

Case Number:	CM14-0008099		
Date Assigned:	02/12/2014	Date of Injury:	02/14/2009
Decision Date:	07/10/2014	UR Denial Date:	01/10/2014
Priority:	Standard	Application Received:	01/21/2014

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 and Rehabilitation and Pain Medicine, 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 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 35-year-old female who reported an injury on 02/14/2009. The mechanism of injury involved heavy lifting. Current diagnoses include lumbar postlaminectomy syndrome, lumbar disc displacement, lumbar/lumbosacral disc degeneration, lumbago, myalgia and myositis, depression, cervicgia, long term use of medications, salivary secretion, and dental caries. The injured worker was evaluated on 01/04/2014. The injured worker reported back pain, jaw pain, jaw joint noises, jaw clicking, fatigue, neck pain, pain with chewing, and shoulder pain. Dental assessment was not provided on that date. Treatment recommendations included a mandibular orthopedic appliance, a daytime orthotic, TENS therapy, ultrasound therapy, electrical stimulation, bilateral tomography, occlusal evaluation, and follow-up office visit.

IMR ISSUES, DECISIONS AND RATIONALES

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

PURCHASE OF MANDIBULAR ORTHOPEDIC APPLIANCE X 1: Overturned

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) KNEE & LEG CHAPTER, DURABLE MEDICAL EQUIPMENT.

Decision rationale: Official Disability Guidelines state durable medical equipment is recommended generally if there is a medical need and if the device or system meets Medicare's definition of durable medical equipment. Durable medical equipment is primarily and customarily used to serve a medical purpose and is not useful to a person in the absence of illness or injury. As per the documentation, the injured worker does report ongoing jaw pain with jaw clicking and pain when chewing. A previous QME report by an additional dental specialist also indicated the need for ongoing dental treatment to include an orthopedic occlusal appliance to control bruxism. The injured worker has been previously treated with recommended dental care since 05/2012. Based on the clinical information received, the medical necessity for the requested mandibular orthopedic appliance has been established. As such, the request is medically necessary and appropriate.

TENS UNIT: 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): 114-117.

Decision rationale: California MTUS Guidelines state transcutaneous electrotherapy is not recommended as a primary treatment modality, but a 1 month home based trial may be considered as a noninvasive conservative option. There should be documentation of a failure to respond to other appropriate pain modalities including medication. There is no documentation of a failure to respond to other appropriate pain modalities. There is also no evidence of a successful 1 month trial prior to the request for a unit purchase. Therefore, the current request is not medically necessary and appropriate.

OUTPATIENT PHYSICAL THERAPY TO THE JAW TO INCLUDE: ELECTRIC STIMULATION X FORTY EIGHT (48) UNITS 4 UNITS PER SESSION, BILATERAL TOMOGRAPHY, OCCLUSAL EVALUATION X FORTY EIGHT (48) UNITS 4 UNITS PER SESSION: 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): 98-99. Decision based on Non-MTUS Citation OFFICIAL DISABILITY GUIDELINES (ODG) HEAD CHAPTER, PHYSICAL THERAPY.

Decision rationale: California MTUS Guidelines state active therapy is based on the philosophy that therapeutic exercise and/or activity are beneficial for restoring flexibility, strength, endurance, function, range of motion, and can alleviate discomfort. Guidelines allow for a fading of treatment frequency plus active self-directed home medicine. Official Disability Guidelines state physical medicine treatment for temporomandibular joint disorders includes 6 visits over 4

weeks. The current request for 48 sessions of physical therapy greatly exceeds guideline recommendations. Therefore, the request is not medically necessary and appropriate.

OFFICE VISIT/FOLLOW UP CARE X SIX (6) VISITS OVER SIX (6) MONTHS: 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) CHRONIC PAIN CHAPTER, OFFICE VISITS.

Decision rationale: Official Disability Guidelines recommend office visits as determined to be medically necessary. The determination is also based on what medications the patient is taking, since some medications do require close monitoring. While the injured worker does report persistent pain over multiple areas of the body, and is pending several treatment modalities, the current request for 6 follow-up visits cannot be determined as medically appropriate. Reassessment at each individual office visit would be required to determine future care thereafter. As such, the request is not medically necessary and appropriate.