

Case Number:	CM13-0018054		
Date Assigned:	02/03/2014	Date of Injury:	03/09/2010
Decision Date:	04/22/2014	UR Denial Date:	08/20/2013
Priority:	Standard	Application Received:	08/29/2013

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 Physical Medicine & Rehabilitation, has a subspecialty in Neuromuscular Medicine and is licensed to practice in Maryland. 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:

Patient is a 56-year-old female with a work injury dated 3/9/10 deemed secondary to cumulative trauma. Her diagnoses include degenerative disc disease, myofascial pain, and scoliosis. There is a request for the medical necessity of Iontophoresis with 8 mg of Dexamethasone. A 04/20/10 MRI Lumbar Spine showed facet degenerative changes of lumbar spine with new grade 1 anterolisthesis of L2 on L3. She states that the lumbar spine has no central canal stenosis, neural foraminal narrowing or fracture. On 8/12/10, an MRI of the Pelvis showed mild degenerative changes within the hips. A 08/06/12 X-ray Lumbar Spine revealed multilevel degenerative disc disease with mild anterolisthesis and motion at L2-3. There is an 8/2/13 physical exam, which states that the patient continues to have chronic low back and tailbone pain radiating down her left lower extremity. The patient is alert oriented; her speech is clear without sedation her gait is erect and independent. She has spasm at the left low back.

IMR ISSUES, DECISIONS AND RATIONALES

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

IONTOPHORESIS USING 8MG OF DEXAMETHASONE QTY: 1.00: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back - Iontophoresis

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation OFFICIAL DISABILITY GUIDELINES (ODG) LOW BACK - IONTOPHORESIS

Decision rationale: The MTUS is silent on iontophoresis with Dexamethasone for the low back. The ODG states that iontophoresis is the use of electromagnetic force (0.5 mA to 20 mA) to enhance percutaneous absorption of a drug or chemical, such as Dexamethasone, to relatively shallow depths (up to 10 mm) The ODG states that Iontophoresis is not recommended for either lower back or upper back. Per documentation patient has used Iontophoresis in the past. There is no documentation of sustained relief after prior iontophoresis treatment. The guidelines do not support Iontophoresis for the low back pain or radicular pain. There are no extenuating circumstances, which require patient to have these treatments. The request for iontophoresis with Dexamethasone is not medically necessary.