

Case Number:	CM14-0202760		
Date Assigned:	12/15/2014	Date of Injury:	04/18/2014
Decision Date:	02/04/2015	UR Denial Date:	11/19/2014
Priority:	Standard	Application Received:	12/04/2014

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 Rehab, has a subspecialty in Neuromuscular Medicine and is licensed to practice in Maryland. 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 patient is 55-year old female with a work injury dated 4/18/14. The mechanism of injury was cumulative trauma from mopping and pulling a mop cart. The diagnoses include thoracic sprain/strain; lumbar radiculopathy; lumbar sprain/strain; wrist sprain/strain; rotator cuff syndrome; shoulder sprain/strain; insomnia. Prior treatment includes medication management, occupational therapy and acupuncture. Under consideration is a request for DNA Medicated Collection Kit. There is a 10/10/14 pain management progress report and request for authorization document that states that the patient comes for follow up for her work-related injury. She complains of bilateral wrist pain left greater than right that is 8/10 on the visual analog scale and 6/10 with medications. She has left shoulder pain 8/10 on the visual analog scale and 4/10 with medications. She has low back pain radiating to the lower extremities. This is 9/10 on the visual analog scale and 7/10 with medications. She has 7/10 mid back pain and 4/10 with medications. She complains of a lack of sleep. On exam her Jamar grip strength is less on the left. There is tenderness over the thoracic, lumbar spine, left shoulder, bilateral wrist (left greater than right) with decreased range of motion in all of these areas. There is spasm over the thoracic spine. The patient's medications dispensed include Tramadol, Cyclobenzaprine, Omeprazole, topical cream. There is a request for DNA Pain Medicine Management Panel.

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: Decision based on MTUS ACOEM Chapter 3 Initial Approaches to Treatment Page(s): 31, Chronic Pain Treatment Guidelines Page(s): 42. Decision based on Non-MTUS Citation <http://www.mayoclinic.com/health/cyp450-test/MY001135/DSECTION>

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Cytokine DNA Testing for Pain Page(s): 22. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) (Chronic) Pain- Cytokine DNA testing

Decision rationale: DNA Medicated Collection Kit is not medically necessary per the MTUS Chronic Pain Medical Treatment Guidelines. The guidelines state that there is no current evidence to support the use of cytokine DNA testing for the diagnosis of pain, including chronic pain. The documentation does not indicate extenuating circumstances that would require going against guideline recommendations. The request for DNA Medicated Collection Kit is not medically necessary.