

Case Number:	CM14-0095400		
Date Assigned:	07/25/2014	Date of Injury:	10/10/2012
Decision Date:	10/08/2014	UR Denial Date:	06/03/2014
Priority:	Standard	Application Received:	06/24/2014

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 injured worker is a 50-year-old male who was reportedly injured on October 10, 2012. The mechanism of injury was noted as involvement in a motor vehicle collision. The most recent progress note dated May 15, 2014, indicated that there were ongoing complaints of neck back and shoulder pains. An injection into the shoulder was performed at the time of this evaluation. The physical examination demonstrated a 5'7", 230 pound individual who was hypertensive (144/98) and tachycardic (106 bpm). There are palpable twitch positive trigger points noted in the muscles about the head and neck. A decrease in cervical spine range of motion was noted and painful motion was reported. There was pain over the facet joints from L3 through S1. Palpable positive twitch trigger points were also reported. An antalgic gait pattern was reported and a decrease lumbar spine range of motion was also noted. Diagnostic imaging studies objectified degenerative changes in the cervical spine with a moderate stenosis. Degenerative changes were also noted to the lumbar spine. Previous treatment included multiple medications, chiropractic care, opioid therapy, injection therapy, physical therapy, and pain management interventions. A request was made for genetic testing and was not certified in the pre-authorization process on June 3, 2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

cyp2c9 gene com variants: 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, Pain chapter

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

Decision rationale: The California Medical Treatment Utilization Schedule guidelines do not recommend this type of genetic testing. While noting that this is an evolving area of medicine, and there are some papers endorsing this type of intervention, the literature is not established to indicate that this is clinically indicated. There are some conflict of evidence relative to the inflammatory responses and processes as opposed to genetic coding. Therefore, based on the current assessment noted in the literature, this is insufficient clinical data presented to support this request. This is not medically necessary.