

Case Number:	CM14-0128604		
Date Assigned:	09/05/2014	Date of Injury:	08/08/2013
Decision Date:	09/26/2014	UR Denial Date:	07/29/2014
Priority:	Standard	Application Received:	08/12/2014

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 Family Medicine and is licensed to practice in Utah. 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 55 year-old female. The patient's date of injury is 08/08/2013. The mechanism of injury is not stated. The patient has been diagnosed with joint derangement of the hand, cervical radiculitis, and status post left shoulder arthroscopy. The patient's treatments included imaging; there is an MRI report, and shoulder surgery. The physical exam findings, dated 3/11/2014 shows the cervical spine with tenderness to palpation over the paraspinal muscles. The curve of the neck is noted as normal. The upper extremities are noted as normal strength. There is a diminished sensation over the bilateral C6 dermatome. The patient's medications are not stated. The request is for an Advanced DNA Medication Collection Kit.

IMR ISSUES, DECISIONS AND RATIONALES

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

Advanced DNA Medication Collection Kit: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 42.

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

Decision rationale: MTUS treatment guidelines were reviewed in regards to this specific case, and the clinical documents were reviewed. The request is for an Advanced DNA Medication

Collection Kit. MTUS guidelines state the following: not recommended. According to the clinical documentation provided and current MTUS guidelines; Advanced DNA Medication Collection Kit, is not indicated as a medical necessity to the patient at this time.