

Case Number:	CM14-0173279		
Date Assigned:	10/24/2014	Date of Injury:	11/08/2012
Decision Date:	12/03/2014	UR Denial Date:	10/06/2014
Priority:	Standard	Application Received:	10/20/2014

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 Occupational Medicine and is licensed to practice in California. 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 applicant is a represented [REDACTED] employee who has filed a claim for chronic low back pain reportedly associated with an industrial injury of November 8, 2012. Thus far, the applicant has been treated with the following: Analgesic medications; muscle relaxants; unspecified amounts of physical therapy; and transfer of care to and from various providers in various specialties. In a Utilization Review Report dated October 6, 2014, the claims administrator denied a request for a DNA sample/DNA collection. Despite the fact that the MTUS addressed the topic, the claims administrator nevertheless invoked non-MTUS ODG guidelines in its denial. The applicant's attorney subsequently appealed. On April 30, 2014, the applicant apparently received extracorporeal shockwave therapy for the lumbar spine. On June 9, 2014, the applicant was placed off of work, on total temporary disability, owing to multifocal complaints of upper back pain, mid back pain, and low back pain with associated radicular complaints. On June 4, 2014, the applicant consulted a pain management physician and was given trigger point injections in the clinic. A Toradol injection was performed. Epidural steroid injection therapy was sought. Naprosyn, Protonix, Flexeril, Norco, Xanax, and Terocin were all endorsed. On September 4, 2014, the applicant was again placed off of work, on total temporary disability. The DNA testing at issue was apparently endorsed via a request for authorization (RFA) form dated September 29, 2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

DNA medicated collection kit: 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), Pain, and Genetic Testing for Potential Opioid Abuse

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

Decision rationale: As noted on page 42 of the MTUS Chronic Pain Medical Treatment Guidelines, DNA testing for the diagnosis of pain, including the chronic pain reportedly present here, is deemed "not recommended." In this case, the attending provider did not furnish any compelling applicant-specific rationale or medical evidence which would offset the unfavorable MTUS position on the article at issue. Therefore, the request is not medically necessary.