

<b>Case Number:</b>	CM14-0103721		
<b>Date Assigned:</b>	07/30/2014	<b>Date of Injury:</b>	12/28/2001
<b>Decision Date:</b>	10/08/2014	<b>UR Denial Date:</b>	06/17/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/07/2014

### 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. The expert reviewer is Board Certified in Anesthesiology, has a subspecialty in Pain Management and is licensed to practice in California. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

### 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 is a 48-year-old male with a 12/28/01 date of injury, when he slipped and fell directly onto his buttocks and injured his lower back. The patient underwent posterior spinal L5-S1 fusion, placement of morphine pump in 2011 and posterior lumbar interbody fusion and posterolateral fusion at L4-L5 in 2012. The patient was seen on 4/1/14 for his intrathecal pump refill. The patient denied any progressive weakness, numbness or infections. The patient was seen on 4/30/14 for the reevaluation of his lower back. Exam findings revealed tenderness in the cervical paraspinal muscles with decreased range of motion and evidence of enlarged lymph nodes. The examination of the lumbar spine revealed, tenderness to palpation over lumbar paraspinal muscles, sacroiliac joints and over bilateral sciatic nerves. The range of motion of the lumbar spine was: flexion of 25 degrees, extension of 0 degrees, rotation of 35 degrees and lateral bending of 10 degrees. The diagnosis is lumbar radiculopathy and failed back surgery syndrome. Treatment to date: physical therapy, chiropractic treatments, acupuncture, wheelchair, cane, work restrictions and mediations. An adverse determination was received on 6/17/14. Per a 6/17/14 telephone conversation with the provider's PA it was stated that the patient had toxicology screening and the provider did not provide any additional reasons as to why that test should be ordered as a separate study and why the patient would require the test.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Quarterly alcohol testing x 4:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation  
<http://www.ncbi.nlm.nih.gov/pubmed/12695273>

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter, Urine Drug Test.

**Decision rationale:** CA MTUS does not address this issue. ODG states on testing for ethanol use: In addition to detecting ethanol in urine following acute exposure, there is a test for more remote exposure, ethyl glucuronide (EtG). This metabolite can persist for up to 80 hours in the urine. Ethanol is found in many products, including some over-the-counter antitussives and many hand sanitizers, so a false positive test may occur without alcoholic beverage consumption. An approximate range to use as a positive for alcohol beverage use is greater than 1500 ng/mL. The test is not recommended to determine total abstinence. Per telephone conversation with the physician's PA placed on 6/17/14 it was stated that the patient had toxicology screening and the provider did not provide any additional reason as to why that test would be ordered as a separate study and why the patient would require the test. Any new documentation was not submitted and there was a lack of rationale with regards to the need for quarterly alcohol testing for the patient. Therefore, the request for Quarterly alcohol testing X4 was not medically necessary.