

Case Number:	CM14-0158621		
Date Assigned:	10/02/2014	Date of Injury:	03/12/2009
Decision Date:	10/29/2014	UR Denial Date:	09/17/2014
Priority:	Standard	Application Received:	09/26/2014

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 Physical Medicine and Rehabilitation, has a subspecialty in Pain 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 36 year-old female with a date of injury of 3/12/2009. The patient's industrially related diagnoses include neck pain, lumbar radiculopathy, bilateral shoulder and wrist pain related to repetitive motion injury. The patient has had MRI of lumbar spine, cervical spine, and bilateral shoulders. The disputed issue is for DNA medication collection kit for genetic metabolic testing. A utilization review determination on 9/17/2014 had noncertified this request. The stated rationale for the denial was no evidence supporting this particular test from both CA MTUS and Official Disability Guidelines.

IMR ISSUES, DECISIONS AND RATIONALES

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

DNA medication collection kit, genetic metabolic 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)

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Section 9792.21.

Decision rationale: Section 9792.21(c) of the California Medical Treatment Utilization Schedule states that: "Treatment shall not be denied on the sole basis that the condition or injury

is not addressed by the MTUS. In this situation, the claims administrator shall authorize treatment if such treatment is in accordance with other scientifically and evidence-based, peer-reviewed, medical treatment guidelines that are nationally recognized by the medical community, in accordance with subdivisions (b) and (c) of section 9792.25, and pursuant to the Utilization Review Standards found in section 9792.6 through section 9792.10."In the case of this injured worker, this request for DNA testing is not considered standard of care. Genetic metabolic testing is a relatively new field, and there are no national guidelines or pain management guidelines that recommend this type of testing. Furthermore, a review of the progress notes fails to indicate the rationale for why this type of testing is necessary in the first place. This request is not medically necessary.