

<b>Case Number:</b>	CM13-0067093		
<b>Date Assigned:</b>	01/03/2014	<b>Date of Injury:</b>	01/27/2005
<b>Decision Date:</b>	04/25/2014	<b>UR Denial Date:</b>	12/04/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/17/2013

### 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 Anesthesiologist, has a subspecialty in Pain Medicine and is licensed to practice in Florida. 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:

This is a 43-year-old male patient with a date of injury 01/27/2005. The mechanism of injury was not provided. Current diagnoses are lumbar degenerative disc disease with spondylosis secondary to failed back surgery syndrome; history of substance abuse; SI joint dysfunction. In 02/2013, the patient had an RFA. Other treatments reported were the patient had used a TENS unit and medication listed is ibuprofen. The patient has also had in the past Toradol injection which helped as well as therapeutic ultrasound and is currently on Cymbalta for depression.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Two iontophoresis with 8mg Dexamethasone:** Upheld

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

**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 CA MTUS/ACOEM Guidelines do not address. The Official Disability Guidelines state "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)." The request for two iontophoresis with 8 mg of Dexamethasone is non-certified. The California MTUS/ACOEM Guidelines do not recommend iontophoresis for the low back or upper back. Given that the request is not supported by the guidelines, the request is non-certified.

**Medrol dose pack:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 308, Chronic Pain Treatment Guidelines Lumbar Spine, Summary of Recommendations for Evaluating and Manag.

**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, Corticosteroids.

**Decision rationale:** The CA MTUS/ACOEM Guidelines do not address. The Official Disability Guidelines state "Recommended in limited circumstances as noted below for acute radicular pain. Not recommended for acute non-radicular pain (i.e. axial pain) or chronic pain. Oral steroids (corticosteroids) are used by some clinicians for the treatment of patients with acute low back pain with radiculopathy. Acute Radicular Pain: There is extremely limited evidence to recommend oral corticosteroid for acute radicular pain." The request for the Medrol Dosepak is non-certified. The patient's diagnosis is degenerative disc disease and per the California MTUS Guidelines, corticosteroids are not recommended for lumbar spine pain. Given that the guidelines do not support the use of corticosteroids, the request is non-certified.

**Retrial TENS:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines TENS chronic pain (transcutaneous electrical nerve stimulation) Cr.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Transcutaneous electrotherapy Page(s): 114.

**Decision rationale:** The CA MTUS Guidelines state "Electrotherapy represents the therapeutic use of electricity and is another modality that can be used in the treatment of pain. Transcutaneous electrotherapy is the most common form of electrotherapy where electrical stimulation is applied to the surface of the skin. The earliest devices were referred to as TENS (transcutaneous electrical nerve stimulation) and are the most commonly used. It should be noted that there is not one fixed electrical specification that is standard for TENS; rather there are several electrical specifications." The request for the retrial of TENS unit is non-certified. The documentation submitted for review indicated that the patient had been on the TENS unit and reportedly no longer using due to its ineffectiveness. Also, there was no evidence provided showing patient has started or is involved in a home exercise program/functional restoration program. The California MTUS Guidelines would not support the use of the TENS unit as it is more effective for neuropathic pain and the patient is diagnosed with lumbar degenerative disc disease. As such, the request is non-certified.

