

<b>Case Number:</b>	CM15-0199075		
<b>Date Assigned:</b>	10/14/2015	<b>Date of Injury:</b>	10/02/2013
<b>Decision Date:</b>	11/24/2015	<b>UR Denial Date:</b>	09/28/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/09/2015

### 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: Georgia

Certification(s)/Specialty: Anesthesiology, Pain Management

### 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 injured worker is a 59 year old female who reported an industrial injury on 10-2-2013. Her diagnoses, and or impressions, were noted to include: chronic right ankle sprain with synovitis and pain; right knee contusion and pain; lumbar disc protrusion with neural encroachment and pain; thoracic spine pain; and right shoulder pain. Recent magnetic imaging studies of the lumbar spine were said to be done on 4-17-2015, noting protrusions. Her treatments were noted to include: medication management with toxicology screenings (4-13-15); and modified work duties. The progress notes of 8-31-2015 reported: 7 out of 10 left ankle pain; continued inquiries about requested surgery; a refractory nature of left ankle condition; 5 out of 10 right ankle and knee pain; and 3 out of 10 low back, thoracic, and right shoulder pain. The objective findings were noted to include: a gait which favored her right lower extremity; pain with right foot-ankle range-of-motion; tenderness to the right knee that was with crepitus; painful and limited lumbar range-of-motion; and that she was essentially non-functional at times without medication and was a candidate for mediation rotation. The physician's requests for treatment were noted to include a formal request for medically necessary DNA-genetic testing to rule-out metabolic pathway deficiency for proper medication selection-management. No Request for Authorization for DNA-genetic testing to rule-out metabolic pathway deficiency, for proper medication selection-management, was not noted in the medical records provided. The Utilization Review of 9-28-2015 non-certified the request for DNA-genetic testing to rule-out metabolic pathway deficiency for proper medication selection-management.

## IMR ISSUES, DECISIONS AND RATIONALES

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

**DNA/genetic testing to rule out metabolic pathway deficiency for proper medication selection/management:** 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/pharmacogenomics.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation CMS guidelines.

**Decision rationale:** DNA/genetic testing to rule out metabolic pathway deficiency for proper medication selection/management. The Ca MTUS or ODG do not make a statement on this because it is still investigational; Additionally Medicare guidelines were also referenced and their statement is as follows per Social Security Act Section 1862(a)1(A) and the Code of Federal Regulations 42CFR411.15, Medicare does not pay for any items or services that are not reasonable and necessary for the diagnosis or treatment of illness or injury or to improve the functioning of a malformed body member. The determination of medical necessity must be tailored to the individual patient and their unique clinical scenario. CMS considers services to be medically reasonable and necessary if they are: Safe and effective; Not mainly for the convenience of the patient or the physician; Not experimental or investigational; and Appropriate, including the duration and frequency that is considered appropriate for the service, in terms of whether it is: Furnished in accordance with accepted standards of medical practice for the diagnosis or treatment of the patient's condition or to improve the function of a malformed body member; Furnished in a setting appropriate to the patient's medical needs and condition; Ordered and furnished by qualified personnel; One that meets, but does not exceed, the patient's medical need; and At least as beneficial as an existing and available medically appropriate alternative. In reference to this case, the merit of the genetic testing in providing any improved functional outcomes in managing this claimant's chronic pain has not been demonstrated; therefore, the request is not medically necessary.