

Case Number:	CM14-0208289		
Date Assigned:	12/22/2014	Date of Injury:	01/20/2001
Decision Date:	02/18/2015	UR Denial Date:	12/03/2014
Priority:	Standard	Application Received:	12/12/2014

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:
 State(s) of Licensure: Texas, Ohio, California
 Certification(s)/Specialty: Preventive Medicine, Occupational Medicine

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 applicant is a represented [REDACTED] employee who has filed a claim for chronic neck, mid back, upper back, elbow, and shoulder pain reportedly associated with an industrial injury of January 20, 2001. In a Utilization Review Report dated December 3, 2014, the claims administrator denied a request for pharmacogenetic testing. Non-MTUS ODG Guidelines were invoked, despite the fact that the MTUS did address the topic. The claims administrator referenced a November 18, 2014 progress note in its determination. The applicant had a history of earlier cervical spine surgery, it was acknowledged. The applicant's attorney subsequently appealed. In a December 16, 2014 progress note, the applicant reported multifocal complaints of elbow, neck, back, and shoulder pain. The attending provider stated that he had reviewed the results of the pharmacogenetic testing with the applicant. The results were not clearly detailed. The applicant's medication list included Norco, naproxen, Lexapro, and Frova. The applicant was status post earlier cervical fusion and discectomy surgery. Multiple medications were renewed, including Norco and naproxen. The genetic testing at issue was apparently performed on December 1, 2014. The results of the same were not clearly reported. The applicant was described as off of work, on disability, in a progress note of the same date.

IMR ISSUES, DECISIONS AND RATIONALES

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

Outpatient Pharmacogenetic Testing (PGT): 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 Chapter

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

Decision rationale: 1. No, the request for outpatient pharmacogenetic testing was not medically necessary, medically appropriate, or indicated here. The genetic testing at issue is essentially analogous to DNA testing. However, page 42 of the MTUS Chronic Pain Medical Treatment Guidelines notes that DNA testing is not recommended in the diagnosis of pain, including in the chronic pain context reportedly present here. The attending provider did not furnish any compelling applicant-specific information or medical evidence which would offset the unfavorable MTUS position on the article at issue, nor did the attending provider report the results of the testing in a clear or coherent manner. Therefore, the request was not medically necessary.