

<b>Case Number:</b>	CM14-0110520		
<b>Date Assigned:</b>	08/01/2014	<b>Date of Injury:</b>	04/02/2013
<b>Decision Date:</b>	09/10/2014	<b>UR Denial Date:</b>	07/01/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/15/2014

### 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 Anesthesiology, 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:

The injured worker is a 67-year-old female who reported an injury on 04/02/2012 due to a fall. The injured worker reportedly sustained trauma to the face. The injured worker's treatment history included dental evaluations and multiple medications for pain control. The injured worker was evaluated on 06/19/2014. It was noted that the injured worker had jaw pain, face pain, ear pain, and neck pain. Physical findings included the top of tongue noted to be markedly occlusive, and a possible narrow obstructive oral phalangeal airway. The injured worker had mild to moderate tenderness and pain of the cranial mandibular region. The injured worker's diagnoses included moderate discrepancy to the cranial base. The injured worker's treatment plan included the use of a TENS unit and a daytime orthopedic appliance. A request for authorization form was not submitted. However, an unofficial dental authorization for treatment and proposed treatment plan was submitted on 06/25/2014.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**TENS - supplies and materials x6:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Transcutaneous electrotherapy Page(s): 116.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines TENS Unit, page(s) 116 Page(s): 116.

**Decision rationale:** The requested TENS unit-supplies and materials x6 is not medically necessary or appropriate. The California Medical Treatment Utilization Schedule recommends the use of a TENS unit to assist with managing chronic pain be based on a 30 day home trial that establishes pain relief and functional benefit. The clinical documentation submitted for review does not provide any evidence that the patient has undergone a trial of the use of a TENS unit to support 6 month usage. As such, the request for TENS - supplies and materials x6 is not medically necessary or appropriate.

**Oral daytime appliance:** 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 Other Medical Treatment Guideline or Medical Evidence: Alvarez, R. M., Alvarez, J. S., & La Velle, W. C. (2013). U.S. Patent Application 13/776,109.

**Decision rationale:** The request for an oral daytime appliance is not medically necessary or appropriate. The California Medical Treatment Utilization Schedule and Official Disability Guidelines do not address this type of treatment. Peer-reviewed literature does not support the use of an oral daytime appliance without failure to respond to a nighttime appliance to assist with pain control and bruxism related to TMJ. There is no documentation that the injured worker has failed to respond to nighttime treatment. Therefore, the need for an oral daytime appliance is not clearly justified. As such, the requested oral daytime appliance is not medically necessary or appropriate.