

Case Number:	CM15-0051955		
Date Assigned:	03/25/2015	Date of Injury:	12/16/2014
Decision Date:	05/04/2015	UR Denial Date:	02/23/2015
Priority:	Standard	Application Received:	03/19/2015

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: Pennsylvania, Ohio, 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 35 year old male, who sustained an industrial injury on December 16, 2014. The injured worker reported minor low back and left buttock and hip pain due to motor vehicle accident (MVA). The injured worker was diagnosed as having lumbosacral strain and motor vehicle accident (MVA). Treatment and diagnostic studies to date have included physical therapy, Transcutaneous Electrical Nerve Stimulation (TENS) unit and medication. A progress note dated January 15, 2015 provides the injured worker complains of low back and hip pain. He rates his pain as 3-4/10. Physical exam notes lumbosacral and hip tenderness on palpation. The plan includes physical therapy ionto patches, Transcutaneous Electrical Nerve Stimulation (TENS) unit and medication.

IMR ISSUES, DECISIONS AND RATIONALES

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

Inotopatches times six to be infused with 2 CC of Dexamethason: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 300. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low back / Iontophoresis.

Decision rationale: ACOEM does not generally recommend iontophoresis of steroids as an effective means of treating low back pain. ODG discusses iontophoresis for some specific diagnosis but not for the hip. ODG specifically does not recommend iontophoresis to the lumbar spine. This request is not medically necessary.