

Case Number:	CM14-0190900		
Date Assigned:	11/24/2014	Date of Injury:	11/17/2009
Decision Date:	01/09/2015	UR Denial Date:	10/08/2014
Priority:	Standard	Application Received:	11/17/2014

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, has a subspecialty in Interventional Spine 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 patient is a 46 year old male with an injury date of 11/17/09. Based on the 07/07/14 progress report, the patient complains of dull and aching pain in both knees which he rates as a 9/10 without medications and a 7-8/10 with medications. He has loss of sleep due to pain. The patient has a slow guarded gait. Palpation reveals tenderness on the medial and lateral knee joint lines of both knees. Patellar tracking is painful in both knees and crepitation is noted in the patellofemoral joints. There is decreased range of motion, bilaterally. The 08/11/14 report indicates that the patient rates her knee pain as a 9/10 without medications and a 6-7/10 with medications. The 09/15/14 report states that the patient rates her pain as a 9/10 without medications and a 5/10 with medications. The patient's diagnoses include the following: Knee sprain/strain; Knee pes anserinus bursitis; Insomnia. The utilization review determination being challenged is dated 10/08/14. Treatment reports were provided from 01/07/14- 09/15/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

(Retro) DNA Test: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter, Genetic testing

Decision rationale: According to the 09/15/14 report, the patient presents with knee pain which he rates as a 9/10 without medications and a 5/10 with medications. The retrospective request is for a DNA Test. The treating physician does not provide any discussion as to why a DNA Test is needed. MTUS, page 42 discusses only Cytokine DNA testing for pain and states it is not recommended. ODG guidelines, Pain Chapter, Genetic testing for potential opioid abuse, states, "Not recommended. While there appears to be a strong genetic component to addictive behavior, current research is experimental in terms of testing for this. Studies are inconsistent, with inadequate statistics and large phenotype range. Different studies use different criteria for definition of controls. More work is needed to verify the role of variants suggested to be associated with addiction and for clearer understanding of their role in different populations." Current research is experimental and this testing is not recommended by ODG. Given the lack of support from ODG guidelines, the request is not medically necessary.