

Case Number:	CM14-0215700		
Date Assigned:	01/05/2015	Date of Injury:	03/07/2012
Decision Date:	02/24/2015	UR Denial Date:	12/17/2014
Priority:	Standard	Application Received:	12/23/2014

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. 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, Indiana, 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 (IW) is a 44-year-old woman with a date of injury of March 7, 2012. The mechanism of injury was not documented in the medical record. The injured worker's working diagnoses are displacement cervical disc without myelopathy; carpal tunnel syndrome; impingement of the right shoulder; and insomnia. The IW is status post cervical fusion at C5-C6 on March 6, 2014. Pursuant to the progress note dated December 22, 2014, the IW complains of neck pain. Examination of the cervical spine reveals mild and generalized tenderness. Reflexes are normal. Current medications include Zolpidem, Naproxen, and Flexeril 7.5mg. The plan is to start Gabapentin. There is no documentation or clinical rationale by the requesting physician regarding a urinalysis in the medical record. The current request is for (1) urinalysis.

IMR ISSUES, DECISIONS AND RATIONALES

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

Urinalysis Qty: 1.00: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Workers compensation final regulations, Medical treatment utilization schedule (MTUS) regulations, Title 8, California Code of Regulations, Sections 9792.20-9792.26.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines History and Physical Assessment Page(s): 5-6.

Decision rationale: Pursuant to the chronic pain medical treatment guidelines, urine analysis is not medically necessary. Thorough history taking is always important in clinical assessment and treatment planning for the patient with chronic pain. This includes a review of medical records. Clinical recovery may be dependent upon identifying and addressing previously unknown or undocumented medical and/or psychosocial issues. A thorough physical examination is important to establish/confirm diagnoses and to observe/understand pain behavior. Diagnostic studies should be ordered in this context and not simply for screening purposes. In this case, the injured worker's working diagnoses are displacement cervical disc without myelopathy; carpal tunnel syndrome; impingement of the right shoulder; and insomnia. The IW is status post cervical fusion at C5-C6 on March 6, 2014. The documentation in the medical record does not contain a progress note with clinical indications or clinical rationale for your analysis. Consequently, absent clinical documentation to support a urine analysis with a clinical indication and clinical rationale, urine analysis is not medically necessary.