

Case Number:	CM14-0182472		
Date Assigned:	11/07/2014	Date of Injury:	05/31/2013
Decision Date:	12/31/2014	UR Denial Date:	10/21/2014
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 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 chronic knee, ankle, and low back pain reportedly associated with an industrial injury of May 31, 2013. Thus far, the applicant has been treated with the following: Analgesic medications; opioid agents; topical compounds; unspecified amounts of physical therapy; and transfer of care to and from various providers in various specialties. In a utilization review report dated October 21, 2014, the claims administrator denied a DNA test with buccal swab specimen. The claims administrator invoked non-MTUS ODG Guidelines to deny the DNA testing, despite the fact that the MTUS addressed the topic. The applicant's attorney subsequently appealed. In an August 28, 2014 progress note, the applicant reported ongoing complaints of low back, knee, ankle, and foot pain, highly variable, presently scored at 9/10. The applicant was using Norco for pain relief. The applicant was given a diagnosis of tricompartmental knee arthritis status post knee corticosteroid injection therapy. Epidural steroid injection therapy, acupuncture, and urine drug testing were apparently endorsed. The DNA test at issue was apparently endorsed via a request for authorization (RFA) form dated September 8, 2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

DNA test with buccal swab: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 5 Cornerstones of Disability Prevention and Management Page(s): 79.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Cytokine DNA Testing for 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 chronic pain context present here. In this case, the attending provider did not furnish any compelling applicant-specific rationale, narrative commentary, or medical evidence which would offset the unfavorable MTUS position on article at issue. Therefore, the request is not medically necessary.