

Case Number:	CM15-0032769		
Date Assigned:	02/26/2015	Date of Injury:	11/18/2010
Decision Date:	04/06/2015	UR Denial Date:	01/22/2015
Priority:	Standard	Application Received:	02/23/2015

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: Texas, Illinois

Certification(s)/Specialty: Preventive Medicine, Occupational 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 39 year old male, who sustained an industrial injury on 11/18/2010. The diagnoses have included cervical radiculopathy and lumbar radiculopathy. Treatments have included epidural injections to low back and neck, cold unit, interferential unit, and medications. Diagnostics to date have included left knee x-ray on 12/29/2014 which showed minimal tri-compartmental osteoarthritic change. MRI of the lumbar spine on 06/21/2011 showed L4-L5 disc level shows a 4mm to 5mm upward protrusion of the nucleus pulposus indenting the anterior portion of the lumbosacral sac. MRI of the cervical spine on 06/21/2011 showed a 4mm to 5mm posterior protrusion of the nucleus pulposus indenting the anterior portion of the cervical subarachnoid space at the C5-C6 disc level and the C6-C7 disc level shows a 4mm to 5mm posterior protrusion of the nucleus pulposus indenting the anterior portion of the cervical subarachnoid space. In a progress note dated 10/23/2014, the injured worker presented with complaints of low back, neck, right shoulder, and left knee pain. Utilization Review determination on 01/22/2015 non-certified the request for One Time Prove Drug Metabolism Laboratory Test (via saliva) citing Official Disability Guidelines.

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: Decision based on MTUS Chronic Pain Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Cytokine DNA Testing for Pain Page(s): 42. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain (Chronic) Cytokine DNA testing; Genetic testing for potential opioid abuse.

Decision rationale: The injured worker sustained a work related injury on 11/18/2010. The medical records provided indicate the diagnosis of included cervical radiculopathy and lumbar radiculopathy. Treatments have included epidural injections to low back and neck, cold unit, interferential unit, and medications. The medical records provided for review do not indicate a medical necessity for One Time Prove Drug Metabolism Lab Test (Via Saliva). Neither the MTUS nor the Official Disability Guidelines recommend the use of cytokine DNA testing for the diagnosis of pain. Furthermore, the Official Disability Guidelines recommends against genetic testing for drug abuse.