

Case Number:	CM15-0022234		
Date Assigned:	02/11/2015	Date of Injury:	06/29/2006
Decision Date:	05/26/2015	UR Denial Date:	01/16/2015
Priority:	Standard	Application Received:	02/05/2015

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: Indiana

Certification(s)/Specialty: Preventive Medicine, Occupational 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 58 year old female, who sustained an industrial injury on 06/29/2006. She has reported subsequent neck and back pain and was diagnosed with cervical and lumbar disc disease, cervical and lumbar radiculopathy and lumbar facet syndrome. Treatment to date has included oral pain medication, physical therapy, chiropractic treatment, rest and a home exercise program. In a progress note dated 12/09/2014 , the injured worker complained of pain that was rated as 6/10. The location of the pain is unclear as the progress note is difficult to decipher. Objective findings were notable for decreased range of motion and spasm of the cervical and lumbar spine. A request for authorization of a noninvasive DNA test was submitted.

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: treatment index, 12th edition (web) 2014, pain, genetic testing for potential opioid abuse. Pharmacogenetic testing, opioid metabolism; cytokine DNA testing, www.cytokineinstitute.com.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG); Pain; Genetic Testing for Opioid Abuse.

Decision rationale: MTUS is silent on this topic, but ODG has guidelines for genetic testing for opioid abuse: "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." There is no discussion or documentation on why a DNA test is needed or what diagnostic or treatment purpose it would serve. Therefore, the request is not medically necessary.