

<b>Case Number:</b>	CM14-0096039		
<b>Date Assigned:</b>	07/25/2014	<b>Date of Injury:</b>	11/14/1998
<b>Decision Date:</b>	09/10/2014	<b>UR Denial Date:</b>	05/28/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/24/2014

### 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 and is licensed to practice in California and Washington. 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 77-year-old male who reported an injury on 11/14/1997, reportedly sustained injuries to bilateral shoulders and cervical spine while dumping trash. The injured worker's treatment history included medications, surgery, MRI, physical therapy. The injured worker was evaluated on 05/15/2014 and it was documented the injured worker was seen for pharmacological re-evaluation. The injured worker complained of neck pain. The pain was described as aching, with moderate to severe severity. Escalating activities of daily living aggravated the underlying symptoms. Rest and medications improve the injured worker's symptoms. Examination shows the injured worker ambulated slowly and carefully. The injured worker continued with a G-tube from the abdomen. There was tenderness noted at the right shoulder anteriorly and over the subacromial region. Cervical range of motion was minimal. Bilateral shoulder abduction was 90 degrees. Grip was good bilaterally. The patient's medications included Coumadin 10 mg, diazepam 5 mg, fentanyl 100 mcg patches, metformin 500 mg, Nexium 40 mg, Norco 10/325 mg, and Tegaderm. Diagnoses included post-laminectomy syndrome, cervical, degeneration of cervical disc, cervical radiculitis, and degeneration of lumbar disc, cervicgia, and impingement syndrome. The request for Authorization dated 05/20/2014 was for molecular pathology procedure and the rationale was to help identify the enzyme that the injured worker's body used to metabolize the opiates that we order and thus hopefully to better guide us in the opiate selection to manage his pain.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Molecular Pathology Procedure x 1 per lifetime:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines.

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

**Decision rationale:** Per California Medical Treatment Utilization Schedule (MTUS) Guidelines does not recommend Cytokine DNA Testing for pain. 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. The provider failed to indicate evidence to support the use of molecular pathology procedure X 1 per lifetime. In addition, the records indicate the injured worker has been stable on the president medication regimen. The documents submitted failed to indicate the injured worker injured worker long term functional goal of pain medication management other than requesting a DNA testing over other readily available methods for risk stratifying the injured worker. As such, the request for molecular pathology X 1 procedure per life time is not considered medically necessary.