

Case Number:	CM15-0025593		
Date Assigned:	02/18/2015	Date of Injury:	02/20/2006
Decision Date:	03/31/2015	UR Denial Date:	01/12/2015
Priority:	Standard	Application Received:	02/10/2015

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 42 year old male who sustained an industrial injury on 02/20/2006. Diagnoses include myoligamentous strain of the lumbar spine; Magnetic Resonance Imaging (11/20/2013) evidence of 3mm broad-based protrusion with a small extrusion component oat L3-4, 3-4 mm broad-based disc osteophyte complex at L4-5, and 3mm broad-based disc osteophyte complex at L5-S1; neurodiagnostic evidence (05/17/10) of right L5 radiculopathy, and history of abnormal liver function tests. Treatment to date has included medications, epidural steroid injections, H-Wave Unit, and diagnostic services. A physician progress note dated 12/17/2014 documents the injured worker complains of slight to severe constant low back pain. Pain is increased with prolonged standing, walking and sitting. Range of motion of the lumbar spine is limited. There is tenderness present. Treatment requested is for Advanced DNA medication kit. On 01/12/2015 Utilization Review non-certified the request for Advanced DNA medication kit, and cited was Non-MTUS Guidelines.

IMR ISSUES, DECISIONS AND RATIONALES

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

Advanced DNA medication kit: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Work Loss Data Institute, Official Disability

Guidelines 11th Edition, Online; Chapter on Chronic Pain (Updated 3/21/13) Genetic testing for potential opioid abuse

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Urine drug screen Page(s): 43. Decision based on Non-MTUS Citation Pain section, Urine drug screen

Decision rationale: Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, advanced DNA medication kit 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. In this case, the injured worker's working diagnoses are mild ligamentous strain of the lumbar spine with right L5 radiculopathy per new diagnostic testing May 17, 2010; and MRI evidence of 3 mm broad-based disc protrusion with small extrusion complement at L3 - L4; and 3 to 4 mm broad based disc osteophyte complex at L4 - L5; and 3 mm broad-based osteophytes complex and L5 - S1, November 20, 2013. A progress note dated December 17, 2014 contains an entry from the treating physician that states: "Genetic testing for prescription drug metabolism to aid in proper dosing and assessment of dependency, tolerance, effectiveness or misuse." DNA testing is not recommended and there is no current evidence to support the use of DNA testing for the diagnosis of pain, including chronic pain. Consequently, absent compelling clinical documentation with guideline recommendations, advanced DNA medication Is not medically necessary.