MAXIMUS Federal Services

Case Number:	CM15-0175807		
Date Assigned:	09/17/2015	Date of Injury:	05/26/2015
Decision Date:	10/20/2015	UR Denial Date:	08/18/2015
Priority:	Standard	Application Received:	09/08/2015

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: Arizona, California
Certification(s)/Specialty: Family Practice

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 52 year old male who sustained an industrial injury on 05-26-2015. He reported injury to his back, upper and lower extremities, neck, shoulder, hands, knees, feet and problems with psyche, neuro and sleep disorder. Subjective symptoms included cervical spine pain and stiffness, low back pain and weakness, right and left shoulder pain and stiffness, right and left ankle pain and cramping and depression, anxiety and irritability. Physical examination demonstrated tenderness to palpation of the cervical paravertebral muscles and right trapezius. Cervical compression was absent. Soto-Hall caused pain on the right. There was tenderness to palpation of the lumbar paravertebral muscles. There was muscle spasm of the lumbar paravertebral muscles. Nachlas caused pain on the right. Examination of the right shoulder demonstrated tenderness to palpation of the acromioclavicular joint. Cross Arm test was positive. Examination of the left shoulder demonstrated tenderness to palpation of the acromioclavicular joint. Cross Arm test caused pain. Examination of the right ankle demonstrated tenderness to palpation of the Achilles' tendon. Examination of the left ankle demonstrated tenderness to palpation of the Achilles' tendon, lateral heel and medial heel. Diagnoses included cervical musculoligamentous injury, cervical sprain strain, lumbar musculoligamentous injury, lumbar sprain strain, right and left AC joint sprain strain, left shoulder myoligamentous injury, right and left ankle sprain strain, anxiety, depression and acute stress. The treatment plan included oral medications, topical compound cream, TENS-EMS unit, refer DNA testing, refer to psychological evaluation, refer urinalysis testing, request for x-ray, acupuncture for the cervical spine, chiropractic care for the lumbar spine and physic therapy for

the left and right shoulder and left and right ankle. The injured worker was released for full work duty. An authorization request dated 07-17-2015 was submitted for review. The requested services included oral medication, topical compound cream, TENS-EMS unit, x-ray, physiotherapy, refer to psychological evaluation, refer to urinalysis testing, and refer to DNA testing, acupuncture and chiropractic treatment. On 08-18-2015, Utilization Review non-certified the request for DNA testing.

IMR ISSUES, DECISIONS AND RATIONALES

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

DNA testing: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

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 and pg 45.

Decision rationale: According to the guidelines, DNA testing is not recommended for pain assessment/diagnosis or drug metabolism. In this case, the claimant had chronic shoulder and lower extremity pain. The claimant had undergone numerous interventions. The request for DNA testing and the end objective for the testing was not elaborated. The DNA testing is not medically necessary.