

Case Number:	CM14-0093875		
Date Assigned:	07/25/2014	Date of Injury:	03/11/2013
Decision Date:	01/07/2015	UR Denial Date:	06/09/2014
Priority:	Standard	Application Received:	06/20/2014

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 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 employee was a 28 year old male who sustained an industrial injury on 03/11/13. His diagnosis was herniated nucleus pulposus, L4-L5 and L5-S1 with right lower extremity radiculopathy. His prior treatment included activity modification, physical therapy and medications. MRI was consistent with HNP at L4-5 and L5-S1. EMG and NCS showed lower extremity radiculopathy in the L4, L5 and S1, slightly worse on the right than on the left. His history was significant for interlaminar lumbar epidural steroid injection on 05/05/14. The progress note from 03/25/14 was reviewed. Subjective complaints included low back pain radiating down to bilateral lower extremities with numbness and tingling in the bilateral legs. Norco was not helping. Pertinent objective findings included limited lumbar spine flexion, positive straight leg raising test on the left and cross positive on the right, paraspinal tenderness with paraspinal spasms and hypoesthesia at the L4, L5 and S1 dermatomes bilaterally. There was also weakness in the big toe dorsiflexor and big toe plantar flexor bilaterally. The request was for DNA test.

IMR ISSUES, DECISIONS AND RATIONALES

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

DNA test: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Cytokine DNA testing for pain Page(s): 42.

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

Decision rationale: According to MTUS, Chronic Pain Medical Treatment guidelines, cytokine DNA testing for pain is not recommended. There is no current evidence to support the use of cytokine DNA testing for the diagnosis of pain, including chronic pain. Hence the request for DNA testing is not medically necessary.