MAXIMUS Federal Services

Case Number:	CM15-0203333		
Date Assigned:	10/20/2015	Date of Injury:	07/14/2011
Decision Date:	12/03/2015	UR Denial Date:	09/24/2015
Priority:	Standard	Application Received:	10/15/2015

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: Internal 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 63 year old male, who sustained an industrial injury on 7-14-2011. A review of the medical records indicates that the injured worker is undergoing treatment for hiatal hernia, gastritis, constipation-diarrhea suspect irritable bowel syndrome, sleep disorder, hypertension with left ventricular hypertrophy and diastolic dysfunction, diffuse lever disease, and vertigo. On 3-31-2015, the injured worker reported unchanged sleep quality, chest pain, acid reflux, or shortness of breath. The Secondary Treating Physician's report dated 3-31-2015, noted the injured worker with improved constipation and unchanged blood pressure. The physical examination was noted to show the injured worker with lung clear to auscultation, regular cardiac rate and rhythm, no tenderness to palpation or guarding of the abdomen with normoactive bowel sounds, and ne extremity edema. The treatment plan was noted to include laboratory evaluations of urine toxicology, and labs for gastrointestinal (GI), hypertension profile, and urinalysis, and medications including HCTZ, Prilosec, Lidoderm patches, and Theramine, with a gastrointestinal (GI) consult to discuss the results of endoscopy-colonoscopy, and advisement for a low-fat, low-acid diet. The request for authorization dated 6-30-2015, requested a urinalysis. The Utilization Review (UR) dated 9-24-2015, denied the request for a urinalysis.

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

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 urinalysis (UA), also known as routine and microscopy (R&M), is an array of tests performed on urine, and one of the most common methods of medical diagnosis. The target parameters that can be measured or quantified in urinalysis include many substances and cells, as well as other properties, such as specific gravity. A part of a urinalysis can be performed by using urine test strips, in which the test results can be read as color changes. Another method is light microscopy of urine samples. In this case the patient has a history of hypertension and GERD. There is no specific indication for the requested urinalysis. Medical necessity for the requested item is not established. The requested item is not medically necessary.