MAXIMUS Federal Services

Case Number:	CM14-0101361		
Date Assigned:	07/30/2014	Date of Injury:	01/02/2011
Decision Date:	10/16/2014	UR Denial Date:	06/10/2014
Priority:	Standard	Application Received:	07/01/2014

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 records, presented for review, indicate that this 57-year-old female was reportedly injured on January 2, 2011. The mechanism of injury was noted as cumulative trauma. The most recent progress note, dated January 16, 2014, indicated that there were ongoing complaints of neck pain, back pain, and upper extremity pain. The physical examination demonstrated tenderness along the thoracic and lumbar spine with decreased range of motion. There was also moderately reduced motion of the bilateral wrists. Diagnostic imaging studies of the cervical spine revealed disc protrusions at C3-C4, C4-C5, C5-C6, and C6-C7 impinging on the anterior thecal sac. An MRI of the lumbar spine revealed spondylosis from T 12 through L5. There was a normal EMG and NCV study of the upper and lower extremities. Previous treatment includes. A request had been made for retrospective review of molecular pathology procedures (genetic testing) DOD 3/10/2014 and was not certified in the pre-authorization process on June 10, 2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective review of Molecular Pathology Procedures (genetic testing) DOS 3/10/2014: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Pain (Chronic)

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 8 C.C.R. 9792.20 - 9792.26. MTUS (Effective July 18, 2009) Page(s): 42 of 127.

Decision rationale: According to the California Chronic Pain Medical Treatment Guidelines, the practice of molecular pathology and genetic testing is not recommended. There is no current evidence to support the use of DNA testing for the diagnosis of pain, including chronic pain. As such, this request for molecular pathology procedures is not medically necessary.