

Case Number:	CM14-0137963		
Date Assigned:	09/05/2014	Date of Injury:	12/15/2011
Decision Date:	09/25/2014	UR Denial Date:	07/22/2014
Priority:	Standard	Application Received:	08/26/2014

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 Emergency 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 injured worker is a 53 year-old female, who sustained an injury on December 15, 2011. The mechanism of injury occurred from repetitively moving boxes of shoes. Diagnostics have included: February 13, 2012 thoracic spine MRI, EMG/NCV Dated June 25, 2014. Treatments have included: medications, physical therapy. The current diagnoses are: cervical disc protrusion, cervical stenosis, thoracic spine disc protrusion. The stated purpose of the request for Advanced DNA medication collection kit ,was not noted. The request for Advanced DNA medication collection kit, was denied on July 22, 2014, citing a lack of documentation of medical efficacy of this diagnostic test that is considered experimental without consistent scientific support. Per the report dated July 9, 2014, the treating physician noted complaints of low back pain with burning radiation to both legs. Exam findings included thoracic and cervical tenderness, restricted cervical and thoracic range of motion and decreased right L4 sensation.

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 ACOEM Chapter 3 Initial Approaches to Treatment Page(s): 44. Decision based on Non-MTUS Citation <http://www.proovebio.com/index.php/solutions/narcotic-risk> / Proove.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Cytokine DNA Testing for pain Page(s): 42. Decision based on Non-MTUS Citation ODG -TWC, ODG Treatment, Integrated Treatment/Disability Duration Guidelines, Pain (Chronic), Genetic Testing for Potential Opioid Abuse.

Decision rationale: The requested Advanced DNA medication collection kit, is not medically necessary. Chronic Pain Medical Treatment Guidelines, Cytokine DNA Testing for pain, Page 42, note that such 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." Further, ODG, Pain (Chronic), note that Genetic Testing for Potential Opioid Abuse is "Not recommended. While there appears to be a strong genetic component to addictive behavior, current research is experimental in terms of testing for this. Studies are inconsistent, with inadequate statistics and large phenotype range. Different studies use different criteria for definition of controls. More work is needed to verify the role of variants suggested to be associated with addiction and for clearer understanding of their role in different populations. (Levrán, 2012)" The injured worker has low back pain with burning radiation to both legs. The treating physician has documented thoracic and cervical tenderness, restricted cervical and thoracic range of motion and decreased right L4 sensation. CA MTUS and ODG do not recommend cytokine testing as the testing is still considered experimental. Absent this objection, it is not clear how a positive or negative result from the proposed genetic testing would change the treatment plan. Absent this objection, a search of Pubmed (3) revealed no medical evidence or medical guidelines supporting the use of the test in question. It appears to be experimental in nature. In the absence of support from the medical literature, and based on the currently available information, the medical necessity for DNA pain profile testing has not been established. The criteria noted above not having been met, Advanced DNA medication collection kit, is not medically necessary.