

Case Number:	CM14-0125200		
Date Assigned:	08/11/2014	Date of Injury:	03/21/2013
Decision Date:	09/18/2014	UR Denial Date:	07/10/2014
Priority:	Standard	Application Received:	08/07/2014

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 Family Practice 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 45-year-old female who reported an injury on 03/21/2013. The injury reportedly occurred when a board fell onto her head. Diagnoses include cephalgia, cervical spine strain/sprain, history of pulmonary embolism secondary to left knee surgery, and status post left knee anterior cruciate ligament (ACL) reconstruction. Past treatments included conservative treatment, medications, activity modification, acupuncture, TENS unit, and physical therapy. Pertinent diagnostic studies were not provided. Pertinent surgical history included left knee ACL reconstruction, hardware removal. On 06/03/2014, the injured worker was seen in the office for complaints of pain of the neck along with headaches. She stated that with acupuncture made her feel significantly better and she had a regression without it. On exam of the cervical spine, flexion was 40 degrees, extension 50 degrees and bending was 25 degrees bilaterally. There was tenderness to palpation along the cervical paraspinal musculature with spasms and tightness. There was a positive Spurling's test. The treatment plan included authorization request for acupuncture treatment to the cervical spine. The request is for DNA testing. The rationale was not provided within the documentation submitted for review. The request for authorization was dated 04/29/2014.

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. Decision based on Non-MTUS Citation Official Disability Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines pain Page(s): 43.

Decision rationale: The request for DNA testing is not medically necessary. The injured worker has a history of neck pain along with headaches. The California MTUS guidelines state that DNA testing is not recommended. 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 also lack of documentation as to the rationale for request for DNA testing. There is lack of documentation for medical necessity for DNA testing. The guidelines do not support the need for DNA testing. As such, the request is medically not necessary.