

Case Number:	CM15-0221553		
Date Assigned:	11/17/2015	Date of Injury:	04/28/2010
Decision Date:	12/30/2015	UR Denial Date:	10/09/2015
Priority:	Standard	Application Received:	11/11/2015

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: 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 64-year-old male who sustained an industrial injury on 4-28-2010 and has been treated for cervicalgia, cervical post-laminectomy syndrome, and failed spinal cord stimulator. On 10-6-2015, the injured worker reported neck and mid-back pain radiating into both shoulders. He states that pain does not go away completely, but current medication regimen has enabled him to work full time and run. Pain is noted to be 8 out of 10. Objective findings include note of facet tenderness over the cervical area, cervical pain was observed with extension and lateral left flexion which were both noted as 10 degrees, and pain was reported with each movement. No trigger points were found with palpation. Documented treatment includes TENS unit, bracing, acupuncture, epidural steroid injection, facet injection, spinal cord stimulator implant, exercise, and medication including MS Conti, Naproxen, cyclobenzaprine, and Ambien. A 4-27-2015 urine toxicology request had listed medications at that time as Amitriptyline, Cymbalta, Hydrocodone, Norco, Prevacid and Tramadol. In the note of 9-22-2015, the physician stated that the injured worker is "a candidate for medication rotation," and they would anticipate a "review DNA." A request for the DNA testing was submitted, but non-certified on 10-9-2015.

IMR ISSUES, DECISIONS AND RATIONALES

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

DNA genetic 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), Pain Chapter (updated 9/8/15), Pharmacogenetic testing/pharmacogenomics (opioids & chronic non-malignant pain).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Up to date topic 15540 and version 14.0.

Decision rationale: The DNA molecule supplies genetic information through the sequence of nucleotides. Human genetic information is contained within chromosomal genes. Genetic testing has applications for perinatal screening, carrier testing, diagnostic testing, and in pharmacogenetics. The ability to rapidly sequence the entire genome is expected to have significant clinical consequences in the future. Multiple issues related to ethics, data accuracy, interpretation, and data retrieval remain to be explored. The MTUS does not address the use of DNA genetic testing and its clinical application. It is a new frontier which is rapidly developing and its clinical application is evolving. There is no evidence that this procedure would add to the clinical care of this patient. Also, information could be obtained which could be problematic to both the patient and the physician. Therefore, the UR decision is maintained.