

Case Number:	CM14-0105254		
Date Assigned:	07/30/2014	Date of Injury:	01/22/2010
Decision Date:	09/10/2014	UR Denial Date:	06/25/2014
Priority:	Standard	Application Received:	07/07/2014

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 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 65-year-old male who reported injury on 01/22/2012 reportedly struck a pallet with his knee while moving a barbecue set at work. The injured worker's treatment history included medications, MRI, x-ray, surgery, physical therapy, and urine drug screen. The injured worker was evaluated on 03/20/2014 and it was documented the injured worker complained of a dull aching right knee pain which was also throbbing and causing alteration of his gait. Physical examination revealed tandem was abnormal. The right knee flexion was 75 degrees and antalgic gait favoring the right. Medications included GABAdone, Trepadone, Norco and clonidine. Diagnoses included status post total knee replacement 2013, right knee internal derangement, right knee pain, chronic pain related to insomnia. The request for authorization dated 03/20/2014 was for 1 time saliva DNA testing. Rationale was to assess the injured worker predisposition, if any, to prescription narcotic addiction/dependency.

IMR ISSUES, DECISIONS AND RATIONALES

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

One time saliva DNA testing: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 42. Decision based on Non-MTUS Citation OFFICIAL DISABILITY GUIDELINES Pain Chapter.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Cytokine DNA Testing for Pain Page(s): 42.

Decision rationale: The requested is not medically necessary. Per California Medical Treatment Utilization Schedule (MTUS) Guidelines does not recommend Cytokine DNA Testing for Pain. There is no current evidence to support the use of cytokine DNA testing for the diagnosis of pain, including chronic pain. Scientific research on cytokines is rapidly evolving. There is vast and growing scientific evidence base concerning the biochemistry of inflammation and it is commonly understood that inflammation plays a key role in injuries and chronic pain. Cellular mechanisms are ultimately involved in the inflammatory process and healing, and the molecular machinery involves cellular signaling proteins or agents called cytokines. Given rapid developments in cytokine research, novel applications have emerged and one application is cytokine DNA signature testing which has been used as a specific test for certain pain diagnoses such as fibromyalgia or complex regional pain syndrome. The provider failed to indicate evidence to support the use of cytokine DNA testing including saliva for the diagnosis of pain, including chronic pain. As such, the request for one time saliva DNA testing is not medically necessary.