

Case Number:	CM14-0171689		
Date Assigned:	10/23/2014	Date of Injury:	12/17/2013
Decision Date:	12/26/2014	UR Denial Date:	10/06/2014
Priority:	Standard	Application Received:	10/17/2014

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 Anesthesiology, has a subspecialty in Pain Management and is licensed to practice in Tennessee. 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:

This is a 41-year-old male with a 12/17/13 date of injury, when he was injured by an iron gate falling on him. The patient was seen on 9/11/14 with complaints of constant low back pain and lumbar radicular symptoms. The patient reported that epidural steroid injection helped him in the past over 50 % and the patient requested another injection. Exam findings revealed bilateral lumbar paraspinal myofascial pain and positive straight leg raising test bilaterally with the L5 weakness. The diagnosis is lumbar radiculopathy, thoracic and lumbar sprain/strain and bilateral pain in the legs. Treatment to date: bilateral lumbar transforaminal epidural steroid injection, work restrictions, muscle relaxants and medications. An adverse determination was received on 10/6/14; however the determination letter was not available for the review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Comprehensive molecular diagnostic 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), Pain Chapter, Cytokine DNA Testing

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter Cytokine DNA testing

Decision rationale: California Medical Treatment Utilization Schedule (MTUS) does not address this issue. Official Disability Guidelines (ODG) states that cytokine DNA 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. Cellular mechanisms are ultimately involved in the inflammatory process and healing, and the molecular machinery involves cellular signaling proteins or agents called cytokines. Given rapid developments in cytokine research, novel applications have emerged and one application is cytokine DNA signature testing which has been used as a specific test for certain pain diagnoses such as fibromyalgia or complex regional pain syndrome. The specific test for cytokine DNA testing is performed by the Cytokine Institute. (www.cytokineinstitute.com) Two articles were found on the website. However, these articles did not meet the minimum standards for inclusion for evidence-based review. In a research setting, plasma levels of various cytokines may give information on the presence, or even predictive value of inflammatory processes involved in autoimmune diseases such as rheumatoid arthritis. However, the patient complained of constant lower back pain, the Guidelines clearly state that there is no current evidence to support the use of cytokine DNA testing for the diagnosis of chronic pain. In addition, there is no rationale with regards to the necessity for cytokine testing for the patient. Therefore, the request for Comprehensive Molecular Diagnostic Testing- DNA Testing was not medically necessary.