

Case Number:	CM15-0037915		
Date Assigned:	03/06/2015	Date of Injury:	05/05/2006
Decision Date:	05/08/2015	UR Denial Date:	02/10/2015
Priority:	Standard	Application Received:	02/27/2015

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: Physical Medicine & Rehabilitation

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 reported an injury on 05/05/2006. The mechanism of injury was not stated. The current diagnoses include lumbar myoligamentous sprain and sprain of the right elbow status post surgery. The injured worker presented on 01/08/2015 for an evaluation with complaints of neck and low back pain, as well as sharp pain in the right elbow. Upon examination, there was tenderness to palpation with decreased range of motion. Recommendations included a gastroenterology consultation for an upper endoscopy and colonoscopy, as well as a urology referral. A Request for Authorization form was then submitted on 01/08/2014 for advanced DNA testing.

IMR ISSUES, DECISIONS AND RATIONALES

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

Advanced DNA II Test DOS: 1/8/15: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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

Decision rationale: The California MTUS Guidelines state 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. The medication rationale for the requested laboratory testing has not been established in this case. Given the above, the request is not medically necessary.