

Case Number:	CM15-0210927		
Date Assigned:	10/30/2015	Date of Injury:	08/16/1991
Decision Date:	12/10/2015	UR Denial Date:	10/07/2015
Priority:	Standard	Application Received:	10/27/2015

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 55-year-old male, who sustained an industrial injury on 8-16-1991. The injured worker is undergoing treatment for lumbar spondylolisthesis, chronic discogenic lumbosacral pain and dysesthesias axial spinal pain and function limitation. Medical records dated 5-12-2015 indicate the injured worker complains of back pain radiating to the legs with weakness rated 2 out of 10. He reports "substantial benefit" from medication. Physical exam dated 5-12-2015 notes painful decreased lumbar range of motion (ROM), sacroiliac joint tenderness and positive straight leg raise, FABER and Patrick's test. Treatment to date has included surgery, medication and compliance labs within normal limits. The original utilization review dated 10-7-2015 indicates the request for genetic testing for cytochrome P450, enzymatic pathway variations for the lumbar spine is non-certified.

IMR ISSUES, DECISIONS AND RATIONALES

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

Genetic Testing for Cytochrome P450, Enzymatic Pathway Variations for the Lumbar Spine: 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, Cytochrome p450 testing.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain/Cytochrome P450 testing.

Decision rationale: This 55 year old male has complained of low back pain since date of injury 8/16/1991. He has been treated with surgery, physical therapy and medications. The current request is for Genetic Testing for Cytochrome P450, Enzymatic Pathway Variations for the Lumbar Spine. Per the ODG guidelines cited above, Cytochrome P450 testing is not recommended for the evaluation of prior therapy with narcotics. Based on the available medical records and per the guidelines cited above, Genetic Testing for Cytochrome P450, Enzymatic Pathway Variations for the Lumbar Spine is not indicated as medically necessary.