

<b>Case Number:</b>	CM15-0144416		
<b>Date Assigned:</b>	08/05/2015	<b>Date of Injury:</b>	02/03/2005
<b>Decision Date:</b>	08/31/2015	<b>UR Denial Date:</b>	07/23/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/24/2015

### 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, Indiana, New York  
Certification(s)/Specialty: Internal 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 60-year-old male, who sustained an industrial injury on 2-3-05. The injured worker has complaints of back pain and neuropathy. The documentation noted that the injured worker is developing atrophy and gait disorder. The diagnoses have included back and neck injury. Treatment to date has included cervical spine X-rays; magnetic resonance imaging (MRI) of the cervical spine and medications. The request was for lab test, prove biosciences testing, collected 5-20-15. Several documents within the submitted medical records are difficult to decipher.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Lab test, proove biosciences testing, collected 5.20.15:** 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 Chapter.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Cytokine DNA testing Page(s): 42. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain section, Cytokine DNA testing.

**Decision rationale:** Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, lab test, prove biosciences testing collected May 20, 2015 is not medically necessary. 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. See the guidelines for additional details. Genetic testing for potential opiate abuse is not recommended. While there appears to be a strong genetic compound to addictive behavior, current research is experimental in terms of testing for this. Studies are inconsistent with inadequate statistics and a large phenotype range. In this case, the injured worker's working diagnoses are neck and lumbar injuries. The date of injury is February 3, 2005. Request authorization is July 1, 2015. According to a handwritten May 20, 2015 progress note, subjective complaints include cervical and lumbar neuropathy, worse with tremors and weakness. Objectively, there is a gait disorder and activity tremors that are difficult to treat. There is no clinical indication or rationale for DNA testing. Additionally, 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. Consequently, absent guideline recommendations for DNA testing and a clinical indication and rationale for DNA testing, lab test, prove biosciences testing collected May 20, 2015 is not medically necessary.