

<b>Case Number:</b>	CM15-0213940		
<b>Date Assigned:</b>	11/03/2015	<b>Date of Injury:</b>	11/06/2014
<b>Decision Date:</b>	12/15/2015	<b>UR Denial Date:</b>	10/16/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/30/2015

### 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: Maryland

Certification(s)/Specialty: Internal Medicine, Rheumatology

### 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 57 year old female, who sustained an industrial injury on November 6, 2014, incurring low back injuries and headaches. She had a history of hypertension and diabetes. She noted continued neck pain, and pain radiating to the right lower extremity. She was diagnosed with Fibromyalgia and lumbar degenerative disc disease. Treatment included pain medications, muscle relaxants, antianxiety, neuropathic medications which provided some pain relief for eight months. A Magnetic Resonance Imaging revealed a disc protrusion with a pinched nerve. Currently, the injured worker complained of persistent pain and increased stress. She complained of low back pain radiating to her right lower extremity with numbness and tingling into her toes. She was diagnosed with lumbar facet syndrome and bilateral sacroiliac joint sprain. The treatment plan that was requested for authorization included a urine dipstick. On October 16, 2015, a request for a urine dipstick was non-approved by utilization review.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Urine Dipstick:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation [www.UpToDate.com](http://www.UpToDate.com).

**Decision rationale:** This 57 year old female has complained of low back pain and neck pain since date of injury 11/6/2014. She has been treated with physical therapy and medications. The current request is for a urine dipstick. The available medical records do not document provider rationale for requesting a urine dipstick test nor do they document any concerning symptomatology or physical examination findings for which an evaluation with a urine dipstick test would be necessary. On the basis of the available medical records and per the guidelines cited above, a urine dipstick evaluation is not medically necessary.