

Case Number:	CM14-0164113		
Date Assigned:	10/08/2014	Date of Injury:	10/26/2009
Decision Date:	11/04/2014	UR Denial Date:	09/08/2014
Priority:	Standard	Application Received:	10/06/2014

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 Internal Medicine, has a subspecialty in Rheumatology, and is licensed to practice in Maryland. 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 45 year old female with date of injury 10/26/2009. The mechanism of injury is not stated in the available medical records. The patient has complained of lower back pain with radiation of pain to the right leg since the date of injury. She has been treated with physical therapy, chiropractic therapy, acupuncture and medications. MRI of the lumbar spine performed in 02/2014 revealed disc degeneration at L5-S1 with disc protrusion and mild neuroforaminal stenosis at this level. Objective: decreased and painful range of motion of the lumbar spine, tenderness to palpation of the paraspinal lumbar musculature bilaterally. Diagnoses: degenerative joint disease lumbar spine, lumbosacral radiculitis. Treatment plan and request: genetic metabolism test; genetic opioid risk test.

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation www.UpToDate.com

Decision rationale: This 45 year old female has complained of lower back pain with radiation of pain to the right leg since date of injury 10/26/2009. She has been treated with physical therapy, chiropractic therapy, acupuncture and medications. The current request is for a genetic metabolism test. There are no evidenced based medical guidelines to support routine genetic metabolism testing. Furthermore, the available provider records do not provide any medical rationale for requesting this test in this patient. On the basis of this lack of supporting medical evidence and the available medical documentation, genetic metabolism testing is not indicated as medically necessary in this patient. Therefore the request is not medically necessary.

Genetic Opioid 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 _ Genetic Testing

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints
Page(s): 308-310, 312-313, 315.

Decision rationale: This 45 year old female has complained of lower back pain with radiation of pain to the right leg since date of injury 10/26/2009. She has been treated with physical therapy, chiropractic therapy, acupuncture and medications. The current request is for a genetic opioid risk test. Per the MTUS guidelines cited above, genetic opioid risk testing is not recommended in the treatment of back pain. On the basis of these MTUS guidelines, this testing is not medically necessary.