

Case Number:	CM14-0182631		
Date Assigned:	11/07/2014	Date of Injury:	06/01/2007
Decision Date:	01/05/2015	UR Denial Date:	10/09/2014
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 Internal Medicine, has a subspecialty in Nephrology 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:

This is a 53-year old female patient with a date of injury on 6/1/2007. The mechanism of injury occurred when she slipped on a ladder. In a progress note dated 9/25/2014, the patient complained of right knee pain, which was moderate in severity. Objective findings: tenderness to palpation in lumbosacral spine, pain in bilateral hips, and pain in posterior leg. The diagnostic impression showed discogenic low back pain, myofascial pain syndrome, and chondromalacia of patella. Treatment to date: medication management, behavioral modification, trigger point injections. A UR decision dated 10/9/2014 denied the request for DNA/Pharmacogenetics test. The rationale provided regarding the denial was that there was no evidence that these tests are of any use in management of pain or musculoskeletal injuries. DNA testing cannot be recommended as medically necessary

IMR ISSUES, DECISIONS AND RATIONALES

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

DNA/Pharmacogenetics Test: 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), Pain: Cytokine DNA Testing

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: CA MTUS does not address this issue. ODG does not recommend cytokine DNA testing. There is no current evidence to support the use of cytokine DNA testing for the diagnosis of pain, including chronic pain. However, in the 9/25/2014 progress report, there was no discussion regarding the intended purpose of this test. Furthermore, guidelines do not support this test in the diagnosis of pain, including chronic pain. Therefore, the request for DNA/Pharmacogenetics Test was not medically necessary.