

<b>Case Number:</b>	CM13-0014821		
<b>Date Assigned:</b>	10/07/2013	<b>Date of Injury:</b>	06/26/1998
<b>Decision Date:</b>	03/17/2014	<b>UR Denial Date:</b>	07/24/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/22/2013

### HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Dentistry and is licensed to practice in Texas. 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 physician 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 a 61-year-old male who reported injury on 02/10/2000. The mechanism of injury was not provided. The physician indicated there would be a need for bilateral sinus augmentation due to severe alveolar bone resorption. It was indicated as the alveolar ridges were severely atrophied, the patient was informed the only way to make new upper and lower dentures with better retention would be to use a TENS unit to relax the facial muscles for proper recording of the anatomical structures, bite registration and occlusion. It further indicated that these types of dentures require more chair time and the cost of fabrication than the cost of traditional dentures fabricated without the TENS unit. The patient's diagnosis was noted to be anomalies of the relationship of jaw to cranial base. The request was made for TENS neural stimulation to the upper and lower jaw, per the DDS.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**One upper neuro setup/TENS/neurostimulator:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 115- 116..

**Decision rationale:** The California MTUS recommends a one month trial of a TENS unit as an adjunct to a program of evidence-based functional restoration for chronic neuropathic pain. Prior to the trial there must be documentation of at least three months of pain and evidence that other appropriate pain modalities have been tried (including medication) and have failed. The California MTUS/ACOEM and Official Disability Guidelines do not address the use of TENS units for Dental Procedures. The clinical documentation submitted indicated that the patient was having difficulty retaining his dentures. The dentist indicated that the patient had alveolar ridges that were severely atrophied and the dentist would need to use a TENS unit to relax the patient's facial muscles for proper recording of anatomical structures, bite registration and occlusion. After a thorough search of peer reviewed literature, there was a lack of supporting recommendations for the use of a TENS unit for muscle relaxation to assist in fabrication of dentures. Given the above, the request for one upper neuro setup/TENS/neural stimulator is not medically necessary.

**One lower neuro setup/TENS/neurostimulator:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 115-116..

**Decision rationale:** The California MTUS recommends a one month trial of a TENS unit as an adjunct to a program of evidence-based functional restoration for chronic neuropathic pain. Prior to the trial there must be documentation of at least three months of pain and evidence that other appropriate pain modalities have been tried (including medication) and have failed. The California MTUS/ACOEM and Official Disability Guidelines do not address the use of TENS units for Dental Procedures. The clinical documentation submitted indicated that the patient was having difficulty retaining his dentures. The dentist indicated that the patient had alveolar ridges that were severely atrophied and the dentist would need to use a TENS unit to relax the patient's facial muscles for proper recording of anatomical structures, bite registration and occlusion. After a thorough search of peer reviewed literature, there was a lack of supporting recommendations for the use of a TENS unit for muscle relaxation to assist in fabrication of dentures. Given the above, the request for one upper neuro setup/TENS/neural stimulator is not medically necessary.