

Case Number:	CM14-0083354		
Date Assigned:	07/21/2014	Date of Injury:	06/01/2013
Decision Date:	01/07/2015	UR Denial Date:	05/09/2014
Priority:	Standard	Application Received:	06/03/2014

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 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 34-year-old woman with a date of injury of June 1, 2013. The mechanism of injury was not documented in the medical record. The IW is receiving treatment for her low back, right elbow, and left knee. Pursuant to the Primary Treating Physician's Progress Report (PR-2) dated May 1, 2014, the IW complains of persistent pain in the lower back as well as the left knee. She had a lumbar facet block with good response and a radiofrequency facet ablation is being requested and is pending approval. The IW reports limited response to medications. The pain is rated 9/10 when severe. Objective physical findings revealed range of motion in the lumbar spine is decreased on extension and bilateral bending and left rotation with pain on the spinous process of L4-L5 and L5-S1. There are moderate paralumbar spasms. Facet loading is positive and more on the left. There is persistent decreased range of motion of the left knee especially on flexion to 90/140 and extension -5/0 with 1+ pain at all levels. The IW was diagnosed with right elbow lateral epicondylitis, unchanged; lumbar spine sprain/strain with MRI findings of mild lumbar spondylosis and facet arthropathy at L4-L5 and L5-S1; lumbar facet hypertrophy and arthropathy at L3-L4, L4-L5, L5-S1, more on the left; and left knee internal derangement with MRI findings of patellofemoral joint degenerative changes and joint effusion. The IW failed Tramadol and Tylenol #3. She has been given Norco 5/325 mg for severe pain. The provider documents that he will repeat the urine toxicology screening because of the high levels of codeine, which were found in her urine on her last visit. The provider is recommending Noninvasive DNA Testing for drug sensitivity times 7.

IMR ISSUES, DECISIONS AND RATIONALES

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

Non-invasive DNA test for drug sensitivity times 7: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Generic testing for potential opioid abuse

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG); Pain Section, Cytokine DNA Testing

Decision rationale: Pursuant to the Official Disability Guidelines, noninvasive DNA testing for drug testing times seven is not medically necessary. The guidelines state 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. Scientific research is evolving. The articles on the [REDACTED] website did not meet the minimum standards for inclusion for evidence-based review. In this case, the injured worker is a 34-year-old woman with a date of injury June 2013. She is being treated for injuries to the right elbow, lumbar spine and left knee. The documentation indicates a prior urine drug screen was compatible with higher than normal levels of codeine. The plan was to repeat the urine drug screen. Cytokine DNA testing is not recommended. Based on the clinical information in the medical record and peer-reviewed evidence-based guidelines, cytokine DNA testing times 7 is not medically necessary.