

Case Number:	CM14-0211782		
Date Assigned:	12/24/2014	Date of Injury:	01/08/2014
Decision Date:	02/27/2015	UR Denial Date:	12/12/2014
Priority:	Standard	Application Received:	12/17/2014

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:
 State(s) of Licensure: Arizona, Texas
 Certification(s)/Specialty: Internal Medicine

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 65year old man with a work related injury dated 1/8/14 resulting in a head injury with chronic neck and back pain. The patient was evaluated on 12/3/14 by the primary provider. The patient continued to complain of pain. The exam showed decreased range of motion of the neck and low back with positive straight leg raising and spasm of the paravertebral muscles. An MRI was done on 2/25/14 showing a 3mm paracentral disc protrusion at C3-4 and C4-5 with moderate central canal narrowing with a mass effect on the central cord. The diagnosis includes head contusion, thoracic and lumbar sprain/strain, cervical sprain and myospasm and post-traumatic headaches. Under consideration is the medical necessity of non-invasive DNA testing for the diagnosis of pain.

IMR ISSUES, DECISIONS AND RATIONALES

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

Noninvasive DNA Test: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines- Pain Chapter DNA Testing

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, DNA testing.

Decision rationale: According to the ODG chapter on chronic pain the use of 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. Furthermore the documentation doesn't support reasoning for such testing.