

Case Number:	CM14-0145756		
Date Assigned:	09/18/2014	Date of Injury:	06/01/2010
Decision Date:	10/16/2014	UR Denial Date:	08/25/2014
Priority:	Standard	Application Received:	09/08/2014

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 & Rehabilitation 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:

This is a 57-year-old male with a 6/1/10 date of injury. A specific mechanism of injury was not described. According to a progress report dated 7/15/14, the patient continued to await authorization for epidural steroid injections to the cervical spine. He has been receiving physical therapy treatment. His medications were confiscated by customs when he went to [REDACTED]. Objective findings: limited cervical spine range of motion, positive paraspinal tenderness with spasms noted, positive Spurling's test, positive Tinel's and positive Phalen's over carpal tunnel region. Diagnostic impression: head trauma, post traumatic seizure disorder, carpal tunnel syndrome, right wrist internal derangement, lumbar spine strain/sprain, cervical spine strain/sprain. Treatment to date: medication management, activity modification, physical therapy. A UR decision dated 8/25/14 denied the request for 1 DNA test. A specific rationale for denial was not provided.

IMR ISSUES, DECISIONS AND RATIONALES

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

One DNA test: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter

Decision rationale: CA MTUS does not address this issue. ODG states that genetic testing for potential narcotic abuse is 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 large phenotype range. A specific rationale identifying why DNA test would be required in this patient despite lack of guideline support was not provided. Therefore, the request for One DNA test was not medically necessary.