

Case Number:	CM15-0173839		
Date Assigned:	09/15/2015	Date of Injury:	07/19/2013
Decision Date:	10/23/2015	UR Denial Date:	08/19/2015
Priority:	Standard	Application Received:	09/03/2015

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: Physical Medicine & Rehabilitation

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 54 year old female, who sustained an industrial injury on 7-19-13. The injured worker has complaints of back pain. The injured worker reports pain on a scale from 0 to 10 is a 7 with medications and 10 without medications. The documentation on 8-10-15 noted using a scale from 0 to 10 the injured workers pain has interfered with her daily activities over the last month she was a level 10. Magnetic resonance imaging (MRI) of the lumbar spine on 2-28-14 showed degenerative disc disease T12 to L1 through L5-S1 (sacroiliac); degenerative joint disease in facets L3-4 through L5-S1 (sacroiliac); there is narrowing of the right lateral recess at L4-5 at the site of the right L5 nerve root, correlate for possible right L5 radiculopathy and moderate narrowing of left neural foramen at L3-4 and right neural foramen at l4-5 and findings included that tat L5-S1 (sacroiliac) there is slight posterior disc osteophyte complex contouring the thecal sac and seen adjacent to the S1 (sacroiliac) nerve, but not entrapping the nerve. The diagnoses have included lumbar degenerative disc disease, radiculitis with left side non-verified radiculopathy, right foot pain, chronic left hamstring strain, left piriformis tendinitis. Treatment to date has included Norco with a date of 5-12-15; tramadol; codeine with date of 5-12-15 and motrin with a date of 5-12-15. The original utilization review (8-19-15) found the request for a complete urinalysis was not medically necessary or appropriate. Several documents within the submitted medical records are difficult to decipher.

IMR ISSUES, DECISIONS AND RATIONALES

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

Complete urinalysis: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009. Decision based on Non-MTUS Citation Georgetown University School of Medicine, Washington DC USA Erratum in Am Fam Physician. 2006 Oct 1; 74 (7): 1096.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation www.nlm.nih.gov/medlineplus/ency/article/003579.htm.

Decision rationale: The 54 year old patient presents with back pain and CRPS of lower extremities, rated at 7/10 with medications and 10/10 without medications, as per progress report dated 08/10/15. The request is for COMPLETE URINALYSIS. The RFA for this case is dated 08/10/15, and the patient's date of injury is 07/19/13. Diagnoses, as per progress report dated 08/10/15, included myalgia and myositis, chronic pain syndrome, lumbar radiculopathy, degeneration of lumbar or lumbosacral intervertebral disc, radiculitis, sacroiliac pain, pain in limb, insomnia, dysthemic disorder, and pain disorder related to psychological factors. Medications include Hydrochlorothiazide, Atenolol, Dicyclomine, Cetrizine, Certraline, Celecoxib, Norco and Tramadol. The patient is temporarily totally disabled and is not working, as per the same progress report. MTUS, ACOEM and ODG guidelines do not discuss Complete Urinalysis. MedlinePlus, a service of the U.S. National Library of Medicine, at www.nlm.nih.gov/medlineplus/ency/article/003579.htm states: Urinalysis is the physical, chemical, and microscopic examination of urine. It involves a number of tests to detect and measure various compounds that pass through the urine. It also states: A urinalysis may be done: As part of a routine medical exam to screen for early signs of disease. If you have signs of diabetes or kidney disease, or to monitor you if you are being treated for these conditions; To check for blood in the urine; To diagnose a urinary tract infection. In this case, a request of complete urinalysis is noted in progress report dated 08/10/15. A request for UDS is also noted in the same progress report. The treater does not explain the purpose of the urinalysis. There is no indication blood in urine or any other symptoms which may be reflective of urinary tract infections. The reports do not mention diabetes or kidney disease as well. Medline Plus does consider complete urinalysis as part of routine medical exam but there is no indication that the treater is providing a routine medical examination. There is no indication that this is for urine drug screen either. Hence, the request IS NOT medically necessary.