

<b>Case Number:</b>	CM14-0215264		
<b>Date Assigned:</b>	01/02/2015	<b>Date of Injury:</b>	05/02/2006
<b>Decision Date:</b>	02/28/2015	<b>UR Denial Date:</b>	12/16/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/23/2014

### 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 & Rehabilitation

### 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 49 year old male with an injury date on 5/2/06. The patient complains of low lumbar pain and bilateral lower extremity pain per 12/8/14 report. The back pain is rated 7/10 on VAS per 11/10/14 report. The patient complains that his right knee has taken a lot of his weight when ambulating to save the left knee per 12/8/14 report. The patient has pain in the bilateral knees and has previously received steroid injections for this per 12/8/14 report. The patient had a left knee MRI shows a posterior/inferior meniscus tear per 12/8/14 report. Based on the 12/8/14 progress report provided by the treating physician, the diagnosis is failed back syndrome, lumbar. The most physical exam with range of motion testing on 9/11/14 showed L-spine range of motion is reduced. The patients treatment history includes medications, knee bracing, L-spine surgery, MRI lumbar. The treating physician is requesting genetic testing.

### 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 (ODG), pain, genetic testing; pharmacogenetic testing, opioid metabolism, cytokine DNA testing

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Pain Chapter, Genetic testing for potential opioid abuse

**Decision rationale:** This patient presents with lower back pain and lower extremity pain, and is s/p 360 degrees lumbar surgery with post-fusion syndrome. The treating physician has asked for genetic testing on 12/8/14. The patient had a CURES report that shows consistent with currently prescribed medications per 12/8/14 report. The patient is currently taking Percocet and Norco for lower back pain per 12/8/14 report. MTUS/ACOEM do not discuss genetic testing. Regarding Genetic testing for potential opioid abuse, ODG states not recommended. While there appears to be a strong genetic component to addictive behavior, current research is experimental in terms of testing for this. Studies are inconsistent, with inadequate statistics and large phenotype range. Different studies use different criteria for definition of controls. In this case, the patient is on Norco and Percocet and a recent CURES report came out with appropriate findings. ODG guidelines do not recommend genetic testing. The requested genetic testing is not medically necessary.