

Case Number:	CM14-0016719		
Date Assigned:	04/11/2014	Date of Injury:	05/21/2012
Decision Date:	05/29/2014	UR Denial Date:	01/28/2014
Priority:	Standard	Application Received:	02/10/2014

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 Family Practice, and is licensed to practice in New York. 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 is a 43 year old man with a date of injury of 1/7/97. He was seen on 1/6/14 by his physician with complaints of low back pain with radiation to his legs. His review of systems was negative. He had tenderness to palpation in his back L4-5, worse with extension. He had numbness in his left anterior thigh and his left quadriceps strength was 4+/5. His medications were neurontin and tramadol. His diagnoses included chronic intractable axial lower back pain with extension, most likely facetogenic of origin. He was seen on 1/14/14 by his primary treating physicia for complaints of redness of his legs after taking felodipine which resolves within an hour. He had no pedal edema or itching and his blood pressure was under good control. His physical exam was unremarkable. His losartan, felodipine and HCTZ medications were filled. At issue in this review is blood work and urinalysis. He had labs drawn in 8/13 with CBC, lipids, apolipoprotein, basic metabolic panel, uric acid, GGT, hemoglobin A1c, thyroid studies, ferritin, vitamin D and urine creatinine and albumin. Of note was a HCT slightly low at 37.4, cholesterol of 251 and LDL of 138. The rest were normal.

IMR ISSUES, DECISIONS AND RATIONALES

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

BLOOD WORK WITH URINALYSIS: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Non-MTUS Citation: Merck Manual Hematology: Evaluation Of Anemia Merck Manual: Cardiovascular Disorder Overview Of Hypertension; Diagnosis. Revised November 2013.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Non-MTUS Citation: Other Medical Treatment Guideline UpToDate: Urinalysis in the diagnosis of kidney disease, Causes and diagnosis of iron deficiency anemia in the adult, Diagnosis of and screening for hypothyroidism in nonpregnant adults, lipoprotein A and cardiovascular disease, Screening for type 2 diabetes mellitus and Vitamin D deficiency in adults: Definition, clinical manifestations, and treatment.

Decision rationale: This injured worker has a history of hypertension and chronic low back pain. He had a series of lab studies, most of which were unremarkable completed in 8/13. His physical exam was normal and his blood pressure normal. He had no cardiac, hepatic or esophageal symptoms documented. There were no historical or exam findings for toxicity or side effects of his medications. He has no history of thyroid disease, osteoporosis or diabetes. His vitamin D level was normal in prior labs and it was not documented as being treated. He already had extensive lab studies drawn within the prior 6 months and the medical necessity of repeat labs is not substantiated in the records. A complete urinalysis should be performed with evidence of or suspected kidney disease with known or suspected kidney stones. A complete urinalysis may also be used to clarify findings of urine dipsticks. This worker had a normal microalbumin and low creatinine in his urine in 8/13. The records do not document any urinary symptoms or suspicion of kidney disease to justify the medical necessity of a urinalysis.