

Case Number:	CM15-0107377		
Date Assigned:	06/11/2015	Date of Injury:	01/30/2009
Decision Date:	07/13/2015	UR Denial Date:	05/14/2015
Priority:	Standard	Application Received:	06/03/2015

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: Massachusetts

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

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 a 44-year-old male, who sustained an industrial injury on 1/30/09. The injured worker has complaints of neck, upper back and bilateral upper extremity radicular pain. the documentation noted that the injured worker is not sleeping well due to pain and his pain is in the usual place however he has pain to his fingers bilaterally it is mesial scapular. The documentation noted that the injured workers tress causes more pain and he is still grieving significantly for loss of function. The documentation noted on 12/9/14 that the injured workers focal area of pain at the left scapula which is states is "getting worse" and his stim pattern is stable and helping but not covering the one area. The diagnoses have included cervical degenerative disc disease status post C spine fusion at C6-7; cervical spine radiculitis and myofascial pain with persistent spasm and depression secondary to chronic pain. Treatment to date has included lidocaine patches; norco; gabapentin; cymbalta and respiradone. The request was for retrospective iontophoresis to the cervical spine (performed 12-9-14).

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective Iontophoresis to the cervical spine (performed 12-9-14): 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), Neck and Upper Chapter (online version).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004) Chronic Pain, p189.

Decision rationale: The claimant has a remote history of a work injury occurring in January 2009 and continues to be treated for chronic pain. When seen, he was having ongoing neck and upper back pain and a focal area of pain over the left scapula. He was continuing to use a dorsal column stimulator. Physical examination findings included left lateral scapular muscle spasms. Iontophoresis is not recommended for treatment of conditions including trigger points or myofascial pain. The treatment was not medically necessary.