

Case Number:	CM14-0134803		
Date Assigned:	10/13/2014	Date of Injury:	05/06/2013
Decision Date:	12/03/2014	UR Denial Date:	07/24/2014
Priority:	Standard	Application Received:	08/21/2014

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 Occupational Medicine, has a subspecialty in Preventive 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 applicant is a represented [REDACTED] employee who has filed a claim for chronic wrist, elbow, and digit pain reportedly associated with an industrial injury of May 6, 2013. Thus far, the applicant has been treated with the following: Analgesic medications; transfer of care to and from various providers in various specialties; unspecified amounts of physical therapy; and work restrictions. In a Utilization Review Report dated July 24, 2014, the claims administrator denied a request for genetic testing. The applicant's attorney subsequently appealed. In a June 24, 2014 medical-legal evaluation, it was acknowledged that the applicant had ongoing complaints of hand and wrist pain with derivative complaints of sleep disturbance. The applicant's work status was not clearly stated, although it did not appear that the applicant was working. In a March 17, 2014 progress note, the applicant was given a rather proscriptive 2-pound lifting limitation. The genetic testing at issue was apparently endorsed via a June 3, 2014 request for authorization (RFA) form. In a Doctor's First Report (DFR) of the same date, the applicant was placed off of work, on total temporary disability, for 30 to 45 days, while topical compounded medications, Motrin, Prilosec, Flexeril, and tramadol were endorsed, in addition to the genetic testing at issue. In a handwritten note dated July 1, 2014, the applicant was again placed off of work, on total temporary disability, owing to ongoing complaints of 9/10 bilateral hand and elbow pain. Genetic testing and Xolido were endorsed, along with a wrist brace and hand surgery consultation.

IMR ISSUES, DECISIONS AND RATIONALES

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

Genetic 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), Genetic Testing for Potential Opioid Abuse

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

Decision rationale: As noted on page 42 of the MTUS Chronic Pain Medical Treatment Guidelines, DNA testing, essentially analogous to the genetic testing being sought here, is "not recommended" in the diagnosis of pain, including chronic pain. In this case, the attending provider's handwritten progress notes did not contain any compelling applicant-specific rationale or medical evidence which would offset the unfavorable MTUS position on the article at issue. Therefore, the request is not medically necessary.