

Case Number:	CM14-0182394		
Date Assigned:	11/07/2014	Date of Injury:	09/29/2010
Decision Date:	12/12/2014	UR Denial Date:	10/20/2014
Priority:	Standard	Application Received:	11/03/2014

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 Interventional Spine 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 patient is a 52 year old female with an injury date of 09/29/10. Based on the 09/09/14 progress report provided, the patient complains of low back pain radiating down to bilateral legs rated 10/10, left shoulder pain rated 10/10, and neck pain rated 4/10. Physical examination to the lumbar spine revealed tenderness to palpation to lower lumbar paraspinal muscles. Diminished sensation to light touch diffusely throughout both lower extremities in lateral bilateral calves, dorsolateral bilateral feet, and plantar aspect of bilateral feet. Patient's medications include Norco, Zanaflex, Xanax, Ambien, Ultram, Neurontin and Prilosec. Patient is permanent and stationary. Diagnosis 08/19/14:- Cervical spine strain/sprain rule out herniated nucleus pulposus- Lumbar spine strain/sprain rule out herniated nucleus pulposus- Right shoulder and Left shoulder strain/sprain- Symptoms of anxiety and depression- History of diabetes- Trigger finger third, right Per Application for IMR form dated 11/03/14, the diagnosis was brachial neuritis, NOS. The utilization review determination being challenged is dated 10/20/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

Comprehensive Molecular Diagnostic Test (outpatient): Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) online, Pain chapter on: Cytokine DNA testing, Cytochrome p450 testing (<http://www.odg-twc.com/odgtwc/pain.htm#ProcedureSummary>)

Decision rationale: The patient presents with low back pain radiating down to bilateral legs rated 10/10, left shoulder pain rated 10/10, and neck pain rated 4/10. The request is for comprehensive molecular diagnostic test (outpatient). Molecular testing is a kind of DNA testing such as for various pharmacokinetic genes when patients are on multiple meds. Per Application for IMR form dated 11/03/14, the diagnosis was brachial neuritis, NOS. Patient's medications include Norco, Zanaflex, Xanax, Ambien, Ultram, Neurontin and Prilosec. MTUS and ACOEM guidelines do not discuss genetic testing. However ODG guidelines state: "Not recommended. There is no current evidence to support the use of cytokine DNA testing for the diagnosis of pain, including chronic pain. Scientific research on cytokine is rapidly evolving. There is vast and growing scientific evidence base concerning the biochemistry of inflammation, and it is commonly understood that inflammation plays a key role in injuries in chronic pain." Treater has not documented reason for the request. In review of medical records, there is no discussion regarding Comprehensive Molecular Diagnostic Test. It is not known whether or not this testing is similar to DAN testing discussed in ODG. Based on ODG, there does not appear to be support for DNA testing for medication management, as of yet. The request is not medically necessary.