MAXIMUS Federal Services

Case Number:	CM14-0019226		
Date Assigned:	04/21/2014	Date of Injury:	10/17/2006
Decision Date:	07/02/2014	UR Denial Date:	01/29/2014
Priority:	Standard	Application Received:	02/14/2014

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 Texas. 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 50 year old male with a reported date of injury on 10/17/2006. The mechanism of injury was not provided in the documentation available for review. The lab work performed on 02/05/2013 and 10/01/2013 was reported as within normal limits. According to the clinical note dated 10/01/2013 the injured worker had no complaints or concerns at that visit. According to the clinical note dated 01/14/2014, the injured worker stated he was feeling well and presented with no new complaints. The injured worker's diagnoses included hypertension, umbilical hernia and actinic keratosis. The injured worker's medication regimen included Ramipril, atorvastatin, metoprolol and allopurinol. The request for authorization for blood work with urinalysis was submitted on 02/06/2014.

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 Labtestonline.org.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back, Preoperative Lab Testing.

Decision rationale: The Official Disability Guidelines recommend the decision to order laboratory testing should be guided by the patient's clinical history, comorbidities, and physical examination findings. In addition, a urinalysis is recommended for patients undergoing invasive urologic procedures and those undergoing implantation of foreign material. According to the clinical documentation provided, the injured worker had laboratory work performed on 02/05/2013 and 10/01/2013 with all results as within normal limits. According to the clinical note dated 01/14/2014, the injured worker stated he was feeling well and presented with no new complaints. The rationale for the request on 01/14/2014 for repeat labs is unclear. In addition, the request does not specify which lab studies are being order. As such, the request is not medically.