

Case Number:	CM14-0155558		
Date Assigned:	09/25/2014	Date of Injury:	10/01/2007
Decision Date:	12/03/2014	UR Denial Date:	09/02/2014
Priority:	Standard	Application Received:	09/23/2014

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 Preventive Medicine, has a subspecialty in Occupational Medicine and is licensed to practice in Texas. 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 65 year old female who was injured at work on 10/01/2007. She is reported to be complaining of pain in her neck, shoulder, and arm; as well as depression and anxiety. The physical examination revealed limited range of motion of the cervical spine with tightness and spasms, positive foraminal compression and Spurling's test. The worker has been diagnosed of other and unspecified disc disorder, cervical region, Displacement of thoracic or lumbar intervertebral disc without myelopathy, thoracic or thoracolumbar neuritis or radiculitis, calcifying tendinitis of shoulder. Treatments have included unspecified medication(s). At dispute are the requests for DNA (pharmacogenetics) test.

IMR ISSUES, DECISIONS AND RATIONALES

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

DNA (pharmacogenetic) test: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Cytokine DNA Testing for Pain. Decision based on Non-MTUS Citation Official Disability Guidelines, Pain Chapter, 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 based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain (Chronic) , Genetic testing for potential opioid abuse

Decision rationale: The injured worker sustained a work related injury on 10/01/2007. The medical records provided indicate the diagnosis of other and unspecified disc disorder, cervical region, Displacement of thoracic or lumbar intervertebral disc without myelopathy, thoracic or thoracolumbar neuritis or radiculitis, calcifying tendinitis of shoulder. Treatments have included unspecified medication(s). The medical records provided for review do not indicate a medical necessity for DNA (pharmacogenetics) test. Since the MTUS does not recommend Cytokine DNA Testing for Pain, and the Official Disability Guidelines does not recommend Genetic testing for potential opioid abuse, the requested test is not medically necessary and appropriate.