

Case Number:	CM15-0072698		
Date Assigned:	04/23/2015	Date of Injury:	10/25/2010
Decision Date:	06/11/2015	UR Denial Date:	03/30/2015
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: 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:

This 41 year old man sustained an industrial injury on 10/25/2010. The mechanism of injury is not detailed. Diagnoses include sacrolitis, thoracalgia, cervicobrachial syndrome, post-traumatic anxiety, post-traumatic insomnia and diabetes (trigger/aggravated by work-related injury), this last diagnosis is being disputed. Treatment has included oral medications. Physician notes on a PR-2 dated 11/6/2014 show complaints of neck and spine pain, stiffness, and weakness. At the visit on 2/9/15 diabetes status for the patient was evaluated and a urinalysis was requested.

IMR ISSUES, DECISIONS AND RATIONALES

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

Urinalysis: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 70. Decision based on Non-MTUS Citation Official Disability Guidelines, Low Back, Preoperative Lab Testing.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation American Diabetes Association's Standards of Medical Care - 2015. Diabetes Care. January 2015. Vol 38, Supplement 1, pg S1-S94.

Decision rationale: A urinalysis (UA) is an array of tests performed on urine and is one of the most common testing methods employed in medical diagnosis. It will screen for signs of kidney or bladder infection/inflammation, acute or chronic renal failure, abnormal potassium or calcium metabolism or abnormal protein permeability in the kidneys which may represent possible systemic disease such as hypertension or diabetes. However, the use of a UA in workman's compensation system is not part of California's MTUS guidelines. The American Diabetes Association recommends random UA for screening for renal disease. This would be detected by an increased urinary albumin excretion. In this context, this test would be appropriate in a person with a diabetes-associated work injury, as is the case for this injured worker. Medical necessity for this test has been established.