

Case Number:	CM13-0027290		
Date Assigned:	06/06/2014	Date of Injury:	02/23/1999
Decision Date:	11/25/2015	UR Denial Date:	09/11/2013
Priority:	Standard	Application Received:	09/30/2013

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: California

Certification(s)/Specialty: Dentist

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 sustained an industrial injury on 2-23-1999. The injured worker was diagnosed as having injury of face and neck, limited mandibular range of motion, headache, facial pain, and temporomandibular joint syndrome. Treatment to date has included diagnostics, cervical spine surgery in 2010, left temporomandibular joint diagnostic and surgical arthroscopy, lavage and debridement, implant dentures, and dental treatment including a splint. The progress report "Record of Treatment" entry for 4-24-2013 was handwritten and difficult to decipher. Per the "Record of Treatment" progress report dated 4-23-2013, the injured worker reported "upper feels good, liked speed of lower placement", additional subjective reports not legible. Objective findings and assessment were not legible. Work status was not noted. Per the Request for Authorization dated 8-22-2013, the treatment plan included tensing treatment and splint, modified on 9-11-2013 by Utilization Review, to a splint.

IMR ISSUES, DECISIONS AND RATIONALES

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

Tensing treatment and splint: Upheld

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

MAXIMUS guideline: Decision based on MTUS General Approaches 2004, Section(s): Prevention, General Approach to Initial Assessment and Documentation, Initial Approaches to Treatment, Cornerstones of Disability Prevention and Management, and Chronic Pain Medical Treatment 2009, Section(s): Introduction, Transcutaneous electrotherapy.

Decision rationale: Records reviewed indicate that this patient was diagnosed as having injury of face and neck, limited mandibular range of motion, headache, facial pain, and temporomandibular joint syndrome. Undated letter from [REDACTED] DDS states that patient has pain in TMJ and related muscles increasing significantly over the last couple years. He is recommending "I-cat/EMJ/sonography/Jaw tracking (tens bite) to gather data to create splint to correctly position TMJ/muscles. Then fine tune through adjustments with Tens to get resolution of symptom and get ideal jaw position, this will take 4 to 6 months." Per MTUS guidelines mentioned above, "TENS, chronic pain (transcutaneous electrical nerve stimulation) Not recommended as a primary treatment modality, but a one-month home-based TENS trial may be considered as a noninvasive conservative option, if used as an adjunct to a program of evidence-based functional restoration." However in this case, there are insufficient documentation to support the requests. This reviewer is not clear on the specifics of the treatment being requested, and/or duration/frequency/quantity of the "tensing treatment." Absent further detailed documentation and clear rationale, the medical necessity for this request is not evident. Also, per medical reference mentioned above "a focused medical history, work history and physical examination generally are sufficient to assess the patient who complains of an apparently job related disorder" in order to evaluate a patient's needs. This reviewer does not believe this has been sufficiently documented in this case. This reviewer finds this request not medically necessary at this time.