

Case Number:	CM14-0129605		
Date Assigned:	08/18/2014	Date of Injury:	08/25/1997
Decision Date:	09/30/2014	UR Denial Date:	06/11/2014
Priority:	Standard	Application Received:	07/01/2014

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 Physical Medicine and Rehabilitation and is licensed to practice in Nevada. 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 records, presented for review, indicate that this 49-year-old individual was reportedly injured on August 25, 1997. The mechanism of injury was noted as a lifting type event. The most recent progress note, dated May 5, 2014, indicated that there were ongoing complaints of low back and bilateral lower extremity pains. The physical examination demonstrated the injured employee to be in no acute distress. A marked decrease in lumbar spine range of motion was noted. No specific neurological dysfunction was identified. The diagnostic imaging studies were not reviewed. Previous treatment included multiple narcotic medications and pain management interventions. A request had been made for molecular pathology testing and was not certified in the pre-authorization process on June 11, 2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Molecular Pathology 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, Pain Chapter, Genetic testing for potential opioid abuse.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 42.

Decision rationale: Molecular pathology testing is an emerging field that does not have a great deal of literature support demonstrating efficacy of such an intervention. The MTUS does not recommend this type of testing to address the type of opioid medication to be employed. Therefore, based on the clinical information presented for review, this is not medically necessary.