

Case Number:	CM14-0147121		
Date Assigned:	09/15/2014	Date of Injury:	05/24/2011
Decision Date:	10/15/2014	UR Denial Date:	09/03/2014
Priority:	Standard	Application Received:	09/10/2014

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 Emergency Medicine and is licensed to practice in New York. 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 patient is a 48-year-old male who was injured on May 24, 2011. The patient continued to experience pain radiating into his bilateral upper extremities. Physical examination was notable for stiffness and tenderness to the cervical spine and normal motor strength to the bilateral upper extremities. Diagnoses included failed back surgery syndrome, cervical strain, multilevel cervical stenosis, and posttraumatic fibromyalgia. Treatment included medications, physical therapy, chiropractic therapy, TENS unit, and surgery. Request for authorization for genetic testing to understand the patient's response to drugs was submitted for consideration.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 Genetic testing (molecular testing to Dr. To understand patient's response to drugs):

Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: UpToDate: Overview of pharmacogenomics

Decision rationale: Pharmacogenomics is the study of the role of inherited and acquired genetic variation on drug response. In theory, the identification of genetic factors that influence drug absorption, metabolism, and action at the receptor level should allow for individualized therapy. Several problems in study design have limited the translation of pharmacogenetics into the clinical sphere and studies have not been reproducible. Medical evidence to support the validity genetic testing for drug response is not consistent. The request is not medically necessary.