MAXIMUS Federal Services

Case Number:	CM15-0056494		
Date Assigned:	04/01/2015	Date of Injury:	12/04/2013
Decision Date:	06/23/2015	UR Denial Date:	03/06/2015
Priority:	Standard	Application Received:	03/24/2015

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: Iowa, Illinois, Hawaii
Certification(s)/Specialty: Preventive Medicine, Occupational Medicine, Public Health & General Preventive 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 (IW) is a 54-year-old female who sustained an industrial injury on 12/04/2013. Diagnoses include lumbar spine sprain/strain. Treatment to date has included medications, acupuncture and physical therapy. MRI of the lumbar spine on 3/12/14 revealed multilevel disc bulges. Electromyography (EMG) of the bilateral lower extremities on 9/24/14 showed evidence of mild left L5 radiculopathy. According to the PR2 dated 2/9/15, the IW reported sharp pain in the lumbar spine, worse on the left, rated 8-9/10. On examination, abnormal sensations in the area of pain was documented as well as limited range of motion and decreased strength. A request was made for outpatient chromatography, quantitative 42 units

IMR ISSUES, DECISIONS AND RATIONALES

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

Outpatient Chromatography, quantitative 42 units: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chromatography Page(s): 43.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Drug Testing Page(s): 43. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Opioid, Genetic testing for potential opioid abuse.

Decision rationale: While MTUS does not specifically mention DNA testing in regards to drug testing, it does state that urine drug testing is preferred for drug testing. The DNA isolation method appeared to be extremely useful to discriminate between genotypes and identify the potential for medication abuse. The records indicate that the injured worker has already been identified as abusing drugs. Additionally, ODG specifically states regarding Genetic testing for potential opioid abuse that it is not recommended and while there appears to be a strong genetic component to addictive behavior, current research is experimental in terms of testing for this. The medical documentation provided indicate this patient has had at least 2 comprehensive drug screens in the past 6 months, both of the tests were negative for all the items tested for. It is unclear how additional testing will change the treatment plan will be changed with additional testing at this time. As such, the request for Outpatient Chromatography, quantitative 42 units is not medically necessary.