

<b>Case Number:</b>	CM14-0124027		
<b>Date Assigned:</b>	09/24/2014	<b>Date of Injury:</b>	02/28/2013
<b>Decision Date:</b>	10/24/2014	<b>UR Denial Date:</b>	07/11/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/05/2014

### 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 & Hawaii. 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:

This patient is a 54 year old female employee with date of injury of 2/28/2013. A review of the medical records indicate that the patient is undergoing treatment for lumbar spine strain/sprain, herniated lumbar disc L4-L5 2.9mm with right sided L4-L5 radiculopathy; history of right shoulder surgery at birth with residual; right shoulder tendinitis, adhesive capsulitis; status post ORIF right ankle in [REDACTED] 15 years ago. Subjective complaints include low back pain radiating down into bilateral legs rated at 8/10 (9/9/2014). Pain increases with prolonged standing and sitting (6/5/2014). Physician's exam on 9/9/2014 noted decreasing right shoulder pain, with limited range of motion; MRI revealed tendinitis impingement. Objective findings include MRI of lumbar spine revealing disc herniation at L4-L5 with neuroforaminal stenosis; EMG studies are positive for L4-L5 radiculopathy on the right. Physician's exam on 6/5/2014 reported lumbar spine flexion 45, extension 15; bending to right and left 20; positive straight leg raise test at 75 bilaterally, with pain at L5-S1 dermatome distribution; hypoesthesia at the anterolateral aspect of an incomplete nature noted at LL5-S1 dermatome, bilaterally; paraspinal tenderness and spasms; weakness in big to plantar flexor bilaterally. A urine drug test dated 5/15/2014, 6/25/2014, and 8/11/2014 revealed absence of any tested drug. Treatment has included physical therapy (6/5/2014). Medications have included Ibuprofen (Motrin 800mg) and Omeprazole - unspecified amount (6/5/2014). The utilization review dated 7/11/2014 non-certified the request for (1) DNA Test due to lack of established medical necessity as per physicians' reports and not recommended by guidelines.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**DNA 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 - Cytokine DNA testing

**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 genetic testing in regards to drug testing, it does state that urine drug testing is preferred. 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 physicians' notes do not indicate any substance abuse and do not explain why DNA testing would be needed. The treating physician does not comment on any of the three urine drug tests and how a DNA test would add to the patient's medical treatment. ODG does not recommend genetic testing for opioid abuse. As such, the request for DNA test is not medically necessary.