

Case Number:	CM15-0204887		
Date Assigned:	10/21/2015	Date of Injury:	06/12/2009
Decision Date:	12/07/2015	UR Denial Date:	10/12/2015
Priority:	Standard	Application Received:	10/19/2015

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: Arizona, Texas

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 59 year old female, who sustained an industrial injury on 6-12-09. She reported back pain. The injured worker was diagnosed as having overuse with chronic residuals, osteoarthritis with chronic residuals, status post one level fusion of the lumbar spine with chronic residuals, and status post-surgery to the right shoulder with chronic residuals. Treatment to date has included L4-5 laminectomy, right shoulder surgery, injections, physical therapy, and medication including Tramadol, Naproxen, and Cyclobenzaprine. On 4-29-15, the injured worker complained of pain in the low back, buttocks, legs, bilateral shoulders, and neck radiation to the arms. The treating physician requested authorization for a DNA test. On 10-12-15 the request was non-certified by utilization review.

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 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 Uptodate.com. Prescription drug misuse: Epidemiology, prevention, identification, and management.

Decision rationale: The MTUS is silent regarding the use of DNA testing for the prediction of opioid efficacy and abuse potential. According to Uptodate.com, the use of DNA testing does not have a role in the management of patients with chronic pain who are treated with medications with a high abuse potential. In this case the patient suffers from chronic pain. The documentation does not support the medical necessity for DNA testing in the treatment of chronic pain. The request is not medically necessary.