

<b>Case Number:</b>	CM14-0183919		
<b>Date Assigned:</b>	11/10/2014	<b>Date of Injury:</b>	12/31/1998
<b>Decision Date:</b>	12/15/2014	<b>UR Denial Date:</b>	10/22/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/04/2014

### 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 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 injured worker is a 60-year-old male who reported an injury on 12/31/1998. The injured worker suffered injuries when he slipped and fell backwards in a ditch, injuring his lower back and left leg. The injured worker treatment history included surgery, medications, x-rays of the lumbar spine, MRI studies and EMG/NCV studies. The injured worker was evaluated on 09/29/2014 and documented the injured worker had urgent surgery to address his hernia on 08/25/2014. Otherwise there was no significant change in his overall health. He stated that his medications were helpful. He stated that analgesic creams and patches that he had been using have been helpful. He had chronic back and bilateral knee difficulties. Physical examination of the lumbar spine revealed flexion was 40 degrees, extension was 20 degrees and lateral bending was 15 degrees. There was negative straight leg raise sign in the sitting and supine positions. Diffuse myofascial guarding and trigger points were noted. Examination of bilateral knees revealed diffuse tenderness and crepitus were noted. There was good range of motion without instability. Diagnoses included status post left knee arthroscopy, chondromalacia of the lateral knee joints, chronic lumbar sprain/strain and lumbar spine myofasciitis. Medications included lorazepam, Norco and analgesic creams and Terocin patches. Request for Authorization was not submitted for review.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**1 comprehensive molecular diagnostic testing, due to pain medications taken for lumbar spine injury:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Cytokine DNA testing. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), 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:** The California Medical Treatment Utilization Schedule (MTUS) Guidelines do 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 provider failed to indicate evidence to support the use of comprehensive molecular diagnostic testing procedure. In addition, the records indicate the injured worker has been stable on the president medication regimen. The documents submitted failed to indicate the injured worker's 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 1 comprehensive molecular diagnostic testing, due to pain medications taken for lumbar spine injury is not medically necessary.