

<b>Case Number:</b>	CM15-0012469		
<b>Date Assigned:</b>	01/30/2015	<b>Date of Injury:</b>	12/06/2011
<b>Decision Date:</b>	04/15/2015	<b>UR Denial Date:</b>	12/31/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/21/2015

### 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: California

Certification(s)/Specialty: Family Practice

### 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 24-year-old female, who sustained an industrial injury on 12/6/11. On 1/21/15, the injured worker submitted an application for IMR for review of DNA Test. The treating provider has reported the injured worker complained of dull to sharp pain in the neck occurring most of the time and it radiated to the right arm with numbness and tingling into the right hand. The diagnoses have included myoligamentous strain of the cervical spine; myoligamentous strain of the lumbar spine; compression-contusion injury to the right shoulder. Treatment to date has included Lumbar spine and right shoulder MRI (6/16/12); physical therapy; medications. On 12/31/15 Utilization Review non-certified DNA Test. The ODG Guidelines were cited.

### 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:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Pain, Cytokine DNA testing.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Cytokine DNA Testing for Pain Page(s): 41-42.

**Decision rationale:** Per the MTUS 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. The request for DNA testing is not supported per evidence-based guidelines. Therefore, the request for DNA test is not medically necessary.