

<b>Case Number:</b>	CM14-0166772		
<b>Date Assigned:</b>	10/14/2014	<b>Date of Injury:</b>	04/18/2013
<b>Decision Date:</b>	11/14/2014	<b>UR Denial Date:</b>	09/09/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/09/2014

### 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 Internal Medicine and is licensed to practice in New York. 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 patient is a 40 year old female assembler with a date of injury of 04/18/2013. She suddenly felt shoulder, neck and back pain. On 04/02/2014 she had neck pain, low back pain and bilateral shoulder pain. The pain was 6-7/10 (without medication) to 3-4/10 (with medication). She had decreased range of motion and muscle spasm. On 08/13/2014 she had neck and back pain. There was numbness and tingling to the left lower extremity. Cervical range of motion and lumbar range of motion were decreased. There was spasm of the cervical and lumbar paravertebral muscles. The listed diagnoses included cervical sprain/strain, lumbar strain/sprain, cervical radiculopathy and rotator cuff syndrome. She was treated with Anaprox, Prilosec, cyclobenzepine and a compound pain cream was added.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**DNA medicated collection kit J3490:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation OFFICIAL DISABILITY GUIDELINES (ODG)

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints, Chapter 12 Low Back Complaints Page(s): 165-188 287-316.. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) 2014 Pain, Cytokine DNA testing.

**Decision rationale:** MTUS and ODG do address the need for treatment of Neck and upper back complaints (ACOEM Chapter 8) and for Low back complaints (ACOEM Chapter 12) but do not address the need for unclassified drugs. J3490 is for unclassified drug. The customary allowance for all unclassified HCPCS codes is 0. In this case J3490 is being used for a DNA metabolism kit to determine metabolism of medications. The need for this testing is not noted in ACOEM guidelines. This is experimental and investigational and has not been documented to improve long term functional health outcome. ODG 2014 Pain specifically notes that Cytokine 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." Therefore the request is not medically necessary.