

Case Number:	CM15-0005883		
Date Assigned:	01/26/2015	Date of Injury:	06/01/2011
Decision Date:	03/11/2015	UR Denial Date:	12/23/2014
Priority:	Standard	Application Received:	01/12/2015

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: Hawaii, 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 injured worker is a 50 year old female, who sustained an industrial injury on 6/1/11. The injured worker has reported pain and numbness of the right leg, tenderness lumbar spine with spasms and tenderness bilateral wrists with decreased range of motion and weakness. The documentation noted that the right wrist pain radiates to forearm. The diagnoses have included lumbar radiculitis; right sciatica; myospsams and bilateral writs CTS. Treatment to date has included medications, electromyogram, chiropractor privately, electro-stimulation and exercises, Computed Tomography (CT) scan, physical therapy, X-rays, cortisone injections and wrist cast. According to the utilization review performed on 12/23/14, the requested Non-Invasive DNA Testing has been non-certified.

IMR ISSUES, DECISIONS AND RATIONALES

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

Non-Invasive DNA Testing: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Drug Testing Page(s): 43. Decision based on Non-MTUS Citation Opioid, Genetic testing for potential opioid abuse

Decision rationale: While MTUS does not specifically mention DNA testing in regards to drug testing, it does state that urine drug testing is preferred for drug testing. The request for one-time DNA test with buccal swab specimen is not the preferred method. The DNA isolation method appeared to be extremely useful to discriminate between genotypes and identify the potential for medication abuse. Additionally, ODG specifically states regarding Genetic testing for potential opioid abuse that it is not recommended and "While there appears to be a strong genetic component to addictive behavior, current research is experimental in terms of testing for this."The treatment notes do not provide rationale for why DNA testing should be used and how the test results will assist with treatment. As such, the request for Non-Invasive DNA Testing is not medically necessary at this time.