

Case Number:	CM14-0182916		
Date Assigned:	11/07/2014	Date of Injury:	12/09/2013
Decision Date:	12/12/2014	UR Denial Date:	09/30/2014
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 Anesthesiology, has a subspecialty in Pain Medicine and is licensed to practice in Florida. 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 48-year-old female with a reported date of injury of 08/28/2008. The mechanism of injury involved heavy lifting. The current diagnoses include lumbar degenerative disc disease, lumbosacral or thoracic radiculitis, sacroiliac strain and myofascial pain. The latest physician progress report submitted for this review is documented on 10/21/2014. The injured worker presented with complaints of 6/10 low back pain with radiation into the left lower extremity. Previous conservative treatment was noted to include medication management, home exercise, TENS therapy and acupuncture. The injured worker is currently utilizing tramadol/APAP 37.5/325 mg. Physical examination revealed decreased lumbar range of motion, tenderness to palpation and decreased sensation in the lower extremities. Treatment recommendations included continuation of the current medication regimen and several laboratory studies. There was no Request for Authorization form submitted for this review.

IMR ISSUES, DECISIONS AND RATIONALES

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

DNA pain management panel: 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), DNA Testing

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

Decision rationale: The California MTUS Guidelines do not recommend cytokine DNA testing for pain. There is no current evidence to support the use of DNA testing for the diagnosis of pain, including chronic pain. Therefore, the current request cannot be determined as medically appropriate at this time.