

Case Number:	CM15-0024738		
Date Assigned:	02/17/2015	Date of Injury:	04/17/2013
Decision Date:	04/09/2015	UR Denial Date:	01/28/2015
Priority:	Standard	Application Received:	02/09/2015

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: Pennsylvania

Certification(s)/Specialty: Internal Medicine, Hospice & Palliative 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 55-year-old male who sustained an industrial injury on April 17, 2013. He has reported neck and left arm pain and has been diagnosed with 3-4 mm bulging disc C3-4, C4-5 and C5-6. Treatment has included pain medications and a home exercise program. Progress report dated January 12, 2015 showed the physical examination findings as the neck having 70 degrees of flexion, 70 degrees of extension, and a negative Spurlings test. The treatment plan consisted of medication and urine screen. On January 28, 2015 Utilization Review non-certified DNA swab citing the Official Disability Guidelines.

IMR ISSUES, DECISIONS AND RATIONALES

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

DNA Swab: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) <http://www.odg-twc.com/odgtwc/painr.htm>.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Tantisira K, et al. Overview of pharmacogenomics. Topic 2904, version 33.0. UpToDate, accessed 04/07/2015.

Decision rationale: The MTUS Guidelines are silent on this issue. People's bodies can react differently to medications and can experience different complications and negative side effects. Genetics accounts for some of this variety but is only one of many factors. There is very limited research to support the routine use of genetic testing to determine opioid risk, and there are no standard guidelines on how to apply the results to patient care. The submitted and reviewed documentation indicated the worker was experiencing neck and left arm pain. There was no discussion that described special circumstances that sufficiently supported this request. Further, the specific type of DNA testing was not provided in the request. In the absence of such evidence, the current request for a swab of DNA for unspecified testing is not medically necessary.