

Case Number:	CM14-0152262		
Date Assigned:	09/22/2014	Date of Injury:	04/09/2009
Decision Date:	11/05/2014	UR Denial Date:	08/23/2014
Priority:	Standard	Application Received:	09/18/2014

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. The expert reviewer is Board Certified in Occupational Medicine, and is licensed to practice in Montana. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

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 has a date of injury of 4/9/09. The mechanism of injury is not provided in the medical records. As of 1/13/14 she had complaint of cervical pain and was awaiting surgery. Records related to the cervical condition were not provided. Other diagnoses include abdominal pain and constipation, acid reflux secondary to nonsteroidal anti-inflammatory (NSAID) use, dysphagia and sleep disorder. The treating physician has recommended avoidance of NSAID medications and notes continued improvement in gastrointestinal symptoms. H. pylori breath testing was negative. The treating physician has requested Detect Agent NOS DNA Amp testing.

IMR ISSUES, DECISIONS AND RATIONALES

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

Detect agent nos DNA amp: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Harrison's Principles of Internal Medicine textbook, various Gastroenterology Chapters

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), CPT Procedure code index, Code 87798 Other Medical Treatment Guideline or Medical Evidence: Various internet CPT and diagnostic laboratory sources.

Decision rationale: The MTUS is silent regarding the use of Detect Agent NOS DNA Amp testing. Detect Agent NOS DNA Amp is an infectious agent detection method, using amplified probe technique, for DNA or RNA detection of infectious agents. It is used for infectious agents that do not already have their own specific CPT code. In this case the medical records document improved gastrointestinal symptoms which were felt to be related to use of nonsteroidal anti-inflammatory medications. The records do not support the need for any specific testing for infectious agents. The request for Detect Agent NOS DNA Amp testing is not medically necessary.