

Case Number:	CM14-0068101		
Date Assigned:	07/11/2014	Date of Injury:	09/15/2010
Decision Date:	09/09/2014	UR Denial Date:	04/29/2014
Priority:	Standard	Application Received:	05/12/2014

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 and is licensed to practice in Texas. 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 66 year old male who sustained a work-related injury on 09/15/10. Mechanism of injury is not documented. Diagnoses include post-laminectomy syndrome, spinal cord injury, and peripheral neuropathy. Treatment has included cervical surgery, thoracic surgery, diagnostics, and medications. Most recent medical record submitted for review is dated 03/25/14, the injured worker complains of lower back pain and cervical discomfort. Pain is made better by rest, worse with activities. Weakness is not present. Numbness and tingling is not present. Bowel dysfunction is not present. Examination of his back is normal contour, no pelvic obliquity. No palpable masses, nontender throughout. Range of motion is age appropriate. Strength is rated 5/5 through all groups bilaterally. Sensation of light touch is intact and equal bilaterally. Negative Babinski sign, negative Hoffmann's sign, no spasticity Gait is normal. Strength is 5/5. Negative straight leg raise bilaterally. Assessment degeneration of cervical intervertebral disc. Degeneration of lumbar and lumbosacral intervertebral disc. Prior utilization review dated 04/30/14 was non-certified.

IMR ISSUES, DECISIONS AND RATIONALES

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

Proove Drug Metabolism Laboratory Test: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

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: Evidence based guidelines, 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 cytokines 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 and 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. Therefore, medical necessity has not been established.