

<b>Case Number:</b>	CM15-0087647		
<b>Date Assigned:</b>	05/11/2015	<b>Date of Injury:</b>	09/14/2010
<b>Decision Date:</b>	07/07/2015	<b>UR Denial Date:</b>	04/21/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/07/2015

### 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: California

Certification(s)/Specialty: Physical Medicine & Rehabilitation

### 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 52 year old male who sustained an industrial injury on 09/14/2010. Mechanism of injury occurred when the employee intervened to prevent his client from hurting himself but the client grabbed the employee's neck and knocked him backwards. Diagnoses include cervical spine strain/sprain, rule out radiculitis/radiculopathy right greater than left, right shoulder strain/sprain, tendinitis, impingement, cuff tear, and lumbar spine strain sprain with radiculitis/radiculopathy from 2000, and symptoms of sexual dysfunction. Treatment to date has included diagnostic studies, medications, and cognitive behavioral therapy. An Electromyography done on 02/19/2015 showed abnormalities consistent with cervical radiculopathy involving C6, C7 nerve root bilaterally. A physician progress note dated 03/10/2015 documents the injured worker complains of cervical and right shoulder pain. He complains of shooting pain in his arms, right greater than left. On examination cervical spine range of motion: forward flexion 35 degrees, extension 45 degrees, rotation 50 degrees, and bending is 25 degrees bilaterally. Palpation of the cervical spine reveals tightness, spasm muscle guarding at trapezius, sternocleidomastoid and strap muscles bilaterally. There is positive Spurling's test bilaterally, and positive Foramina compression test. There is right shoulder subacromial clicking and grinding. There is tenderness of supraspinatus and infraspinatus, and a positive impingement test. The treatment plan is for urology consult secondary to sexual dysfunction, internal medicine evaluation secondary to symptoms of increased blood pressure, medication refill of Tylenol #4, Ultram 50mg, Anaprox 500mg, Viagra 100mg, and Flexeril

10mg. Treatment requested is for retrospective review for date of service 03/10/2015 for outpatient genetic testing.

### **IMR ISSUES, DECISIONS AND RATIONALES**

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

#### **Retrospective (DOS: 3/10/15) for Outpatient Genetic Testing: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Genetic Testing for potential opioid abuse.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official disability guidelines Pain Chapter, Genetic Testing for potential opiate abuse Pain (Chronic) Chapter, Cytokine DNA testing.

**Decision rationale:** The patient presents with neck and right shoulder pain. The request is for retrospective (DOS: 3/10/15) for outpatient genetic testing. The request for authorization is not provided. MRI of the cervical spine, 10/17/11, shows scattered cervical spondylosis worst on the right at the C6-7 level. EMG/NCS of the upper extremities, 02/19/15, shows mildly abnormal EMG consistent with a cervical radiculopathy involving C6, C7 nerve roots bilaterally; Normal NCS. Physical examination of the cervical spine reveals decreased lordosis. Palpation of the cervical spine reveals tightness, spasm, muscle guarding at trapezius, sternocleidomastoid and strap muscles, bilaterally. There is sub-occipital triangle tenderness, bilaterally. Positive Spurling's test, bilaterally. Positive Foramina compression test. Exam of the right shoulder reveals subacromial grinding and clicking. There are atrophy rotator cuff muscles. There is tenderness of Supraspinatus and Infraspinatus. Positive Impingement test. Patient's medications include Tylenol #4, Ultram, Anaprox, Viagra and Flexeril. Per progress report dated 03/10/15, the patient is temporarily totally disabled. ODG Guidelines under its Pain Chapter has the following regarding Genetic Testing for potential opiate abuse, "not recommended. While there appears to be a strong genetic component to addictive behavior, current research is experimental in terms of testing for this. Studies are inconsistent with inadequate statistics and largely phenotype range." ODG Guidelines under its Pain (Chronic) Chapter under Cytokine DNA testing states, "Not recommended. There is no current evidence to support the use of cytokine DNA testing for the diagnosis of pain, including chronic pain. Scientific research on cytokines is rapidly evolving." Treater does not discuss the request. The patient is prescribed Tylenol #4 and Ultram, which are opiates. However, genetic testing is still under investigation and is not supported by guidelines as a routine diagnostic tool for any condition. Therefore, this request is not medically necessary.