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| Case Number: | CM15-0212726 | | |
| Date Assigned: | 11/02/2015 | Date of Injury: | 04/01/1997 |
| Decision Date: | 12/15/2015 | UR Denial Date: | 10/08/2015 |
| Priority: | Standard | Application Received: | 10/29/2015 |

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 53 year old male, who sustained an industrial-work injury on 4-1-97. A review of the medical records indicates that the injured worker is undergoing treatment for chronic pain syndrome, spinal enthesopathy, brachial neuritis or radiculitis and chronic pain due to trauma. Treatment to date has included pain medication, activity modification, diagnostics, urine drug screen, and other modalities. Medical records dated 7-16-15 indicate that the injured worker complains of right neck, shoulder and hand pain. The physical exam reveals cervical trigger points at the suboccipital muscle insertions on the right, tenderness noted diffusely, limited range of motion bilaterally and axial traction test is positive with increased pain. There are trigger points noted of the upper trapezius right upper extremity, tenderness to palpation and pain with range of motion. There is minimal sacroiliac tenderness noted. There are no other indications in the medical record related to why the DNA testing needed to be done. The DNA test results dated 5-14-15 revealed that the injured worker is a CYP450 3A5 poor metabolizer. The physician also indicates that the urine drug screen results were consistent t with the medications prescribed. The requested service included Retro (DOS 5-14-15) DNA lab testing. The original Utilization review dated 10-8-15 non-certified the request for Retro (DOS 5-14-15) DNA lab testing.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retro (DOS 5/14/15) DNA lab testing: 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), Treatment Index, 13th Edition (web), 2015, Pain (Chronic), Pharmacogenetic testing.

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

Decision rationale: Pursuant to the Official Disability Guidelines, retrospective date of service May 14, 2015 DNA lab testing 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. In this case, the injured workers working diagnoses are chronic pain syndrome; encounter long-term drug use; drug dependence, opiate type dependence on specified. Date of injury is April 1, 1997. Request for authorization is September 28, 2015 retrospective date of service May 14, 2015. According to a May 14, 2015 procedure note a urine drug toxicology screen was performed. There is no clinical rationale for DNA testing. There were no positive values. UDS appeared consistent. There is no clinical indication or rationale for DNA testing. The guidelines do not recommend DNA testing. Based on the clinical information in the medical record and the peer-reviewed evidence-based guidelines, retrospective date of service May 14, 2015 DNA lab testing is not medically necessary.