MAXIMUS Federal Services

Case Number:	CM14-0215102		
Date Assigned:	01/02/2015	Date of Injury:	08/13/2013
Decision Date:	02/24/2015	UR Denial Date:	12/16/2014
Priority:	Standard	Application Received:	12/22/2014

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:
State(s) of Licensure: California
Certification(s)/Specialty: Physical Medicine & Rehabn, Pain Management

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 patient with a date of injury of 8/13/13. A utilization review determination dated 12/16/14 recommends non-certification/modification of genetic testing, orthopedic consultation, and referral to pain management. No current medical reports from the requesting provider are included for review. The most current is from 8/26/14 and is mostly illegible. The utilization review report noted an 11/10/14 medical report that was also handwritten and mostly illegible, with complaints of neck, mid back, low back, and shoulder pain. Imaging reports of the spine did not identify any significant findings, although shoulder MRI noted tendinosis of the supraspinatus and infraspinatus.

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

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, Genetic testing for potential opioid abuse

Decision rationale: Regarding a request for genetic testing, California MTUS and ACOEM do not contain criteria for this request. ODG states that genetic testing for potential opioid abuse is not recommended as current research is experimental, studies are inconsistent with inadequate statistics and large phenotype range, different studies use different criteria for definition of controls, and more work is needed to verify the role of variants suggested to be associated with addiction and for clearer understanding of their role in different populations. As such, the currently requested genetic testing is not medically necessary.

Orthopedic Initial Consultation for The Cervical Spine and Left Shoulder: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004) Occupational Medicine Practice Guidelines, Independent Medical Examinations and Consultations Chapter

Decision rationale: Regarding the request for consultation, California MTUS does not address this issue. ACOEM supports consultation if a diagnosis is uncertain or extremely complex, when psychosocial factors are present, or when the plan or course of care may benefit from additional expertise. Within the documentation available for review, there is an MRI identifying some tendinosis of the shoulder, there is no current documentation identifying red flags or subjective and objective findings suggestive of neck or shoulder pathology failing initial conservative management. In light of the above issues, the currently requested consultation is not medically necessary.

Pain Management for The Cervical and Thoracic Spine: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004) Occupational Medicine Practice Guidelines, Independent Medical Examinations and Consultations Chapter

Decision rationale: Regarding the request for consultation, California MTUS does not address this issue. ACOEM supports consultation if a diagnosis is uncertain or extremely complex, when psychosocial factors are present, or when the plan or course of care may benefit from additional expertise. Within the documentation available for review, there is no current documentation identifying red flags or subjective and objective findings suggestive of cervical or thoracic spine

pathology failing initial conservative management and the MRIs do not demonstrate any significant findings suggestive of the need for specialty management. In light of the above issues, the currently requested consultation is not medically necessary.