

Case Number:	CM15-0055961		
Date Assigned:	04/01/2015	Date of Injury:	04/01/2012
Decision Date:	05/04/2015	UR Denial Date:	02/26/2015
Priority:	Standard	Application Received:	03/24/2015

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 63 year old male who sustained an industrial injury on 04/01/2012. Diagnoses include cervical spine herniated nucleus pulposus, lumbar spine herniated nucleus pulposus, bilateral knee osteoarthritis, and right elbow lateral epicondylitis. Treatment to date has included medications, acupuncture sessions, chiropractic treatments, physical therapy, extracorporeal shockwave procedure, and diagnostic studies. A physician progress note dated 01/06/2015 was hand written and illegible. An orthopedic note dated 01/27/2015 documents the injured worker received an extracorporeal shockwave treatment to the left knee. A physician note dated 11/13/2014 documents the injured worker has pain in his neck, bilateral shoulders, bilateral wrists, hand, bilateral legs and knees, and both ankles. The pain is dull and constant and moderate in severity. He has tenderness, muscle spasm, and restricted range of motion of the neck, shoulders, wrists, hands, leg, knee and ankle. The treatment plan is for acupuncture and chiropractic treatments, medications, return appointment, urine for toxicology, and non-invasive DNA test. Treatment requested is for non-invasive DNA test.

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: Decision based on MTUS Chronic Pain Treatment Guidelines Cytokine DNA testing for pain Page(s): 42.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official disability guidelines Pain Chapter, Genetic testing for potential opioid abuse.

Decision rationale: The patient presents with pain in the neck, bilateral shoulders, bilateral wrists, hand, bilateral legs and knees, and both ankles. The request is for a non-invasive DNA test. There is no RFA provided and the patient's date of injury is 04/01/12. The patient's diagnoses include cervical spine herniated nucleus pulposus, lumbar spine herniated nucleus pulposus, bilateral knee osteoarthritis, and right elbow lateral epicondylitis. The patient has tenderness, muscle spasm, and restricted range of motion of the neck, shoulders, wrists, hands, leg, knee and ankle. Treatment to date has included medications, acupuncture sessions, chiropractic treatments, physical therapy, extracorporeal shockwave procedure, and diagnostic studies. All provided progress reports are handwritten and largely illegible. Current medication includes Theramine, Sentra PM, Gabadone, Sentra AM and topical creams. The patient is temporarily totally disabled. ODG guidelines, Pain Chapter, Genetic testing for potential opioid abuse, states, "Not recommended. While there appears to be a strong genetic component to addictive behavior, current research is experimental in terms of testing for this. Studies are inconsistent, with inadequate statistics and large phenotype range. Different studies use different criteria for definition of controls. More work is needed to verify the role of variants suggested to be associated with addiction and for clearer understanding of their role in different populations." Treater has not provided a reason for the request. Progress reports provided do not indicate that the patient is currently taking narcotic medications, for which genetic testing may be indicated although not supported in the guidelines. No other reasons for the requested genetic testing are provided. ODG guidelines do not recommend genetic testing as an appropriate preventative measure at this time. Therefore, the request IS NOT medically necessary.