

Case Number:	CM14-0107682		
Date Assigned:	08/01/2014	Date of Injury:	09/17/1996
Decision Date:	10/02/2014	UR Denial Date:	06/10/2014
Priority:	Standard	Application Received:	07/11/2014

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 New York. 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:

This case involves a 60 year old female who sustained an industrial injury on 09/16/1996. The mechanism of injury was not provided for review. Her diagnosis is chronic left foot pain due to reflex sympathetic dystrophy. She complains of left foot pain. There were no physical exam findings provided for review. Treatment includes an intrathecal pain pump. The treating provider has requested genetic testing/molecular pathology procedure.

IMR ISSUES, DECISIONS AND RATIONALES

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

Genetic testing/Molecular pathology procedure: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Cytokine DNA 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

Decision rationale: There is no documentation provided necessitating the requested study. The use of genetic (Cytokine DNA) testing is not a standard practice in pain management. There are no supporting studies for the laboratory study in the Official Disability Guidelines (ODG). The patient has an established diagnosis of reflex sympathetic dystrophy and is maintained on therapy with an intrathecal pain pump. Per the documentation, her pain is presently controlled on

her present medical regimen (intrathecal pain pump). Per the referenced guidelines there is no current evidence to support the use of cytokine DNA testing for the diagnosis of pain, including chronic pain. Medical necessity for the requested item has not been established. Therefore, the request is not medically necessary.