

Case Number:	CM14-0155791		
Date Assigned:	09/25/2014	Date of Injury:	01/23/2014
Decision Date:	10/27/2014	UR Denial Date:	09/08/2014
Priority:	Standard	Application Received:	09/23/2014

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 Occupational 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:

injured worker is a 46 year old woman involved in a work related injury from 1/23/14. The injured worker fell striking her face and losing consciousness. The injured worker received treatment for concussion injuries, neck and back and head injuries. The injured worker had conservative care with physical therapy, but it appears she consulted a chiropractor on 5/12/14 complaining of temporomandibular joint problems. There is a note from 8/25/14 stating that the injured worker has temporomandibular joint pain that prevents excessive chewing and talking. There was pain with temporomandibular joint range of motion. Notably the injured worker was seen by a treating physician on 4/18/14, at which time there was no complaint of any mouth or oral pain. The treating physician specifically notes no temporomandibular joint pain or dysfunction, with no facial muscle allodynia or myospasm.

IMR ISSUES, DECISIONS AND RATIONALES

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

Referral to Dentist: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM Occupational Medicine Practice Guidelines, 2nd Edition 2004, page 127 and Official Disability Guidelines; Office Visits

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004) Chapter 7, page(s) 127

Decision rationale: The injured worker has complaints of difficulty with excessive chewing and talking. It is not clear when these complaints surfaced; noting that the injured worker had been seen at the occupational medicine clinic with no description of any facial issues, and this was expressly addressed, and denied, at the neurology evaluation from 4/14. As noted earlier, there are no specific objective findings to support the referral to the dentist at this time and thus the request for the referral is not seen to be medically necessary.

ART Interferential Stimulation 30 day trial: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines (ICS) Interferential Current Stimulation Page(s): 120.

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

Decision rationale: The use of the interferential device is not supported by the Medical Treatment Utilization Schedule (MTUS) Guidelines, noting, "Not recommended as an isolated intervention. There is no quality evidence of effectiveness except in conjunction with recommended treatments, including return to work, exercise and medications, and limited evidence of improvement on those recommended treatments alone. The randomized trials that have evaluated the effectiveness of this treatment have included studies for back pain, jaw pain, soft tissue shoulder pain, cervical neck pain and post-operative knee pain. The findings from these trials were either negative or non-interpretable for recommendation due to poor study design and/or methodologic issues. In addition, Chronic Pain Medical Treatment Guidelines state that "although proposed for treatment in general for soft tissue injury or for enhancing wound or fracture healing, there is insufficient literature to support Interferential current stimulation for treatment of these conditions" Therefore, noting the guidelines fail to endorse the use of this device, the request is not medically necessary.