

Case Number:	CM14-0077382		
Date Assigned:	09/05/2014	Date of Injury:	11/22/1995
Decision Date:	04/15/2015	UR Denial Date:	05/09/2014
Priority:	Standard	Application Received:	05/27/2014

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: New Jersey

Certification(s)/Specialty: Family Practice

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 68 year old male who sustained an industrial injury on 11/22/95. He is currently experiencing increased pain with rotation and flexion/extension of his neck. Medications include Toradol injections as needed, MS Contin, Imitrex, MSRI and Tylenol. Urine drug screen was consistent with medications prescribed and the last one was 4/8/14. Diagnoses include failed neck surgery syndrome cervical degenerative disc disease; short/ long acting medications; cervicogenic headaches; osteoarthritis and myofascial spasms. Treatments to date include rhizotomy with 90% relief lasting about 10 months. Diagnostics include computed tomography of the cervical spine (3/4/14) which was abnormal; MRI of the cervical spine (11/22/13) and was abnormal. In the progress note dated 4/8/14 the treating provider requested iontophoresis times 1.

IMR ISSUES, DECISIONS AND RATIONALES

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

One (1) Iontophoresis: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Neck and Upper Back (Acute & Chronic), Iontophoresis.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG, Neck and Upper Back section, Iontophoresis.

Decision rationale: The MTUS is silent regarding iontophoresis for neck and upper back conditions. The ODG, however, states that iontophoresis is not recommended due to the fact that there is very low quality evidence that it is not more effective than placebo. In the case of this worker, who was recommended iontophoresis for his chronic pain, there was insufficient supportive evidence found in the documentation provided for review to suggest this worker was an exception to the Guidelines and evidence on iontophoresis. Therefore, the request for iontophoresis will be considered medically unnecessary for this particular worker.