

<b>Case Number:</b>	CM15-0068286		
<b>Date Assigned:</b>	04/15/2015	<b>Date of Injury:</b>	10/16/2014
<b>Decision Date:</b>	05/19/2015	<b>UR Denial Date:</b>	03/19/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/10/2015

### 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 43 year old female who sustained an industrial injury on 10/16/2014 while employed as a house keeper; she reported a pop in her neck, pain in her neck and abdomen. On provider visits dated 12/12/2014 the injured worker was noted to have a decreased range of motion of cervical area. The diagnoses have included depressive disorder, cervical sprain/strain and lumbar sprain/strain. Treatment to date has included medications, nerve conduction studies, therapies, electromyography, medication, MRI, lumbar spine, laboratory studies and x-ray. The provider requested Noninvasive DNA Test for diagnosis depressive disorder.

### 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 cite any medical evidence for its decision.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Cytokine DNA Testing for pain Page(s): 42.

**Decision rationale:** The patient presents on 12/12/14 with pain in the lumbar spine rated 6/10. The associated progress note is handwritten and largely illegible. The patient's date of injury is 10/16/14. Patient is status post extracorporeal shockwave treatment to the cervical spine on 02/11/15. The request is for NON-INVASIVE DNA TEST. The RFA for this request was not dated. Physical examination dated 12/12/14 reveals decreased cervical range of motion and unspecified muscle spasms. No other positive physical findings are documented. The patient's current medication regimen is not provided. Diagnostic imaging was not included. Per 02/12/14 progress note, patient is advised to remain off work for 4 weeks. MTUS Chronic Pain Medical Treatment Guidelines, page 42 under Cytokine DNA Testing for Pain has the following: "Not recommended. There is no current evidence to support the use of cytokine DNA testing for the diagnosis of pain, including chronic pain. Scientific research on cytokines is rapidly evolving. There is vast and growing scientific evidence base concerning the biochemistry of inflammation and it is commonly understood that inflammation plays a key role in injuries and chronic pain. Cellular mechanisms are ultimately involved in the inflammatory process and healing, and the molecular machinery involves cellular signaling proteins or agents called cytokines. Given rapid developments in cytokine research, novel applications have emerged and one application is cytokine DNA signature testing which has been used as a specific test for certain pain diagnoses such as fibromyalgia or complex regional pain syndrome. The specific test for cytokine DNA testing is performed by the Cytokine Institute. Two articles were found on the website. However, these articles did not meet the minimum standards for inclusion for evidence-based review." In regard to the unspecified DNA test, the provider has not specified a reason for the request. Progress reports do not indicate that the patient is currently taking narcotic medications, for which genetic testing is being evaluated for utility in identifying dependence risk. No other reason for the requested genetic testing are provided. Currently, genetic testing is still under investigation and is not supported by MTUS guidelines as a routine diagnostic tool for any condition. Therefore, this request IS NOT medically necessary.