

Case Number:	CM14-0148621		
Date Assigned:	09/18/2014	Date of Injury:	02/09/2013
Decision Date:	10/22/2014	UR Denial Date:	08/15/2014
Priority:	Standard	Application Received:	09/12/2014

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 & Rehabilitation and is licensed to practice in Texas and Oklahoma. 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 57-year-old male who reported an injury on 02/09/2013. The mechanism of injury was a vertical elevator door dropped on the injured worker. The injured worker underwent a CT of the cervical spine and an x-ray of the lumbar spine. The injured worker underwent other noncontributory x-rays. The injured worker additionally underwent MRIs. The injured worker had physical therapy. The injured worker's medication history included Norco. The surgery history was noncontributory. The diagnoses included cervical radiculopathy. The documentation of 07/25/2014 revealed the injured worker was taking Norco and Flexeril and accommodation controls his pain. The injured worker denied side effects from the medications. The injured worker indicated his pain had increased. The pain was an 8/10, and at its worst it was a 10. The physical examination revealed there was pain in the injured worker's cervical spine when the neck was flexed anteriorly or with extension of the cervical spine. The treatment plan included a cervical epidural steroid injection and a genetic opioid risk test. There was a Request for Authorization submitted for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Genetic Opioid Risk Test: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines- Genetic Testing

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: The Official Disability Guidelines indicate that genetic testing for potential opioid abuse is not recommended. Studies are inconsistent with inadequate statistics and a large phenotype range. The physician failed to provide a rationale for the request. There was a lack of documentation of exceptional factors to warrant nonadherence to guideline recommendations. Given the above, the request for genetic opioid risk test is not medically necessary.