

<b>Case Number:</b>	CM14-0114503		
<b>Date Assigned:</b>	08/04/2014	<b>Date of Injury:</b>	05/18/2012
<b>Decision Date:</b>	10/08/2014	<b>UR Denial Date:</b>	07/03/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/21/2014

### 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. The expert reviewer is Board Certified in Occupational Medicine, and is licensed to practice in California. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

### 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 applicant is a represented [REDACTED] employee who has filed a claim for chronic mid and low back pain reportedly associated with an industrial injury of May 18, 2012. Thus far, the applicant has been treated with the following: Analgesic medications; attorney representation; transfer of care to and from various providers in various specialties; unspecified amounts of chiropractic manipulative therapy; earlier shoulder surgery; and unspecified amounts of physical therapy over the life of the claim. In a Utilization Review Report dated July 3, 2014, the claims administrator denied a required for genetic testing and genetic metabolism testing. The applicant's attorney subsequently appealed. In an April 29, 2014 progress note, the applicant reported upper and low back pain, reportedly attributed to a specific industrial injury which transpired when the applicant was working in an emergency department. Persistent complaints of pain were reported. Electrodiagnostic testing was apparently performed and demonstrated a mild S1 radiculopathy. It was acknowledged that the applicant was off of work, on total temporary disability, and had been so since July 2012. In an April 30, 2014 progress note, the applicant reported persistent complaints of low back pain. Epidural steroid injection therapy and topical compounds were endorsed. A rather proscriptive 5-pound lifting limitation was also suggested which apparently resulted in the applicant's removal from the workplace. The genetic testing at issue was apparently requested through a Request for Authorization Form dated June 20, 2014, per the claims administrator.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Genetic metabolism test:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines no chapter noted.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Cytokine DNA testing for Pain topic. Page(s): 42.

**Decision rationale:** As noted on page 42 of the MTUS Chronic Pain Medical Treatment Guidelines, DNA testing and, by implication, the genetic testing being sought here is "not recommended" in the diagnosis of chronic pain. The documentation on file failed to include any applicant-specific rationale or medical evidence which would offset the unfavorable MTUS position on genetic/DNA testing. Therefore, the request is not medically necessary.

**Genetic opioid test risk test:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Cytokine DNA testing for Pain topic. Page(s): 42.

**Decision rationale:** As noted on page 42 of the MTUS Chronic Pain Medical Treatment Guidelines, cytokine DNA testing for pain is "not recommended." By implication, then, genetic opioid risk testing is likewise not recommended. In this case, the documentation on file failed to include any applicant-specific rationale or medical evidence which would offset the unfavorable MTUS position on the opioid risk testing at issue. Therefore, the request is not medically necessary.