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| Case Number: | CM15-0033528 | | |
| Date Assigned: | 02/27/2015 | Date of Injury: | 10/05/2011 |
| Decision Date: | 05/19/2015 | UR Denial Date: | 02/06/2015 |
| Priority: | Standard | Application Received: | 02/23/2015 |

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: Texas, New York, California
 Certification(s)/Specialty: Preventive Medicine, Occupational 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 applicant is a represented 54-year-old who has filed a claim for chronic low back, bilateral knee, and bilateral hand pain reportedly associated with an industrial injury of October 5, 2011. In a Utilization Review report dated February 6, 2015, the claims administrator failed to approve a request for DNA testing. The claims administrator referenced a December 20, 2014 progress note in its determination. Non-MTUS ODG Guidelines were invoked, despite the fact that the MTUS address the topic. The applicant's attorney subsequently appealed. On October 20, 2013, urine drug testing, manipulative therapy, electrodiagnostic testing, medical foods, lumbar MRI imaging, plain film imaging of the lumbar spine, x-rays of the hands, a psychiatric consultation, topical compounds, naproxen, Prilosec, and tramadol were endorsed. On November 20, 2014, the applicant was placed off of work, on total temporary disability owing to multifocal complaints of low back and bilateral hand pain. Dietary supplements, acupuncture, and manipulative therapy were endorsed. On November 20, 2014, DNA testing, x-rays of the knees, MRI imaging of the knees, MRI imaging of the hands, x-rays of the hands, topical compounds, naproxen, tramadol and Flexeril were again proposed.

IMR ISSUES, DECISIONS AND RATIONALES

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

Noninvasive DNA test: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Official Disability Guidelines (ODG) Pain Chapter Procedure Summary Cytokine DNA test, Genetic testing.

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

Decision rationale: No, the request for DNA testing was not medically necessary, medically appropriate, or indicated here. As noted on page 42 of the MTUS Chronic Pain Medical Treatment Guidelines, DNA testing is not recommended in the chronic pain context present here. Here, the attending provider's handwritten progress notes were thinly and sparsely developed, difficult to follow, not entirely legible, comprised largely of preprinted checkboxes, and failed to furnish any compelling applicant-specific rationale or narrative commentary which would offset the unfavorable MTUS position on the article at issue. Therefore, the request was not medically necessary.