

<b>Case Number:</b>	CM14-0008529		
<b>Date Assigned:</b>	02/12/2014	<b>Date of Injury:</b>	07/25/2011
<b>Decision Date:</b>	06/24/2014	<b>UR Denial Date:</b>	01/09/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/22/2014

### 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 Physical Medicine and Rehabilitation, has a subspecialty in Interventional Spine 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 patient is a 62-year-old female with a date of injury of 07/25/2001. The listed diagnoses per [REDACTED] are lumbar DDD and radicular pain, radiculitis, FBSS, myofascial spasm and foot drop. According to the report 01/06/2014 by [REDACTED], the patient presents with chronic low back pain. The patient states, "I really want to go back to work, but I can't." Examination revealed positive TTP to the bilateral lumbar spine. There is paraspinal tenderness noted over the lower back and there is weakness in the left lower extremities below the knees. On 12/20/2013, the patient reported continued back pain. Examination revealed the patient has acute tenderness to the left lumbar spine in the PSIS. Treater recommends patient continue with medication, trial of spinal cord stimulator, and recommends ordering a left lower extremity carbon toe-off AFO. On 01/06/2014, the treater reported decrease in sensation in the left lower extremities below the knee and continued lower back pain. Treater recommended Percocet, tizanidine, and MRI of the lumbar spine, SCS trial, and iontophoresis for the low back x2. Utilization review 01/09/2014 denied the requests.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**LONTOPHORESIS, LOW BACK OVER LEFT PSIS QTY: 1.00:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Aetna Clinical Policy Bulletin, Lontophoresis Section.

**Decision rationale:** The ACOEM, MTUS and ODG guidelines do not discuss Iontophoresis for treatment of low back pain. Aetna considers the following uses of iontophoresis experimental and investigational because of insufficient evidence of its effectiveness (not an all-inclusive list): Administration of non-steroidal anti-inflammatory drugs or corticosteroids for treating musculo-skeletal disorders (e.g., medial tibial stress syndrome, neck pain, and patella-femoral pain syndrome; not an all-inclusive list). The treater is requesting Iontophoresis for patient's low back pain which lacks medical evidence. The request is not medically necessary.