

Case Number:	CM15-0018959		
Date Assigned:	02/06/2015	Date of Injury:	09/08/2008
Decision Date:	03/30/2015	UR Denial Date:	01/15/2015
Priority:	Standard	Application Received:	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 51-year-old male who reported an injury on 09/08/2008. The mechanism of injury involved heavy lifting. The current diagnoses include cervical spine herniated nucleus pulposus and lumbar spine herniated nucleus pulposus. The injured worker presented on 12/09/2014 for a followup evaluation. Upon examination, there was decreased range of motion of the lumbar spine with positive muscle spasm. Recommendations at that time included continuation of the current medication regimen, chiropractic therapy, acupuncture, and shockwave therapy. A Request for Authorization form was then submitted on 12/09/2014 for noninvasive DNA testing, tramadol 150 mg, naproxen 550 mg, Protonix 20 mg, and cyclobenzaprine 7.5 mg.

IMR ISSUES, DECISIONS AND RATIONALES

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

Non-invasive 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 (ODG) Treatment in Workers' Comp 13th edition, Pain

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

Decision rationale: The 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 submitted. The medical necessity has not been established. Therefore, the request is not medically appropriate.