MAXIMUS Federal Services

Case Number:	CM15-0183486		
Date Assigned:	09/24/2015	Date of Injury:	07/13/2006
Decision Date:	10/30/2015	UR Denial Date:	09/04/2015
Priority:	Standard	Application Received:	09/17/2015

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: 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 72-year-old male, who sustained an industrial injury on 7-13-2006. The injured worker is being treated for protrusion 5mm at L3-4and L4-5 and 3mm at L5-S1 with neural encroachment. Treatment to date for the lumbar spine has included diagnostics, bracing, and medications. Per the Primary Treating Physician's Progress Report dated 8-12-2015 the injured worker reported right shoulder pain rated as 8 out of 10, left shoulder pain rated as 6 out of 10, right knee pain rated as 6 out of 10, low back pain with right lower extremity symptoms rated as 8 out of 10, and left ankle-foot pain rated as 5 out of 10. Medications include hydrocodone, Ambien, naproxen and pantoprazole. Objective findings included tenderness of the lumbar spine. Range of motion: Flexion 40 degrees, extension 35 degrees, left and right lateral tilt 35 degrees, and left and right rotation 35 degrees. Work status was permanent and stationary. The plan of care included DNA testing to rule out metabolic pathway deficiency for proper medication selection and management and a new LSO (lumbar) brace as his no longer fastens. On 9-03-2015, Utilization Review non-certified the request for DNA-genetic testing and one LSO brace.

IMR ISSUES, DECISIONS AND RATIONALES

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

DNA/genetic testing: Upheld

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

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

Decision rationale: The MTUS guidelines do not discuss the use of DNA testing. Per the ODG, 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 on cytokines is rapidly evolving. There is vast and growing scientific evidence base concerning the biochemistry of inflammation and it is commonly understood that inflammation plays a key role in injuries and chronic pain. Cellular mechanisms are ultimately involved in the inflammatory process and healing, and the molecular machinery involves cellular signaling proteins or agents called cytokines. Given rapid developments in cytokine research, novel applications have emerged and one application is cytokine DNA signature testing which has been used as a specific test for certain pain diagnoses such as fibromyalgia or complex regional pain syndrome. [redacted] (which might no longer exist) had performed the specific test for cytokine DNA testing. In this case, DNA testing is being requested to rule out metabolic pathway deficiency for proper medication selection and management. This test is not supported by the established guidelines; therefore, the request for DNA/genetic testing is determined to not be medically necessary.

LSO (Lumbar-Sacral Orthosis) brace: Upheld

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

MAXIMUS guideline: Decision based on MTUS Low Back Complaints 2004, Section(s): Physical Methods.

Decision rationale: Per the MTUS Guidelines, lumbar supports have not been shown to have any lasting benefit beyond the acute phase of symptom relief. The clinical documents do not report an acute injury that may benefit from short-term use of a lumbar support for symptom relief. The lumbar spine brace is being prescribed to replace the injured worker's current brace, which no longer fastens. The MTUS Guidelines do not indicate that the use of a lumbar spine brace would improve function; therefore, the request for LSO (Lumbar-Sacral Orthosis) brace is determined to not be medically necessary.