

Case Number:	CM15-0130713		
Date Assigned:	07/17/2015	Date of Injury:	10/15/2006
Decision Date:	08/17/2015	UR Denial Date:	06/22/2015
Priority:	Standard	Application Received:	07/07/2015

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 50 year old female, who sustained an industrial injury on October 15, 2006, incurring back and bilateral upper extremity injuries. She was diagnosed with thoracic and lumbosacral neuritis and reflex sympathetic dystrophy of the upper and lower extremities. Treatment included nerve blocks, injections, pain medications, sleep aides, anti-anxiety medications, antidepressants, Radiofrequency Ablation, and work restrictions. Currently, the injured worker complained of continued neuropathic pain in both hands. Her pain level was a 9 on a pain scale of 1 to 10. She noted burning, hypersensitivity and pain in her hands. There was stiffness of the small joints noted. She developed depression and anxiety secondary to chronic pain. The treatment plan that was requested for authorization included Pharmacogenetic testing.

IMR ISSUES, DECISIONS AND RATIONALES

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

Pharmacogenetic testing (PGT): Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines: Pain - Pharmacogenetic testing (PGT).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain, PGT.

Decision rationale: This 50 year old female has complained of back pain and bilateral upper extremity pain since date of injury 10/15/06. She has been treated with injections, nerve blocks, radiofrequency ablation and medications. The current request is for pharmacogenetic testing (PGT). Per the guidelines cited above, pharmacogenetic testing is not recommended. On the basis of the available medical records and per the ODG guidelines cited above, pharmacogenetic testing is not indicated as medically necessary.