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| Case Number: | CM15-0011108 | | |
| Date Assigned: | 01/29/2015 | Date of Injury: | 05/01/2008 |
| Decision Date: | 03/27/2015 | UR Denial Date: | 01/09/2015 |
| Priority: | Standard | Application Received: | 01/21/2015 |

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
 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 64-year-old female who reported an injury on 05/01/2008. The mechanism of injury was the injured worker was putting books on top of a cupboard while standing on the counter. The injured worker lost her balance, scraped her shin on the edge of the counter, and fell backwards. The diagnoses were noted to include lumbago and sacroilitis. The treatments were noted to have included medications and diagnostic injections. The documentation of 09/19/2014 revealed the injured worker had a sacroiliac joint intra-articular steroid injection. There was a failure of conservative care.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retro Specimen collection kit 9/19/14: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Urine Drug Testing (UDT) Page(s): 43.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back Chapter, Preoperative lab testing

Decision rationale: The Official Disability Guidelines indicate preoperative urinalysis is recommended for injured workers undergoing invasive urologic procedures and those undergoing implantation of foreign material. The injured worker was noted to undergo a sacroiliac joint on 09/19/2014. There is a lack of documented specific rationale for the specimen collection. Additionally, per the guideline recommendations, the decision to order preoperative tests should be guided by the injured worker's clinical history, comorbidities, and physical examination findings. Given the above and the lack of documented rationale, the request for retro specimen collection kit 09/19/2014 is not medically necessary.