

<b>Case Number:</b>	CM13-0030612		
<b>Date Assigned:</b>	11/27/2013	<b>Date of Injury:</b>	08/31/1986
<b>Decision Date:</b>	02/06/2014	<b>UR Denial Date:</b>	09/23/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/30/2013

### HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Anesthesiology and Pain Medicine and is licensed to practice in Florida. 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 physician 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:

The patient is a 74-year-old female who sustained a work-related injury on 08/31/1986. Subjectively, the patient reported complaints of low back pain with radiation into the bilateral hips. The patient reported 50% pain relief with the intrathecal pump and remained highly functional and active. The patient rated her pain 4/10. Physical examination of the low back revealed muscle wasting and fibrosis with tenderness over both SI joints. The patient's diagnoses included bilateral SI joint dysfunction, failed back surgery, intrathecal and oral opioid therapy, and disability. A request for authorization in retrospect for iontophoresis x2 was made.

### IMR ISSUES, DECISIONS AND RATIONALES

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

#### **Retrospective request for iontophoresis times 2 performed on 9/6/13: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation the ODG guidelines web "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 Chapter, Iontophoresis.

**Decision rationale:** The Official Disability Guidelines do not recommend the use of iontophoresis, as there is very low-quality evidence that iontophoresis is more effective than placebo, and it did not reduce pain or disability. Given the lack of efficacy proven by evidence-based literature and lack of guideline recommendations, the request is not supported. As such, the retrospective review for iontophoresis x2 performed on 09/06/2013 is non-certified.