

<b>Case Number:</b>	CM15-0100902		
<b>Date Assigned:</b>	06/03/2015	<b>Date of Injury:</b>	10/07/2002
<b>Decision Date:</b>	08/06/2015	<b>UR Denial Date:</b>	05/13/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/26/2015

### 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: New York

Certification(s)/Specialty: Anesthesiology

### 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 63-year-old female who sustained an industrial injury on October 7, 2002. She has reported ongoing problems with dysuria and infection and has been diagnosed with complete urinary incontinence, fibromyalgia, pain disorder, bilateral shoulder internal derangement, right femoral neuropathy, and fecal incontinence with abnormal ano manometry. Treatment has included medications, physical therapy, and surgery. She recently completed an emergent cystoscopy in February of 2015. There were no bladder calculi noted or emphysematous cystitis that was suspected based on pre-operative imaging. The injured worker is currently taking antibiotics. The treatment request included laboratory work.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**CBC/SMA-19/sed rate:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs Page(s): 67-71.

**Decision rationale:** The CA MTUS guidelines recommend periodic lab monitoring of complete blood count (CBC) and chemistry profile (including liver and renal function tests) in patients maintained on chronic NSAID therapy. In this case, the patient has medical conditions of hypertension and recurrent urinary tract infections. According to the documentation, the patient had a CBC, urinalysis and chemistry panel performed on 9/24/14. The medical record does not present a clinical rationale that establishes the need for additional laboratory studies at this time. Medical necessity for the requested laboratory studies has not been established. The requested studies are not medically necessary.

**Thyroid Panel QTY: 1:** 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 Medscape Internal Medicine 2014.

**Decision rationale:** A thyroid function panel is a collective term for blood tests used to check the function of the thyroid. A thyroid panel typically includes thyroid hormones such as thyroid-stimulating hormone (TSH), thyroxine (T4), and triiodothyronine (T3). In this case, there is no clinical evidence of thyroid dysfunction. In addition, the patient underwent a complete thyroid panel (TSH, T3, T4 and T3 uptake) on 9/24/14. Medical necessity for the requested tests has not been established. The requested tests are not medically necessary.

**Venipuncture QTY:1:** 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 Medscape Internal Medicine 2014.

**Decision rationale:** Venipuncture is the puncture of a vein as part of a medical procedure, typically to withdraw a blood sample or for an intravenous injection. In this case, the requested laboratory studies are not medically indicated. Therefore, the requested venipuncture is not medically necessary.

**Glucose reagent strip:** Overturned

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG). Diabetes (Type 1, 2 and Gestational): Glucose monitoring.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Medscape Internal Medicine 2014.

**Decision rationale:** There is no documentation of a glucose reagent strip requested. This patient does not have a history of diabetes. The rationale will be based on a urinalysis test strip. A urinalysis is the physical, chemical, and microscopic examination of urine. It involves using a dipstick, which contains a number of tests to detect and measure various substances and cells. The test can be used for the diagnosis of uncomplicated cystitis, acute uncomplicated pyelonephritis and urinary tract infections. In addition, it can be used to assess for glycosuria and proteinuria. This patient has a history of bladder infections and has symptoms that warrant evaluation, including a urinalysis with the use of a dipstick. Medical necessity for the requested test has been established. The requested test is medically necessary.