

Case Number:	CM14-0019687		
Date Assigned:	04/25/2014	Date of Injury:	12/07/2013
Decision Date:	07/07/2014	UR Denial Date:	02/10/2014
Priority:	Standard	Application Received:	02/18/2014

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 Orthopedic Surgery and is licensed to practice in California. 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 claimant, a 37-year-old female, was injured in a work related accident on 12/07/13 when she was helping to lift a 200 pound patient and felt an acute onset of pain in the neck and radiating pain to the shoulder. The report of a cervical spine MRI dated 01/07/14 demonstrated central stenosis from C3-C6 with disc space narrowing at multiple levels and a moderately large paracentral disc herniation at the C5-6 level. It is documented that conservative care has included activity modification, medication management, and physical therapy. Based on positive physical examination findings the recommendation was made for an anterior cervical discectomy and fusion at the C5-6 level. The records document that the surgery has been supported by the carrier. This request is for a preoperative urinalysis for assessment before the one level fusion procedure.

IMR ISSUES, DECISIONS AND RATIONALES

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

URINALYSIS: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines. Low Back Chapter, High Risk Surgical Procedures.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation AMERICAN COLLEGE OF OCCUPATIONAL AND

ENVIRONMENTAL MEDICINE CA ACOEM OMPG (SECOND EDITION, 2004),
CHAPTER 7 INDEPENDENT MEDICAL EXAMINATIONS AND CONSULTATIONS, 127.

Decision rationale: Based on California ACOEM guidelines, a request for a preoperative urinalysis for this individual undergoing a one level anterior cervical vasectomy fusion would not be indicated. At present, there is documentation of a significant issue or symptomatic urinary finding that would support the acute need of a urinalysis before operative intervention. The request for the preoperative test is not be medically necessary.