

Case Number:	CM14-0018169		
Date Assigned:	04/16/2014	Date of Injury:	01/31/2013
Decision Date:	06/30/2014	UR Denial Date:	01/23/2014
Priority:	Standard	Application Received:	02/12/2014

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 and Rehabilitation, has a subspecialty in Pain 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 patient is a 25-year-old male who was injured on 01/31/2013 while the patient was lifting and rolling approximately 50 carpets weighing around 50 pounds apiece. As a result he developed a pain in his low back. He was subsequently treated with lumbar support, medications, acupuncture, physiotherapy and transcutaneous electrical nerve stimulation unit. Progress note dated 12/12/2013 documented the patient states he sleeps on his stomach mainly at nighttime. The pain is in the middle of the back just there. It increases with bending, twisting and prolonged sitting. Occasionally he has pain with coughing and sneezing. There is posterior greater than anterior bilateral thigh pain that he says is fairly constant. Objective findings on exam reveals on stance, the pelvis is level, the back is straight and the head is balanced over the midline. The patient is able to stand on his heels and toes. The patient complains of left and right paraspinal tenderness. There are no spasms. There are no fascial nodules. Range of motion of the lumbar spine reveals the patient bends forward to the level of the knees. Lateral tilt is 20/20 degrees. Extension is 10 degrees. The patient complains of pain with stimulated rotation of the lumbar spine. Reflexes of the lower extremity were equal and symmetric. Pinprick sensation in the lower extremities is intact. The extensor hallucis longus is strong. The motor examination, including extensor hallucis longus, hamstrings, quadriceps and hip flexors, are all 5/5. Straight leg raise is to 50/50 degrees with complaints of low back pain. Sciatic tension test is negative. Lower extremity measurements in the calves are 36 mm bilaterally. He was diagnosed with lumbosacral sprain/strain with disc protrusion at L5-S1. Prior Progress Report on 11/26/2013 requested DNA testing (in addition to several other tests), with no explanation given. This was denied by the utilization review for lack of evidence.

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

Decision rationale: The CA MTUS guidelines do not adequately address the issue in dispute and hence Official Disability Guidelines (ODG) has been consulted. As per ODG, "there is no current evidence to support the use of cytokine DNA testing for the diagnosis of pain, including chronic pain." In this case, this patient has chronic lower back pain and guidelines do not support the DNA test for the chronic pain. The records submitted for review do not document a clinical rationale regarding the request for DNA testing. It is unclear how the request for DNA testing will help determine the treatment plan. Thus, the medical necessity has not been established and the request is non-certified.