

<b>Case Number:</b>	CM14-0115774		
<b>Date Assigned:</b>	08/04/2014	<b>Date of Injury:</b>	08/01/2007
<b>Decision Date:</b>	09/30/2014	<b>UR Denial Date:</b>	07/02/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/23/2014

### 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. The expert reviewer is Board Certified in Family Practice and is licensed to practice in California. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

### CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

This injured worker's date of injury is 08/01/2007. Medical records of the original injury are not included. This patient is receiving treatment for chronic pain from neck strain, thoracolumbar pain with radiation down both legs, and bilateral shoulder strain. The patient underwent low back surgery consisting of an L5-S1 fusion in 12/14/2013. Additional diagnoses include: cervical strain, thoracic strain, left shoulder strain, and right shoulder tendinosis. Medications used include: Norco, naproxen, gabapentin, rizanidine, and Flexiril.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Urinalysis (DOS: 05/09/14):** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Criteria for Use of Opioids.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: UpToDate.com Urinalysis in the diagnosis of kidney disease by Ron Wald, MDCM, accessed online.

**Decision rationale:** A urinalysis is a laboratory test that is medically indicated to screen for kidney diseases and includes tests for urine glucose, ketones, protein, pH, nitrite, bilirubin,

specific gravity, and red/white cells. This is often accomplished by a "dipstick" type of testing strip and can also include a microscopic analysis. The PR-2 form does not state any medical rationale for ordering this test. The request for urinalysis is not medically necessary.