

Case Number:	CM15-0142092		
Date Assigned:	07/31/2015	Date of Injury:	07/23/2001
Decision Date:	08/28/2015	UR Denial Date:	06/24/2015
Priority:	Standard	Application Received:	07/22/2015

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: California

Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 51 year old male, who sustained an industrial injury on 7-23-2001. He reported low back pain due to slipping and twisting. Diagnoses have included lumbar spine pain. Treatment to date has included medication. According to the progress report dated 5-28-2015, the injured worker complained of back pain. He complained of having more difficulty with his legs. He reported his legs would get heavy, limiting his activities. Physical exam revealed that the injured worker's sitting straight leg raise remained equivocal. The treatment plan was to be seen by pain management for possible lumbar epidural steroid injection. Authorization was requested for a urinalysis.

IMR ISSUES, DECISIONS AND RATIONALES

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

Labs: UA: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation National Center for Biotechnology Information.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Routine Lab Suggested Monitoring, page 70.

Decision rationale: MTUS Guidelines do not support the treatment plan of ongoing chronic pharmacotherapy with NSAIDs as chronic use can alter renal or hepatic function. Blood chemistry may be appropriate to monitor this patient; however, submitted reports have not adequately demonstrated symptoms complaints, clinical findings, or diagnoses related to urinary or infectious issues to support for urinalysis. There is no documentation of significant medical history or red-flag conditions to warrant for the UA. The provider does not describe any subjective complaints, clinical findings, specific diagnosis, or treatment plan involving possible urinary disturbances, lipid, hepatic, or renal disease to support the lab works as it relates to the musculoskeletal injuries sustained in 2001. The Labs: UA is not medically necessary and appropriate.