

<b>Case Number:</b>	CM15-0018864		
<b>Date Assigned:</b>	02/06/2015	<b>Date of Injury:</b>	06/08/2013
<b>Decision Date:</b>	03/31/2015	<b>UR Denial Date:</b>	01/21/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/02/2015

### 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: California

Certification(s)/Specialty: Physical Medicine & Rehabilitation

### 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 47-year-old female who reported an injury on 06/08/2013. The injured worker reportedly twisted her ankle when attempting to avoid a fall. The current diagnoses include thoracic sprain, lumbar sprain, left knee sprain, and left carpal tunnel syndrome. The injured worker presented on 01/07/2015 for a followup evaluation. Upon examination, there was decreased range of motion of the thoracic spine and lumbar spine with spasm, painful range of motion of the left knee, and tenderness to palpation. Recommendations included continuation of the current medication regimen, chiropractic therapy, acupuncture, and a urinalysis. A Request for Authorization form was submitted on 01/07/2015 for noninvasive DNA testing.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Non-Invasive DNA Testing:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 42.

**Decision rationale:** California MTUS Guidelines do not recommend 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. The medical rationale for the requested noninvasive DNA testing was not provided within the documentation. As the medical necessity has not been established, the request cannot be determined as medically appropriate. Additionally, the California MTUS Guidelines do not recommend DNA testing. As such, the request is not medically necessary.