

Case Number:	CM14-0153900		
Date Assigned:	09/23/2014	Date of Injury:	06/20/2005
Decision Date:	10/30/2014	UR Denial Date:	08/29/2014
Priority:	Standard	Application Received:	09/22/2014

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 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 has filed a claim for chronic pain syndrome reportedly associated with an industrial injury of June 20, 2005. In a Utilization Review Report dated August 29, 2014, the claims administrator denied a request for DNA testing/genetic testing, invoking non-MTUS Aetna Insurance Policy Coverage positions. In a progress note dated August 26, 2014, the applicant reported persistent complaints of back pain, headaches, and pain about the teeth. The applicant was status post left shoulder surgery, it was noted. Permanent work restrictions were renewed, along with prescriptions for Cymbalta, Tenormin, and Dendracin. It did not appear that the applicant was working with permanent limitations in place. In an October 29, 2013 progress note, it was noted that the applicant was permanent and stationary. The applicant did not appear to be working with permanent limitations in place. Multiple pain medications were refilled. Drug testing was performed.

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 ACOEM.

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

Decision rationale: As noted on page 42 of the MTUS Chronic Pain Medical Treatment Guidelines, Cytokine DNA testing for pain, including the chronic pain present here, is "not recommended." In this case, the attending provider failed to furnish any compelling applicant-specific rationale or medical evidence which would offset the unfavorable MTUS position. Therefore, the request is not medically necessary.