

Case Number:	CM14-0212136		
Date Assigned:	01/02/2015	Date of Injury:	09/22/1996
Decision Date:	02/17/2015	UR Denial Date:	11/24/2014
Priority:	Standard	Application Received:	12/18/2014

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, 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 43 year-old patient sustained an injury on 9/22/1996 while employed by [REDACTED]. Request(s) under consideration include PGT testing. Diagnoses include Chronic pain syndrome; Shoulder joint pain; Cervicalgia/ neck sprain s/p cervical fusion. There are also diagnoses listing hypertension, testicular hypofunction, and obstructive sleep apnea. Conservative care has included medications, therapy modalities, sleep studies, testosterone treatment, and modified activities/rest. The patient continues to treat for chronic ongoing symptom complaints. Report of 10/29/14 from the provider noted continued low sex drive and low energy level; looking forward to starting testosterone. Follow-up noted unchanged exam findings of normal gait; tenderness at iliolumbar with pain on flexion from waist to knee and on extension. The request(s) for PGT testing was non-certified on 11/24/14 citing guidelines criteria and lack of medical necessity.

IMR ISSUES, DECISIONS AND RATIONALES

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

PGT 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)

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Cytokine DNA Testing for Pain Page(s): 42. Decision based on Non-MTUS Citation Official Disability

Guidelines (ODG) Pain Chapter, pages 789-795; Opioids, differentiation: Dependence & Addiction pages 802-806; Opioids, Screening for Risk of Addiction (tests), pages 809-810

Decision rationale: Guidelines do not recommend genetic testing. Although there may be a strong genetic component to addictive behavior, current research for testing remains experimental as studies are inconsistent with inadequate statistics for a large range of phenotypes, using different control criteria's. More studies are suggested to verify for roles of variants in addiction to better understand effects upon different populations. ODG does state point-of-contact (POC) immunoassay test is recommended prior to initiating chronic opioid therapy or for high-risk individuals with addiction/aberrant behavior; however submitted reports have not demonstrated such criteria. Urine drug screening is recommended as an option before a therapeutic trial of opioids and for on-going management to differentiate issues of abuse, addiction, misuse, or poor pain control; none of which apply to this patient who has been stable. Submitted reports have not adequately demonstrated the indications or documented extenuating circumstances for genetic testing outside the guidelines' non-recommendation. The PGT testing is not medically necessary and appropriate.