

<b>Case Number:</b>	CM15-0104102		
<b>Date Assigned:</b>	06/08/2015	<b>Date of Injury:</b>	09/23/2011
<b>Decision Date:</b>	07/14/2015	<b>UR Denial Date:</b>	05/11/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/29/2015

### 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: Texas, New York, California  
 Certification(s)/Specialty: Preventive Medicine, Occupational Medicine

### 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 applicant is a represented 58-year-old who has filed a claim for chronic neck pain, headaches, facial pain, bruxism, and TMJ reportedly associated with an industrial injury of December 23, 2011. In a Utilization Review report dated May 11, 2015, the claims administrator failed to approve a request for 12 sessions of TENS therapy while apparently approving splint adjustment for TMJ as well as an upper and lower splint for the same. The claims administrator referenced a May 1, 2015 RFA form and associated April 16, 2015 progress note in its determination. The applicant's attorney subsequently appealed. In a handwritten progress note dated April 16, 2015, the applicant's dentist reported issues with temporomandibular joint pain, neck pain, sleep-related bruxism, and chronic periodontitis. The note was very difficult to follow, handwritten, comprised, in large part, of pre-printed checkboxes. Orthotic fabrication, insertion of a splint, splint adjustments, and 12 sessions of electrical stimulation "for pain reduction-30 minutes each" were sought. The applicant's overall prognosis was fair, it was reported.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**12 sessions of TENS therapy:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Page(s): 98.

**Decision rationale:** No, the request for 12 sessions TENS therapy-electrical stimulation therapy was not medically necessary, medically appropriate, or indicated here. As noted on page 98 of the MTUS Chronic Medical Treatment Guidelines, passive modalities such as the TENS therapy in question should be employed "sparingly" during the chronic pain phase of treatment. Here, thus, the request for 12 sessions of in-office TENS therapy/electrical stimulation therapy lasting 30 sessions apiece, thus, runs, counter to MTUS principles and parameters. The requesting provider's progress note of April 16, 2015, furthermore, contained little in the way of narrative commentary or narrative support so as to augment the request. The note comprised, in large part, pre-printed checkboxes. The attending provider, thus, failed to furnish any rationale which would offset the unfavorable MTUS position on sparing usage of passive modalities such as TENS therapy/electrical stimulation. Therefore, the request was not medically necessary.