

Case Number:	CM14-0184491		
Date Assigned:	11/12/2014	Date of Injury:	01/11/2013
Decision Date:	12/18/2014	UR Denial Date:	10/15/2014
Priority:	Standard	Application Received:	11/05/2014

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 Pain Management and Rehabilitation, has a subspecialty in Interventional Spine 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:

The patient is a 39-year-old female with date of injury of 01/11/2013. The treating physician's listed diagnoses per 09/18/2014 report are:1. Cervical pain/cervicalgia.2. Myofascial pain syndrome/fibromyalgia.3. Long-term use of prescription. According to this report, the patient complains of neck pain with no changes to her symptoms. She continues to get relief from using medication. The patient also complains of back pain at a rate of 5/10 with medication and 8/10 without medication. The examination shows tenderness, atrophy, decreased flexion, decreased extension, decreased rotation, decreased left lateral bending, and decreased right lateral bending in the head and neck. The 07/23/2014 report shows that the patient continues to have neck pain and stiffness in the cervical muscles. She also presents with pain located in the lumbosacral spine. The patient rates her pain a 7/10 with medication and 9/10 without medication. The examination shows decreased range of motion in the cervical spine. The documents include an MRI of the cervical spine from 06/05/2014, x-ray of the cervical spine from 01/07/2014, MRI of the cervical spine from 02/08/2013, x-ray of the cervical spine from 09/26/2013, a QME report from 07/03/2014, operative report for cervical discectomy from 07/31/2013 and progress reports from 01/21/2014 to 10/14/2014. The utilization review denied the request on 10/15/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Genetic 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-Treatment in Workers' Compensation - Genetic testing for potential opioid abuse

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 on Genetic Testing

Decision rationale: This patient presents with neck and low back pain. The treater is requesting a retrospective review for Genetic Testing. The MTUS and ACOEM Guidelines do not address this request. However, ODG Guidelines on Genetic Testing for potential Opioid abuse states that it is not recommended. While there appears to be strong genetic component to addictive behavior, current research is experimental in terms of testing. Studies are inconsistent with inadequate statistics. The treater does not explain why a genetic test is needed for the patient. The reports do not show that the patient has had previous Genetic Testing done. Given that ODG Guidelines do not support the use of genetic testing, the request for Genetic Testing is not medically necessary.