

Case Number:	CM15-0028146		
Date Assigned:	02/20/2015	Date of Injury:	05/10/2012
Decision Date:	03/30/2015	UR Denial Date:	01/15/2015
Priority:	Standard	Application Received:	02/13/2015

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: Family Practice

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 57 year old male, who sustained an industrial injury on 5/10/12. On 2/13/15, the injured worker submitted an application for IMR for review of Non Invasive DNA Test. The treating provider has reported the injured worker complained of neck pain aggravated with excess activity, right shoulder pain is constant with sleep disturbance. The diagnoses have included right shoulder impingement syndrome, cervical disc protrusion. Treatment to date has included chiropractic care, physical therapy, status post right shoulder surgery, status post cardiovascular accident, MRI right shoulder (10/7/14, and medication. On 1/15/13 Utilization Review non-certified Non Invasive DNA Test. The ACOEM Guidelines were cited.

IMR ISSUES, DECISIONS AND RATIONALES

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

Non Invasive DNA Test: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation American College of Occupational and Environmental Medicine (ACOEM)

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Cytokine DNA Testing for Pain Page(s): 42.

Decision rationale: The MTUS/Chronic Pain Medical Treatment Guidelines comment on the use of Non Invasive DNA Testing, including Cytokine DNA Testing. These guidelines state that such 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. The specific test for cytokine DNA testing is performed by [REDACTED]

[REDACTED] Two articles were found on the website. However, these articles did not meet the minimum standards for inclusion for evidence-based review. In this case the medical records provide insufficient documentation as to the type of DNA test requested and the rationale behind the request. As the above cited MTUS guidelines do not support this testing, a Non Invasive DNA Test is not considered as medically necessary.