

Case Number:	CM15-0107380		
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: California

Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 1/30/2009. Diagnoses have included cervical degenerative disc disease, cervical radiculitis, myofascial pain and depression. Treatment to date has included cervical fusion, spinal cord stimulator, psychotherapy and medication. According to the progress report dated 1/3/2014, the injured worker complained of neck pain. He reported having more pain and increased depression over the holiday season. He was noted to have responded well to iontophoresis in the past. Pain level was rated 8/10. He was able to sit for 30 minutes, stand for 15 minutes and walk for 15 minutes. Authorization was requested for iontophoresis to the cervical spine performed 1/3/2014.

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 for DOS 1/3/14: 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 Back Chapter, Iontophoresis.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG, Neck & Upper Back, Electrotherapy/Galvanic curre/ Iontophoresis, page 596-597, 611, 615.

Decision rationale: 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). Per Guidelines, Iontophoresis is not recommended. The current evidence on Galvanic current (direct or pulsed), iontophoresis, TENS, EMS, PEMF and permanent magnets is either lacking, limited, or conflicting. There is very low quality evidence that iontophoresis is any more effective than placebo and treatment trial of Iontophoresis did not reduce pain or disability. Submitted reports have not demonstrated indication or necessity outside of guidelines criteria. The Retrospective Iontophoresis to the cervical spine for DOS 1/3/14 is not medically necessary or appropriate.