

Case Number:	CM15-0008424		
Date Assigned:	01/26/2015	Date of Injury:	08/21/2012
Decision Date:	03/19/2015	UR Denial Date:	12/22/2014
Priority:	Standard	Application Received:	01/14/2015

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: Maryland

Certification(s)/Specialty: Internal Medicine, Rheumatology

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 injured worker is a 57 year old female, who sustained an industrial injury on August 21, 2012. She has reported left knee and hip pain, and lower back pain radiating to the right leg with numbness. The diagnoses have included myoligamentous strains of the neck, thoracic and lumbar spine, left knee pain and left hip pain. Treatment to date has included medications and lumbar spinal fusion. Currently, the injured worker complains of continued lower back pain radiating to the right leg with numbness. The treating physician is requesting DNA testing for prescription drug metabolism to aid proper dosing and assessment of dependency, tolerance, effectiveness, or misuse. On December 22, 2014 Utilization Review non-certified the request for DNA testing noting the lack of documentation to support the medical necessity of the test. The ODG were cited in the decision.

IMR ISSUES, DECISIONS AND RATIONALES

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

DNA 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-Genetic testing for potential Opioid use

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints
Page(s): 308-310, 312-313, 315.

Decision rationale: This 57 year old female has complained of hip pain, left knee pain and low back pain since date of injury 8/21/12. She has been treated with lumbar spine surgery, physical therapy and medications. The current request is for DNA testing. Per the MTUS guidelines cited above, DNA testing is not recommended in the treatment of back pain. On the basis of these MTUS guidelines, this testing is not considered as medically necessary in this patient.