
Priority:	Standard	**Application Received:**	12/11/2014

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 Rehab, has a subspecialty in Neuromuscular Medicine and is licensed to practice in Maryland. 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 patient is a 58 year old female with a work injury dated 1/23/13. The diagnoses include cervical and lumbar disc herniations, thoracic spine disc dessication, bilateral wrist/hand TFCC tear/ostechondral lesions, Under consideration are requests for 1 orthopedic initial consultation and 1 CYP 2C19, CYP 2C9, CYP 2D6, CYP 3A4/3A5, VKORC1, Factor II, Factor V and MTHFR testing.An 11/19/14 handwritten partially legible progress note states that the patient has cervical, thoracic and lumbar spine pain as well as bilateral wrist/hand, bilateral hip, and bilateral ankle and foot pain. The pain is intermittent with radiating pain to the bilateral lower extremities. Pain is decreased with pain meds and increased pain occurs with sitting and standing. The objective findings are a positive bilateral straight leg raise, tenderness to palpation of the lumbar paraspinals. The hips reveal no pain with internal and external rotation. There is tenderness to palpation over the greater trochanter. The left hip has pain with external rotation. The rest of the hip exam was illegible. The bilateral hip MRI is noted to be negative. The ankle MRI and x-rays are negative. The bilateral wrists were noted to have TFCC tear/osteochrondral lesions.There is a 10/29/2014 progress note where, the patient complained of similar complaints. multi-body regions' pain with radiating pain to bilateral lower extremities. Her pain level was increased without medication to a 5/10 from a 4/10 with medication. The objective findings included positive straight leg raise bilaterally, decreased low back flexion, paravertebral tenderness to palpation, and negative Tinel's. The treatment plan included the requests under consideration.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 Orthopedic Initial Consultation: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 179-180.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Functional Restoration Approach to Chronic Pain Management Page(s): 8. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain- Office visits.

Decision rationale: 1 orthopedic initial consultation is not medically necessary per the MTUS Guidelines and the ODG. The MTUS states that a referral may be appropriate if the practitioner is uncomfortable with the line of inquiry, with treating a particular cause of delayed recovery or has difficulty obtaining information or agreement to a treatment plan. The MTUS Guidelines state that selection of treatment must be tailored for the individual case. Whether the treatment is provided by an individual provider, a multidisciplinary group of providers, or tightly integrated interdisciplinary pain program, it is important to design a treatment plan that explains the purpose of each component of the treatment The ODG states that the need for a clinical office visit with a health care provider is individualized based upon a review of the patient concerns, signs and symptoms, clinical stability, and reasonable physician judgment. The documentation does not indicate red flag conditions on physical exam or any objective imaging studies that would necessitate a surgical consult at this time. The handwritten progress note dated 6/30/14 states that a general orthopedic consult is requested for the right hip and neurosurgery/spine for cervical/thoracic/lumbar/ bilateral wrist. The documentation indicates that the hip MRI is negative. The patient had an injury in 2013. It is unclear if the patient has had therapy specifically for the hip or what conservative care this patient has had prior to a surgical referral. Without clear rationale, understanding of all prior conservative treatment, and without red flags on the imaging or documentation submitted the request for 1 orthopedic initial consultation is not medically necessary.

1 CYP 2C19, CYP 2C9, CYP 2D6, CYP 3A4/3A5, VKORC1, Factor II, Factor V and MTHFR: 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 Cytokine DNA Testing for Pain Page(s): 22.

Decision rationale: 1 CYP 2C19, CYP 2C9, CYP 2D6, CYP 3A4/3A5, VKORC1, Factor II, Factor V and MTHFR is not medically necessary per the MTUS Chronic Pain Medical Treatment Guidelines and the ODG. The guidelines state that there is no current evidence to support the use of cytokine DNA testing for the diagnosis of pain, including chronic pain. The documentation does not indicate extenuating circumstances that would require going against guideline recommendations. The request for 1 CYP 2C19, CYP 2C9, CYP 2D6, CYP 3A4/3A5, VKORC1, Factor II, Factor V and MTHFR is not medically necessary.