MAXIMUS Federal Services

Case Number:	CM14-0119567		
Date Assigned:	08/01/2014	Date of Injury:	09/05/2013
Decision Date:	09/29/2014	UR Denial Date:	09/26/2013
Priority:	Standard	Application Received:	10/07/2013

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. The expert reviewer is Board Certified in Physical Medicine and Rehabilitation, has a subspecialty in Pain Medicine and is licensed to practice in California and Virginia. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

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 patient is 43 year old female who sustained an industrial injury on 9/5/2013. She claimed injury to the low back and was provided diagnosis of lumbar strain. According to the 9/9/2013 PR-2, the patient complains of pain in the lower back. While lifting a tray of food she felt pain that radiates into her right lower extremity. Pain is rated 3/10, and up to 8/10 with bending/heavy lifting. Examination documents 2+ tenderness to palpation of right paraspinal musculature, restricted lumbar range of motion (ROM), lumbar flexion/extension with slight discomfort, positive straight leg rise (SLR) at 60 degrees on the right, 1/4 right 2/4 left deep tendon reflex (DTR), normal Achilles DTR, weakness in right toe extension, weakness in right quadriceps strength, normal sensory and circulatory. Diagnoses are lumbar radiculitis/neuritis and lumbosacral strain. She is temporary total disability (TTD). Treatment plan is medication adjusted for pain relief and non-steroidal anti-inflammatory drugs (NSAID) has been added. She will start therapy. Authorization is requested for electrodes to be used for TENS unit as part of physical therapy (PT). She started physical therapy on 9/12/2013. According to the PT SOAP note, subjective pain is 7-8/10 in the right buttock/spine radicular symptoms to the right LE with complaint of intermittent pain and decreased weight bearing on the right. Treatment plan includes therapeutic exercises, ultrasound, individual instructions, TENS, and vasocompression. She was dispensed electrodes. Pain was decreased with treatment, improved weight bearing on right leg and gait.

IMR ISSUES, DECISIONS AND RATIONALES

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

Iontopatch - Unspecified duration: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines KNEE COMPLAINTS Page(s): 339. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low back, Iontophoresis.

Decision rationale: The California Medical Treatment Utilization Schedule (MTUS) American College of Occupational and Environmental Medicine (ACOEM) guidelines states that iontophoresis and phonophoresis have no proven efficacy. According to the Official Disability Guidelines, iontophoresis is not recommended for either lower back or upper back. 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). Iontophoresis is not recommended, and therefore an iontopatch is not medical necessity. The request is not medically necessary and appropriate.

Dexamethasone - Unspecified dosage and quantity: Upheld

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

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

Decision rationale: The California Medical Treatment Utilization Schedule (MTUS) American College of Occupational and Environmental Medicine (ACOEM) guidelines states that iontophoresis and phonophoresis have no proven efficacy. According to the Official Disability Guidelines, iontophoresis is not recommended for either lower back or upper back. 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). Iontophoresis is not recommended. The requested iontopatch is not medically necessary. Therefore, dexamethasone is not appropriate or medical necessity. The request is not medically necessary and appropriate.