MAXIMUS Federal Services

Case Number:	CM14-0098414		
Date Assigned:	07/28/2014	Date of Injury:	05/10/2001
Decision Date:	09/19/2014	UR Denial Date:	06/17/2014
Priority:	Standard	Application Received:	06/26/2014

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 & Rehabilitation and is licensed to practice in California. 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 injured worker is a 53-year-old male who reported an injury, the mechanism of which is unknown, on 05/10/2001. On 06/06/2014, his diagnoses included lumbar spondylosis, lumbar degenerative disc disease, sacroilitis, and myofascial spasm. The treatment plan on stated that there would be a request for iontophoresis to the low back. In the treatment plan it was noted that the physician discussed RFA versus iontophoresis and that the injured worker wanted to request iontophoresis. There was no rationale included in this worker's chart. A request for authorization dated 06/11/2014 was included.

IMR ISSUES, DECISIONS AND RATIONALES

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

Prospective request for 2 iontophoresis treatments.: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 173.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 821.

Decision rationale: The California MTUS/ACOEM Guidelines suggest that iontophoresis is not recommended for treatments of acute, subacute or chronic low back pain or for other back

related conditions. Additionally, no body part was specified in the request. Therefore, this request for prospective request for 2 iontophoresis treatments is not medically necessary.