

Case Number:	CM15-0195280		
Date Assigned:	10/09/2015	Date of Injury:	10/27/2009
Decision Date:	11/20/2015	UR Denial Date:	08/31/2015
Priority:	Standard	Application Received:	10/05/2015

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, North Carolina
Certification(s)/Specialty: Family Practice

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(n) 35 year old female, who sustained an industrial injury on 10-27-09. The injured worker was diagnosed as having lumbar disc disease, lumbar disc herniation, left lumbar radiculopathy, cervical strain and left knee sprain. The PR2 dated 5-12-15 revealed the injured worker rated her pain 8 out of 10 in her left knee and lower back. The treating physician instructed the injured worker to continue using Motrin and Colace daily and Ambien at night for sleep. There are no previous urine drug screen results provided in the case file for review. As of the PR2 dated 6-25-15, the injured worker reports increased left knee pain with radiation towards the legs and pain in her lower back. Objective findings include a negative straight leg raise test and "restricted" lumbar range of motion. The treating physician administered a trigger point injection to the sacroiliac distribution during the visit. There was no list of current medications. There was no documentation of suspected drug abuse or non-compliance. Treatment to date has included trigger point injections. The treating physician requested a urine dipstick automated without microscopy x 2. The Utilization Review dated 8-31-15, non-certified the request for a urine dip stick automated without microscopy x 2.

IMR ISSUES, DECISIONS AND RATIONALES

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

Urnl dip stick automated without microscopy Qty: 2: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Pain (Chronic), Urine Drug Testing (UDT).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Drug testing.

Decision rationale: The request is for urine dipstick testing included with a urine drug screen test. A list of medications the patient is taking is not provided. Urine dipstick testing is a basic diagnostic tool used to detect pathological changes in the patient's urine. A standard test strip is comprised of 10 pads, containing reagents which react (change color) when immersed in urine. The analysis includes tests for protein, glucose, ketones, hemoglobin bilirubin, urobilinogen, acetone, nitrite, leukocytes, pH and specific gravity. This test is a first step in testing for a wide variety of illnesses. In this case, there is no rationale provided for the test. The patient is not suspected of having a urinary tract infection, diabetes, hematuria or other renal disease to justify the urine dipstick test. Therefore, the request is not medically necessary or appropriate.