

Case Number:	CM15-0072497		
Date Assigned:	04/22/2015	Date of Injury:	12/26/2007
Decision Date:	05/20/2015	UR Denial Date:	03/09/2015
Priority:	Standard	Application Received:	04/16/2015

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: Texas, New York, California
 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 applicant is a represented [REDACTED] beneficiary who has filed a claim for chronic mid and low back pain reportedly associated with an industrial injury of December 26, 2007. In a Utilization Review report dated March 9, 2015, the claims administrator failed to approve a request for a presurgical urinalysis. The claims administrator referenced a February 25, 2015 progress note in its determination. The claims administrator claimed that a concomitant request for epidural steroid injection therapy had also been denied and went on to deny the urinalysis based on the unfavorable determination on the epidural injection. The applicant's attorney subsequently appealed. On February 25, 2015, the applicant reported persistent complaints of low back pain status post earlier failed lumbar fusion surgery. Decreased lumbar range of motion was reported. Epidural steroid injection therapy was proposed, along with unspecified oral medications and physical therapy. The note was difficult to follow and did not seemingly make any mention of the proposed urinalysis.

IMR ISSUES, DECISIONS AND RATIONALES

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

Pre-surgical urinalysis: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 46.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 311. Decision based on Non-MTUS Citation <http://emedicine.medscape.com/article/285191-overview#showall> Preoperative Testing Author: Gyanendra K Sharma, MD, FACC, FASE; Chief Editor: William A Schwer, MD Urinalysis (UA) Therefore, urine analysis should not be routinely done for asymptomatic patients.

Decision rationale: No, the request for a presurgical urinalysis was not medically necessary, medically appropriate, or indicated here. While the MTUS does not specifically address the topic of presurgical urinalyses, the MTUS Guideline in ACOEM Chapter 12, Algorithm 12-1, page 311 does suggest that CBC, ESR, and/or urinalysis can be employed in applicants in whom there are red flags of cancer and/or infection. Here, however, there was no mention of the applicant's having issues with suspected cancer and/or infection on the February 25, 2015 progress note in question. Medscape's Preoperative Testing article further notes that routinely performing a urinalysis should not be done for asymptomatic applicants. Here, there was no mention of the applicant's having issues with dysuria, polyuria, hematuria, or other markers of a urinary tract infection. Little-to-no applicant-specific rationale accompanied the request for testing, it is further noted. Therefore, the request was not medically necessary.