

Case Number:	CM15-0122593		
Date Assigned:	07/06/2015	Date of Injury:	12/26/2007
Decision Date:	07/31/2015	UR Denial Date:	06/12/2015
Priority:	Standard	Application Received:	06/24/2015

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: North Carolina

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 male who sustained a work related injury December 26, 2007. Past history included L4-L5 fusion 2011. An MRI of the lumbar spine, February 10, 2015, (report present in the medical record) revealed post-surgical fusion and stabilization of the lumbar spine L4-L5, pedicular screws in good position, normal appearing intervertebral disc space, and no protrusion at that level. Some degenerative change at L3-L4 with osteophytes present laterally, no other abnormality noted. According to a primary treating physician's progress report, May 1, 2015, the injured worker presented with continued low back pain. Physical examination of the lumbar spine revealed a decrease in range of motion in all directions 15 degrees with pain and a positive straight leg raise. Toe heel walk difficult, right leg. Assessment included S1-S2 disc present with radiculopathy, right leg. Diagnoses are cervicalgia; unspecified thoracic/lumbar neuritis; lumbago. Treatment plan included L3-4, L5-S1 minimally invasive percutaneous discectomy (pros-cons-risks), and post-operative physical therapy 3 x 3, medication dispensed, and at issue, a request for authorization 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: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Low Back Chapter, Preoperative testing.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG, preoperative testing.

Decision rationale: The California MTUS and the ACOEM do not specifically address the requested service. The ODG states preoperative testing is done before many surgeries depending on type of surgery and the patient's co-morbid conditions. They are used to stratify risk and direct care. In this case, a review of the provided documentation notes that the requested surgery has not been approved. Therefore, preoperative testing and lab work are not medically necessary.