

Case Number:	CM15-0010386		
Date Assigned:	01/27/2015	Date of Injury:	09/14/2012
Decision Date:	03/24/2015	UR Denial Date:	01/02/2015
Priority:	Standard	Application Received:	01/19/2015

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, Hawaii

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 injured worker was a 76 year old female, who sustained an industrial injury, On September 14, 2012. The injured workers chief complaint was low back pain with radiation down bilateral legs. The injured worker was diagnosed with strain/sprain of the cervical spine with herniated cervical disc with radiculopathy, strain/sprain to the left elbow and strain/sprain to the lumbar spine with herniated disc with radiculitis/radiculopathy. The injured worker received the following treatments laboratory studies, EMG/NCS (electromyography and nerve conduction studies) bilateral lower extremities, MRI of the cervical spine, MRI for the left shoulder, MRI of the left wrist, MRI lumbar spine, physical therapy, Norco, Zanaflex and Motrin. On September 22 2014, the primary treating physician requested retroactive payment for cytochrome, genotype, genetic testing for warfarin, genetic testing for polymorphisms, molecular pathology procedures, level 2 and unlisted molecular biology procedure.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective date of service 09/22/14 for 81225 Cytochrome P450 Genotyping, 81227 Genetic Testing for Warfarin, 81226 Genetic testing for Polymorphisms, 81401 Molecular pathology procedures, Level 2 and 81479 Unlisted Molecular Biology procedure: 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 Procedure summary

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

Decision rationale: The patient presents with pain in the lower back which radiates down to the bilateral lower extremities. The current request is for Retrospective date of service 09/22/14 for 81225 Cytochrome P450 Genotyping, 81227 Genetic Testing for Warfarin, Genetic Testing for Polymorphisms, Molecular Pathology Procedures, Level 2 and Unlisted Molecular Biology Procedure. The treating physician states, "I request authorization for DNA profile to see if the patient is a fast metabolizer." (140E) The treating physician also documented that the patient is taking Norco, Fexmid, Motrin, and Neurontin. The ODG guidelines state, "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." In this case, the treating physician prescribed testing which is not recommended by the ODG guidelines. The current request is not medically necessary and the recommendation is for denial.