

Case Number:	CM15-0035767		
Date Assigned:	03/04/2015	Date of Injury:	04/01/1991
Decision Date:	04/14/2015	UR Denial Date:	02/17/2015
Priority:	Standard	Application Received:	02/25/2015

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: 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 male, who sustained an industrial injury on 04/07/1991. On provider visit dated 02/02/2015 the injured worker has reported teeth clinching, and grinding with caused him to fracture his tooth and develop pain in his jaw and TMJ (temporomandibular joint dysfunction). The diagnoses have included bruxism. Treatment plan included dental implants, custom abutment, implant crown, crowns, occlusal guard and Biostimulation of the muscles of mastication to treat myofascial pain. On 02/17/2015 Utilization Review non-certified Biostimulation of the muscles of mastication to treat myofascial pain. The ODG and Non MTUS Treatment Guidelines were cited.

IMR ISSUES, DECISIONS AND RATIONALES

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

Biostimulation of the muscles of mastication to treat myofascial pain: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Cummings: Otolaryngology: Head & Neck Surgery, 4th ed., Mosby, Inc. Pp. 1565-1568. Treatment of TMJ Myofascial Pain Dysfunction Syndrome.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 8 C.C.R 9792.20 - 9792.26. MTUS (Effective July 18, 2009) Page 114 of 127. TENS, chronic pain (transcutaneous electrical nerve stimulation).

Decision rationale: Per records reviewed this patient has been diagnosed with bruxism. Patient also has teeth grinding and clenching with myofascial pain. Per MTUS reference mentioned above, "Several published evidence-based assessments of transcutaneous electrical nerve stimulation (TENS) have found that evidence is lacking concerning effectiveness." Also per Cummings referenced above, stage 1 treatment should include "recommendations about avoidance of clenching and grinding of the teeth; eating a soft, non-chew diet; use of moist heat on, and massage of, the masticatory muscles; and limitation of jaw motion. About 50% of the patients will have a resolution of their symptoms within 2 to 4 weeks with stage 1 therapy. For those whose symptoms persist, stage 2 therapy is initiated. Home therapy and medications are continued, but at this point, a bite appliance is made for the patient. Patients who do not respond to the use of a bite appliance are entered into stage 3 of treatment for 4 to 6 weeks. In this phase, either physical therapy (e.g., ultrasound, electrogalvanic stimulation) or relaxation therapy (e.g., electromyographic biofeedback, conditioned relaxation) are added to the regimen." At this time there is insufficient documentation regarding this patient not responding to counseling and/or home therapy and/or use of a bite appliance. Therefore, this reviewer finds this request for bio stimulation not medically necessary at this time.