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| <b>Case Number:</b>   | CM14-0205116 |                              |            |
| <b>Date Assigned:</b> | 12/17/2014   | <b>Date of Injury:</b>       | 07/26/2014 |
| <b>Decision Date:</b> | 05/19/2015   | <b>UR Denial Date:</b>       | 11/11/2014 |
| <b>Priority:</b>      | Standard     | <b>Application Received:</b> | 12/08/2014 |

### 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. 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: Iowa, Illinois, Hawaii

Certification(s)/Specialty: Preventive Medicine, Occupational Medicine, Public Health & General Preventive Medicine

### 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 29 year old male with an industrial injury dated 01/01/2006. His diagnoses included bilateral wrist tendinitis, rule out carpal tunnel syndrome; bilateral elbow sprain/strain and lumbar spine sprain/strain. Prior treatment includes acupuncture. He presents on 09/17/2014 with symptoms unchanged since last visit. Pain level is rated as 7-8/10. Cervical spine range of motion was mild to moderately decreased. There is a second progress note dated 11/10/2014 which documents a diagnosis of chemical exposure. The progress notes from 09/17/2014 and 11/10/2014 are difficult to read. There is a doctor's first report of occupational injury or illness dated 10/23/2014 which documents subjective complaints as exposure to chemicals/dust, shortness of breath, chest pain, and back/neck and shoulder pain. Objective findings are documented as within normal limits. Respiratory testing (methacoline challenge report) report dated 11/11/2014 is present in the submitted records. The treatment plan was a request for urinalysis by dipstick.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Urine Dipstick Qty:1.00:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation UPTODATE, Urine dipsticks <http://www.uptodate.com/>.

**Decision rationale:** UPTODATE states "Indications and use Dipsticks to evaluate for urine leukocyte esterase and nitrite can be used as a screening tool for the diagnosis of UTI. Dipsticks are generally performed whenever UTI is suspected. However, we do not routinely collect urine for dipstick in young nonpregnant women with a history clearly suggestive of a UTI (ie, typical symptoms without vaginal discharge or irritation), as the dipstick generally does not provide additional useful information [6-8]. A positive dipstick can support the diagnosis of UTI in a patient with suggestive symptoms, and a negative test can refute the diagnosis if clinical suspicion is low. However, a negative nitrite and leukocyte esterase on the dipstick may represent false negative results in a truly infected patient, and a urine culture should generally be performed if clinical suspicion is high [9]. Specific details of dipstick performance are discussed elsewhere. (See 'Accuracy' below.) In general, dipsticks to evaluate for leukocyte esterase and nitrite should not be performed in patients without any symptoms consistent with a UTI, as a positive dipstick, which would denote the presence of pyuria and/or bacteriuria, does not indicate a UTI in an asymptomatic patient. The rationale for this is similar to the reasons not to screen for asymptomatic bacteriuria." The treating physician has not provided a detailed medical rationale behind this request to meet the above guidelines. The medical documentation provided does not indicate what this patient has been exposed to or how the results of the requested test will affect the treatment plan. As such, the request for Urine Dipstick Qty:1.00 is not medically necessary.