

<b>Case Number:</b>	CM15-0178267		
<b>Date Assigned:</b>	09/21/2015	<b>Date of Injury:</b>	12/06/2003
<b>Decision Date:</b>	10/22/2015	<b>UR Denial Date:</b>	08/14/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/10/2015

### 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: Connecticut, California, Virginia  
 Certification(s)/Specialty: Preventive Medicine, Occupational 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 is a 50 year old female, who sustained an industrial injury on 12-6-03. She reported pain in the left ankle, right knee, and low back. The injured worker was diagnosed as having lumbar post-laminectomy syndrome, long use of medication, and pain in the foot, leg, arm, and finger. Treatment to date has included lumbar diskography, physical therapy, multiple knee surgeries, and medication including Opana, Norco, Gabapentin, Prilosec, and Ambien. Currently, the injured worker complains of back and bilateral leg pain. The treating physician requested authorization for 1 assay of urine creatinine-routine. On 8-14-15 the request was non-certified; the utilization review physician noted "an assay of urine creatinine does not seem indicated at this time." There is no "scientific literature to support the use of routine urine panels."

### IMR ISSUES, DECISIONS AND RATIONALES

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

**One assay of urine creatinine - routine:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009.

**MAXIMUS guideline:** Decision based on MTUS Low Back Complaints 2004, Section(s): Surgical Considerations.

**Decision rationale:** The request in question is for a urine creatinine. The requested lab may be appropriate in preparation for surgery, etc., however, without clear indication for operative intervention, preoperative work-up is not clinically necessary at this time. Should operative management be the appropriate decision, supported by exam findings and imaging studies, some labs may be an appropriate request in preparation for surgery. Otherwise, at this time, it does not appear that there is a clear indication for urine creatinine level. Therefore, at this time, based on the provided documents and lack of clear plan for operative intervention, and uncertainty as to the justification for a urine creatinine level, the request is not considered medically necessary.