MAXIMUS Federal Services

Case Number:	CM14-0204474		
Date Assigned:	12/16/2014	Date of Injury:	05/21/2013
Decision Date:	02/05/2015	UR Denial Date:	11/21/2014
Priority:	Standard	Application Received:	12/08/2014

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:

The injured worker (IW) is a 50-year-old man with a date of injury of May 21, 2013. The mechanism of injury occurred when the IW rolled up the side of the door of the truck. The hand truck tipped over and hit him in the head. The injured worker's working diagnoses are left supraspinatus tendinosis, extensive generative joint disease at the left AC joint; and probable SLAP tear at the left shoulder.Pursuant to a progress note by the primary treating physician, the IW complains of neck pain and left upper extremity pain and left bicipital tendinitis. The provider reports the IW has had no therapy. He is taking multiple vitamins and vitamin B complex as instructed. Examination of the neck reveals mild restricted range of motion. Impingement sign is positive. There is no change in the range of motion in the elbows or in the left upper extremity radiculopathy, especially in the ulnar 3 digits of the left hand and numbness in the first 4 digits of the left hand. The central nervous system is intact. The provider reports that a DNA study was done last visit. He states the IW needed it to review the way his body would react to detoxification of the drugs he has been taking. The IW is taking Norco 10/325mg, and Ambien 10mg. The provider recommends physical therapy. The progress note dated September 19, 2014 was reviewed. There is no discussion of DNA testing documented in that progress note. The current request is for DNA study retrospective performed September 19, 2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

DNA study that was done on 09/19/2014: 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), Treatment Index, Pain (Chronic), Pharmacogenetic testing, Opioid Metabolism

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Cytokine DNA testing Page(s): 42. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG); Pain Section, Cytokine DNA Testing.

Decision rationale: Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, DNA study retrospective performed September 19, 2014 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 the guidelines for additional details. In this case, the injured worker's working diagnoses are left supraspinatus tendinosis, extensive degenerative joint disease at the left AC joint; and probable SLAP tear at the left shoulder. The progress note dated October 24, 2014 indicates the injured worker had a DNA study done on the last visit. The record states the patient needed to review the way his body would react to detoxification of the drugs that he has been taking. Progress note dated September 19, 2014 indicates the injured worker is taking Norco 10/325 mg one tablet PO four times a day #120. There is no discussion of DNA testing documented in that progress note. DNA testing is not recommended. There is no current evidence to support the use of DNA testing for the diagnosis of pain, including chronic pain. Consequently, absent the appropriate clinical indication/rationale supporting documentation for DNA testing, DNA study retrospective perform September 19, 2014 is not medically necessary.