MAXIMUS Federal Services

Case Number:	CM14-0169663		
Date Assigned:	10/17/2014	Date of Injury:	08/01/2007
Decision Date:	01/14/2015	UR Denial Date:	10/08/2014
Priority:	Standard	Application Received:	10/14/2014

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 Internal 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:

Pursuant to the Pain Management Progress Report and Request for Authorization dated August 22, 2014, the IW complains of neck pain and headache, right greater than left. The pain is rated 9/10 without medications and 7/10 with medications. Complaints of low back pain that radiates to the left lower extremity, and bilateral shoulder pain also noted. Objective findings on physical examination indicates that grip strength performed using the JAMAR Dynamometer reveals findings of 60/60/60 pounds of force on the right and 20/20/20 pounds of force on the left. The IW is right hand dominant. The provider is discontinuing the Norco and prescribing Tramadol, Dilaudid 2mg, Cyclobenzaprine 7.5mg, and Naproxen. The treatment plan recommendations include request authorization for a lumbar spine back brace, and DNA testing. The treating physician does not provide indication for the requested DNA testing. The current request id for DNA medicated collection kit.

IMR ISSUES, DECISIONS AND RATIONALES

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

DNA Medicated Collection Kit: 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)

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

Decision rationale: Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, DNA medicated collection kit is not medically necessary. Cytokine DNA testing is not recommended. There is no current evidence to support the use of cytokine DNA testing for the diagnosis of pain, including chronic pain. See guidelines for additional details. In this case, the date of injury is August 1 2007. In this case, the injured workers working diagnoses are headaches, cervical radiculopathy; cervical sprain/strain; lumbar radiculopathy; lumbar sprain/strain; wrist sprain/strain, carpal; sprain/strain of the hand; rotator cuff syndrome; shoulder sprain/strain; and insomnia. DNA testing was recommended by the treating physician and the treatment plan on a progress note dated August 22, 2014. The guidelines do not recommend DNA genetic testing for chronic pain. The records do not provide any additional documentation of a compelling nature to support DNA testing. There is no clinical indication and no clinical rationale for the DNA testing. Consequently, the DNA medicated collection kit is not medically necessary.