

Case Number:	CM15-0104635		
Date Assigned:	06/09/2015	Date of Injury:	02/12/2014
Decision Date:	07/09/2015	UR Denial Date:	05/07/2015
Priority:	Standard	Application Received:	06/01/2015

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: California, Indiana, New York
 Certification(s)/Specialty: Internal Medicine

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 60 year old female, who sustained an industrial injury on February 12, 2014. She reported falling when a child removed the seat she was trying to sit in, with neck and back pain. The injured worker was diagnosed as having cervicgia with headaches, thoracic spine myofascial pain syndrome, lumbar spine radiculopathy, bilateral knee strain, bilateral foot strain, bilateral shoulder strain, and bilateral upper extremity overuse syndrome. On September 18, 2014, the injured worker complains of constant moderate to severe neck pain with radiation to the bilateral upper extremities with tingling and numbness, low back pain radiating to the bilateral lower extremities with numbness and tingling, bilateral shoulder pain, bilateral wrist pain with tingling and numbness in the hands and fingers, bilateral knee pain, and frequent headaches. The single submitted Physician report dated September 18, 2014, noted the cervical spine examination revealed tenderness and increased muscle tone in the paraspinal areas. The thoracic spine was noted to have tenderness and increased muscle tone in the upper and lower paraspinal areas including the bilateral trapezii. The lumbosacral examination revealed tenderness and increased muscle tone in the paraspinal areas, with straight leg raise positive bilaterally. The shoulders were noted to have positive impingement tests bilaterally with tenderness over the acromioclavicular joints bilaterally. Tenderness was noted over the bilateral elbows, forearms, bilateral wrists, and the medial and lateral joint lines of the bilateral knees. The treatment plan was noted to include requests for authorization for chiropractic treatments with physiotherapy modalities and work conditioning procedures.

IMR ISSUES, DECISIONS AND RATIONALES

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

One time prove drug metabolism lab test (via saliva): 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, 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 section, Genetic testing.

Decision rationale: Pursuant to the Official Disability Guidelines, one time prove drug metabolism lab test (via saliva) is not medically necessary. Genetic testing for potential opiate 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 a large phenotype range. In this case, the injured worker's working diagnoses are cervicalgia with headaches; thoracic spine myofascial pain syndrome; lumbar spine radiculopathy; bilateral knee strain; bilateral shoulder strain; and bilateral upper extremity overuse syndrome. The medical record contains 16 pages. The request for authorization is dated April 30, 2015. The only progress note in the medical record is dated September 18, 2014. There is no clinical documentation or progress note by the requesting provider. There is no contemporaneous clinical documentation on or about the date of request for authorization April 30, 2015. As a result, there is no clinical indication or rationale for the one time prove drug metabolism lab test. Genetic testing for potential opiate abuse is not recommended. Consequently, absent contemporaneous clinical documentation with a clinical indication and rationale and guideline non-recommendations for genetic testing, one time prove drug metabolism lab test (via saliva) is not medically necessary.