

Case Number:	CM13-0030395		
Date Assigned:	11/27/2013	Date of Injury:	05/06/1983
Decision Date:	03/26/2014	UR Denial Date:	09/12/2013
Priority:	Standard	Application Received:	09/30/2013

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 Physical Medicine and Rehabilitation and has a subspecialty in Interventional Spine, 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 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.

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 69 year old female with date of injury 5/6/83. The request is for Alpha stimulation x 6 and electrical acupuncture x 6. The treating dental physician report dated 9/5/13 indicates the patient has continued neck pain, nocturnal teeth grinding, limited mouth opening and jaw pain. The current diagnoses are: 1. Right anterior disc displacement with reduction. 2. Left anterior disc displacement without reduction. 3. Bilateral capsulitis of the TMJ. 4. Headache 5. Limited mandibular range of motion with increased pain and muscle spasm. The utilization review report dated 9/12/13 denied the request for alpha stimulation x 6 and electrical acupuncture x 6 due lack of evidence.

IMR ISSUES, DECISIONS AND RATIONALES

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

Alpha Stimulation x 6 and Electrical Acupuncture x 6: Overturned

Claims Administrator guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

Decision rationale: The patient presents with chronic jaw pain, headaches, limited mouth opening, nocturnal teeth grinding and neck pain. Review of the treating physician report dated 9/5/13 indicates that physical examination findings of 28mm jaw opening that increased to 32mm with some manipulation along with bilateral muscle spasm. The patient was treated with

electrical acupuncture as a trial and her pain was decreased from a 7/10 to a 0/10. Request was made for authorization of "6 treatments of alpha stimulation and electrical acupuncture". Review of acupuncture literature revealed that the alpha stimulation is the type of current that is produced during the actual acupuncture treatment and is not a separate treatment. MTUS guidelines for Acupuncture indicates that "it is indicated to treat chronic pain conditions, radiating pain along a nerve pathway, muscle spasm, inflammation, scar tissue pain, and pain located in multiple sites". The Acupuncture guidelines support the usage of electrical acupuncture, the treatment of chronic pain and the time to produce functional improvement is 3-6 treatments. With improvement, 1-3 sessions per week for 1-2 months are allowed. In this patient, the initial 6 treatments have resulted in a rather dramatic improvement of subjective pain. It would be reasonable to provide more treatments. Recommendation is for authorization.