

Case Number:	CM15-0045351		
Date Assigned:	03/17/2015	Date of Injury:	12/30/2003
Decision Date:	05/05/2015	UR Denial Date:	02/24/2015
Priority:	Standard	Application Received:	03/10/2015

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: New York, West Virginia, Pennsylvania
 Certification(s)/Specialty: Emergency Medicine

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 74-year-old female who sustained an industrial injury on 12/30/2003. Diagnoses include cervical degenerative disc disease with spondylosis with upper extremity weakness and numbness, myofascial pain, she continues off opioids, and medical co-morbidity of Congestive Heart Failure and recent bronchitis. Treatment to date has included trigger point injections, medications, and Iontophoresis. A physician progress note dated 02/03/2015 documents the injured worker has persistent pain of her neck, upper back, and upper extremities. She has had trigger point injections in the past as well as Iontophoresis which help her, the trigger point injections significantly more. She had trigger points and tenderness at the left trapezius and a single Iontophoresis patch was placed using 4mg Dexamethasone. The current treatment plan will include the continued request for Trigger point injections, and medications. Treatment requested is for Retro: Iontophoresis neck (date of service 2/3/15).

IMR ISSUES, DECISIONS AND RATIONALES

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

Retro: Iontophoresis neck (date of service 2/3/15): 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).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

Decision rationale: Guidelines do not recommend iontophoresis for treatment of upper or lower back pain or radicular pain. In this case, the patient reported a reduction in pain after iontophoresis but had greater relief from trigger point injections and documentation is lacking regarding objective measures of efficacy or functional benefit. The request for iontophoresis is not supported by guidelines and thus is not medically necessary.