

Case Number:	CM14-0152135		
Date Assigned:	09/22/2014	Date of Injury:	10/18/2009
Decision Date:	10/24/2014	UR Denial Date:	09/17/2014
Priority:	Standard	Application Received:	09/18/2014

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 Physical Medicine and Rehabilitation and is licensed to practice in Illinois. 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:

The injured worker is a 43-year-old female who reported an injury on 10/18/2009 caused by an unspecified mechanism of injury. The injured worker's treatment history included medications, MRI studies, x-rays, and CT scans. The injured worker was evaluated on 09/08/2014 and it was documented that the injured worker complained of back pain, leg pain, and neck pain. The pain level was 6/10 to 8/10 on the pain scale. The injured worker had a history of prior kidney transplant. The physical examination revealed her gait was antalgic and she used a cane. The incision was well healed. There was pain to palpation of the lumbar spine with palpable paraspinal muscle spasm. Range of motion was limited due to pain. Flexion was 20% of normal, extension was 10% of normal, and side to side bending was 40% of normal. Motor strength was 4+/5 in the bilateral lower extremities proximally and distally, especially gastrosoleus and extensor hallucis longus. There was decreased light touch sensation in the left lower extremity of L5-S1 distribution. This was due to recurrent herniation. The straight leg raise was positive on the left side; extension at 60 degrees caused pain to the left leg, negative on the right. There was only back pain. Diagnoses included recurrent disc herniation, L3-4 and L4-5; post laminectomy syndrome; spondylolisthesis; spinal stenosis, severe foraminal L4-5, and to a lesser extent L3-4; neuropathic pain; radiculopathy; dural cyst secondary to dural tear from the [REDACTED] surgery; previous cauda equina syndrome; and residual headaches and intermittent bladder incontinence. The Request for Authorization was not submitted for this review.

IMR ISSUES, DECISIONS AND RATIONALES

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

DNA Medicated Kit, purchase: 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 Cytokine DNA Testing for Pain Page(s): 42.

Decision rationale: The requested is not medically necessary. Per California Medical Treatment Utilization Schedule (MTUS) Guidelines does not recommend Cytokine DNA Testing for pain. There is no current evidence to support the use of cytokine DNA testing for the diagnosis of pain, including chronic pain. Scientific research on cytokines is rapidly evolving. There is vast and growing scientific evidence base concerning the biochemistry of inflammation and it is commonly understood that inflammation plays a key role in injuries and chronic pain. Cellular mechanisms are ultimately involved in the inflammatory process and healing, and the molecular machinery involves cellular signaling proteins or agents called cytokines. Given rapid developments in cytokine research, novel applications have emerged and one application is cytokine DNA signature testing which has been used as a specific test for certain pain diagnoses such as fibromyalgia or complex regional pain syndrome. The documents submitted failed to indicate the injured worker injured worker long term functional goal of pain medication management other than requesting a DNA testing over other readily available methods for risk stratifying the injured worker. As such, the request for DNA medicated kit, purchase, is not medically necessary.

Lumbar Sacral Orthosis Lumbar Brace, purchase: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 301.

Decision rationale: The request for lumbar brace is not medically necessary. The California MTUS/ACOEM states that lumbar supports have not been shown to have any lasting benefit beyond the acute phase of symptom relief. The guidelines do not recommend this option as beneficial beyond the acute phase of symptom relief. There is no rationale provided to warrant the request for a lumbar back brace. Given the above, the request for lumbar sacral orthosis lumbar brace, purchase, is not medically necessary.