

Case Number:	CM15-0140282		
Date Assigned:	07/30/2015	Date of Injury:	11/14/2012
Decision Date:	09/17/2015	UR Denial Date:	07/13/2015
Priority:	Standard	Application Received:	07/20/2015

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: 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:

Injured worker is a 44 year old female with a date of injury of November 12, 2015. The injured worker previously received the following treatments x-rays of the teeth, Norco, Naproxen and Tylenol #3 was discontinued, Tramadol and Omeprazole. The injured worker was diagnosed with grinding and clenching, TMJ (temporomandibular joint syndrome) capsulitis, myofascial pain, broken tooth and broken restoration. According to progress note of June 24, 2015, the injured worker's chief complaint was pain in the jaw muscles bilaterally with difficulty chewing. The injured worker broke a tooth on the upper quadrant, due to excessive clenching. The physical exam noted the injured worker had bilateral severe pain with palpation of the muscles of mastication and facial muscles including the masseter, lateral; pterygoid, temporalis and trapezius muscles. The injured worker could only open the mouth 33mm. The treatment plan included a transcutaneous electrical stimulation 12 sessions for one year was based on the QME report.

IMR ISSUES, DECISIONS AND RATIONALES

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

Transcutaneous Electrical Stimulation x12 sessions for a one year period: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Transcutaneous Electrotherapy Page(s): 114-116.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 9792.20 - 9792.26 Page(s): 68.

Decision rationale: The MTUS does not recommend a TENS unit 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. Documentation of pain of at least three months duration. There is evidence that other appropriate pain modalities have been tried (including medication) and failed. A one-month trial period of the TENS unit should be documented (as an adjunct to ongoing treatment modalities within a functional restoration approach) with documentation of how often the unit was used, as well as outcomes in terms of pain relief and function; rental would be preferred over purchase during this trial. In addition, a TENS unit is recommended for certain types of pain and certain body parts. The muscles of mastication and facial muscles are not listed as muscles that are treated effectively with a TENS unit. The clinical information submitted for review fails to meet the evidence-based guidelines for the requested service. Transcutaneous Electrical Stimulation x12 sessions for a one year period is not medically necessary.