

<b>Case Number:</b>	CM14-0209930		
<b>Date Assigned:</b>	12/22/2014	<b>Date of Injury:</b>	05/13/1991
<b>Decision Date:</b>	02/13/2015	<b>UR Denial Date:</b>	12/04/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/12/2014

### 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 and Rehabilitation, has a subspecialty in Pain Medicine, Spinal Cord Medicine and is licensed to practice in Massachusetts. 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 has a history of a work injury occurring on 05/13/91 when, while transferring a patient he was knocked over and had sciatica. He was seen by the requesting provider on 06/06/14. He had low back pain rated at 8/10. Medications included Ultram 50 mg #180 and Zanaflex 2 mg #90. Physical examination findings included lumbar paraspinal and sciatic notch tenderness. He had decreased and painful lumbar spine range of motion. He was noted to ambulate with a cane. Imaging results were reviewed with an MRI in April 2014 reported as showing varying degrees of multilevel disc protrusions. Authorization for an epidural injection and genetic testing was requested. Urine drug screen test results showed positive findings for THC and tricyclic antidepressant medication. On 08/29/14 he had ongoing symptoms. Tizanidine was helping with muscle relaxation and tramadol with back pain. He was not having any adverse medication side effects. Pain was rated at 8/10. Physical examination findings appear unchanged. He was counseled in terms of discontinuing marijuana use as well as not using alcohol. There is reference to having had epidural injections many years before. Medications were continued and authorization for an epidural injection was requested. On 12/01/14 he was being treated for PTSD. He was considering relocating. Pain was again rated at 8/10. Physical examination findings appear unchanged. Medications were refilled.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Lumbar epidural steroid injections:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Epidural Steroid Injections (ESIs), Criteria for the use of Epidur.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Criteria for the use of Epidural steroid injections Page(s): 46.

**Decision rationale:** The claimant is more than 20 years status post work-related injury and continues to be treated for localized low back pain. When seen there was an antalgic gait with otherwise normal neurological examination. Criteria for the use of epidural steroid injections include radiculopathy documented by physical examination and corroborated by imaging studies or electrodiagnostic testing. In this case, when seen by the requesting provider, there were no reported symptoms or physical examination findings that would support a diagnosis of lumbar radiculopathy and therefore the requested epidural steroid injection was not medically necessary.

**Genetic 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

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

**Decision rationale:** The claimant is more than 20 years status post work-related injury and continues to be treated for localized low back pain. Medications include Ultram 50 mg #180. Guidelines address the role of genetic testing. A variety of genetic polymorphisms influence pain perception and behavior in response to pain. Numerous genes involved with the pharmacokinetics and dynamics of opioids response are candidate genes in the context of opioid analgesia. However, predicting the analgesic response based on pharmacogenetic testing is complex and it is unlikely that genetic testing would allow tailoring of doses to provide optimal analgesia. Therefore the requested genetic testing is not medically necessary.