

Case Number:	CM14-0178319		
Date Assigned:	10/31/2014	Date of Injury:	06/24/2014
Decision Date:	12/10/2014	UR Denial Date:	09/24/2014
Priority:	Standard	Application Received:	10/27/2014

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 is a represented [REDACTED] employee who has filed a claim for low back pain, knee pain, anxiety, and depression reportedly associated with an industrial injury of June 24, 2014. Thus far, the applicant has been treated with the following: Analgesic medications; opioid therapy; transfer of care to and from various providers in various specialties; a knee support; and unspecified amounts of physical therapy over the course of the claim. In a Utilization Review Report dated September 24, 2014, the claims administrator denied a request for DNA testing. The applicant's attorney subsequently appealed. The applicant underwent functional capacity evaluation on September 15, 2014, the results of which were not clearly reported. The DNA testing at issue was apparently sought via a September 17, 2014 RFA form.

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 Chronic Pain Treatment Guidelines Cytokine DNA Testing for Pain Page(s): 42. Decision based on Non-MTUS Citation Official Disability Guidelines, Pain, Genetic testing for potential opioid abuse

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

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