

Case Number:	CM15-0056816		
Date Assigned:	04/01/2015	Date of Injury:	01/01/2014
Decision Date:	05/13/2015	UR Denial Date:	03/17/2015
Priority:	Standard	Application Received:	03/25/2015

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: Pennsylvania, Ohio, 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 36 year old who sustained an industrial injury on 01/01/2014. Diagnoses include unspecified musculoskeletal disorders and symptoms referable to the neck, unspecified back disorder, cervical neuritis/radiculopathy, lumbago, thoracic or lumbosacral neuritis or radiculitis, and unspecified sprain and strain of the wrist. Treatment to date has included medications. A physician progress note documents the injured worker rates the pain as a level of 2-3 on a scale of 1-10, and pain fluctuates. Range of motion has improved. Strength has improved since last visit. Physical therapy has been kept on hold. The injured worker complains of pain in the lumbosacral area and left wrist. Medications help with pain. She has tenderness to palpation in the cervical spine and paraspinal area bilaterally. Treatment requested is for Drug metabolism test due to inherited variations (CYP2CP, CY2C19, CYP2D6, CYP3A5, CYP3A4, MTHFR, FII/FV LEIDEN).

IMR ISSUES, DECISIONS AND RATIONALES

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

Drug metabolism test due to inherited variations (CYP2CP, CY2C19, CYP2D6, CYP3A5, CYP3A4, MTHFR, FII/FV LEIDEN): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Cytokine DNA testing for pain.

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

Decision rationale: MTUS states that Cytokine DNA testing is not recommended since there is no current evidence to support this form of testing for treatment of acute or chronic pain. These guidelines do not document a benefit of this testing in guiding treatment options for acute or chronic pain. The records do not provide an alternate rationale to support this testing. Thus, this request is not medically necessary.