

<b>Case Number:</b>	CM14-0136528		
<b>Date Assigned:</b>	09/03/2014	<b>Date of Injury:</b>	05/13/2011
<b>Decision Date:</b>	09/24/2014	<b>UR Denial Date:</b>	08/19/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/25/2014

### 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. The expert reviewer is Board Certified in Anesthesiology, has a subspecialty in Pain Medicine and is licensed to practice in Connecticut. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

### CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

After careful review of the medical records, this is a 25 year old male with complaints of low back pain and right leg pain. The date of injury is 5/13/11 and the mechanism of injury is impact injury when a 700 pound plate fell from 3 feet onto his right side leading to his current symptoms. At the time of request for genetic marker testing, there is subjective (low back pain, right leg pain, weakness) and objective (straight leg positive bilateral, paraspinal musculature spasm lumbar) findings, imaging findings (none included), diagnoses (hx of right femur fracture, herniated disc L5-S1, central canal stenosis/narrowing on the left side, persistent right leg pain following femur fracture, fat necrosis/stiffness right knee), and treatment to date (medications, injections, rest). DNA genetic testing is not recommended as there is no scientific evidence to support the use of cytokine testing for the diagnosis of pain, including chronic pain.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**FLT3 (FMS-related tyrosine kinase 3), QTY: 1: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Cytokine DNA Testing For Pain Page(s): 42.

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

**Decision rationale:** Per MTUS-Chronic Pain Medical Treatment Guidelines, DNA genetic testing is not recommended as there is no scientific evidence to support the use of cytokine testing for the diagnosis of pain, including chronic pain. Therefore, the request for genetic marker testing is not medically necessary.

**MTHFR (5, 10- Methylenetetrahydrofolate Reductase) (eg, hereditary hypercoagulability):**  
Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Cytokine DNA Testing For Pain Page(s): 42.

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

**Decision rationale:** Per MTUS-Chronic Pain Medical Treatment Guidelines, DNA genetic testing is not recommended as there is no scientific evidence to support the use of cytokine testing for the diagnosis of pain, including chronic pain. Therefore, the request for genetic marker testing is not medically necessary.

**Culture, typing identification by ucleic acid (dna or rna) probe:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Cytokine DNA Testing For Pain Page(s): 42.

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

**Decision rationale:** Per MTUS-Chronic Pain Medical Treatment Guidelines, DNA genetic testing is not recommended as there is no scientific evidence to support the use of cytokine testing for the diagnosis of pain, including chronic pain. Therefore, the request for genetic marker testing is not medically necessary.

**Culture typing: identification by nucleic acid (dna or rna) probe:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Cytokine DNA Testing For Pain Page(s): 42.

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

**Decision rationale:** Per MTUS-Chronic Pain Medical Treatment Guidelines, DNA genetic testing is not recommended as there is no scientific evidence to support the use of cytokine testing for the diagnosis of pain, including chronic pain. Therefore, the request for genetic marker testing is not medically necessary.

**Molecular pathology procedure:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Cytokine DNA Testing For Pain Page(s): 42.

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

**Decision rationale:** Per MTUS-Chronic Pain Medical Treatment Guidelines, DNA genetic testing is not recommended as there is no scientific evidence to support the use of cytokine testing for the diagnosis of pain, including chronic pain. Therefore, the request for genetic marker testing is not medically necessary.