MAXIMUS Federal Services

Case Number:	CM14-0102645		
Date Assigned:	07/30/2014	Date of Injury:	02/03/2013
Decision Date:	11/03/2014	UR Denial Date:	06/11/2014
Priority:	Standard	Application Received:	07/02/2014

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 Internal Medicine and is licensed to practice in California. 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 44 year-old man who states that on February 8, 2013, during the course of employment as a poker dealer, he sustained injury to his right groin area. He bent over to put away a tray of chips in a bottom drawer. As he straightened up, he felt a sharp pain in his right groin area. Six weeks post injury; he was referred by his employer to the company doctor due to increased right groin pain. The injured worker was examined and pain medications were given. He was diagnosis as having a right groin hernia. Hernia repair surgery was performed April 2013. April 16, 2014, the injured worker presents with continuous pain in the right groin area. The pain aggravates with prolonged standing and sitting, bending, lifting, carrying, reaching forward, pushing, and pulling. The patient takes Norco and topical analgesic creams. Examination reveals some swelling in the right inguinal region. He has tenderness to palpation. He also has tenderness to the scrotum area, testicles are fully descended. Diagnosis post-hernia repair is right lower quadrant pain (ICD-9: 789.0). The injured worker reports that he has had 2 hernia repairs. The most recent 1 year ago secondary to his work-related injury. Since the surgery he states he has had nothing but pain and discomfort in this area. A general surgery consultation will be recommended to evaluate his continue pain and tenderness.

IMR ISSUES, DECISIONS AND RATIONALES

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

DNA Testing: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines DNA testing. Decision based on Non-MTUS Citation http://www.aetna.com/cpb/medical/data/100_199/0140.html

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Section 9792.20-9792.26; Cytokine DNA Testing for Pain Page(s): 42. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: Pursuant to Aetna clinical policy bulletin (www.aetna.com/cpb/medical/data/100_199/0140.html)

Decision rationale: Pursuant to the California Medical Treatment Utilization Schedule, Chronic Pain Medical Treatment Guidelines, DNA testing, Cytokine DNA testing for pain is not medically necessary.Pursuant to the guidelines, there is no current evidence to support cytokine DNA testing the diagnosis of pain, including chronic pain. Given rapid developments in cytokine research, novel applications have emerged and one application is cytokine DNA signature testing which has been used as specific test for certain pain diagnoses such as fibromyalgia or complex regional pain syndrome. Two articles were located on the cytokine Institute website (cytokine Institute performs the cytokine DNA testing). These two articles did not meet minimum standards for inclusion in an evidence-based review (Gavin 2007). Pursuant to Aetna clinical policy bulletin (www.aetna.com/cpb/medical/data/100_199/0140.html), the policy for genetic testing was enumerated. Aetna considers genetic testing medically necessary to establish a molecular diagnosis of an inheritable disease when the member displays clinical features or is at direct risk of inheriting a mutation; the result will directly impact the treatment being delivered; a definitive diagnosis remains uncertain after history, physical examination, pedigree analysis, genetic counseling, and completion of conventional diagnostic studies. Pursuant to the Chronic Pain Medical Treatment Guidelines, there is no current evidence to support cytokine DNA testing for the diagnosis of pain. In this case, the medical documentation of the injured worker did not support specific indications for cytokine DNA testing for the diagnosis of pain, including chronic pain. Furthermore, it was unclear how DNA testing would direct the course of the patient's management for his current condition (i.e. chronic pain). Based on clinical information in the medical record and the peer review, evidence-based guidelines DNA testing, cytokine DNA testing for pain is not medically necessary.