

Case Number:	CM13-0035434		
Date Assigned:	12/18/2013	Date of Injury:	08/01/2000
Decision Date:	06/03/2014	UR Denial Date:	09/11/2013
Priority:	Standard	Application Received:	10/17/2013

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 Internal Medicine 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:

The injured worker is treated for lumbar spondylosis and degenerative disc disease resulting from industrial injury lifting a box, with resulting chronic low back and lower extremity pain. He works a modified schedule with sitting and standing restrictions. He has received Epidural Spinal Injections (ESIs), quantity not stated. Medicines in 2012 were Celebrex 200 mg. daily; Vicodin prescribed BID, used only occasionally, and aspirin 81 mg. daily per another provider. Radicular pain and tender paraspinal muscles were reported in November 2012 after two months' relief since his last ESI. Pain continued worse through monthly visits. Repeat ESI was performed 3/13/2013. Pain at injection site and some improvement of radicular pain was noted. Radicular pain increased in April with lower extremity numbness. An MRI in September showed minimal progression of disc desiccation without other change. He was treated with rest, heat, pelvic tilt exercise, change of medication to Percocet 5/325 (still PRN and not consistently required) and Iontophoresis. He continued to work with modified restriction.

IMR ISSUES, DECISIONS AND RATIONALES

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

IONTOPHORESIS (PERFORMED 8/7/13) QTY: 2.00: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation (ODG) Official Disability Guidelines, Low Back - Lumbar and Thoracic, (updated 5/10/13) (Acute and Chronic), Iontophoresis.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG): Integrated Treatment/Disability Duration Guidelines; Low Back - Lumbar and Thoracic (updated 5/10/13) (Acute and Chronic), Iontophoresis.

Decision rationale: Iontophoresis in the treatment of back pain is not addressed in the MTUS. 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). MTUS guidelines address Iontophoresis only in the context of upper extremity injuries, where evidence-based studies showing benefit are rare and most studies not promising. ODG guidelines state that Iontophoresis is not recommended for either lower back or upper back.