

Case Number:	CM15-0117076		
Date Assigned:	06/25/2015	Date of Injury:	11/25/2014
Decision Date:	07/24/2015	UR Denial Date:	05/22/2015
Priority:	Standard	Application Received:	06/17/2015

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 25 year old male, who sustained an industrial injury on 11/25/2014. Diagnoses include status post jaw fracture with poor occlusion, cervical strain, status post cervical fracture and lumbosacral strain. Treatment to date has included surgical intervention (closed reduction manipulation of maxillomandibular fixation of right body of the mandible fractures on 12/02/2014), physical therapy, home health care, modified work, stretching and medications. Per the Doctor's First Report of Occupational Illness or Injury dated 3/11/2015 the injured worker reported jaw pain, neck pain and lower back pain. He reports jaw pain and indicates that his teeth do not come together correctly. He has constant sharp neck pain rated as 10/10. He also reports lower back pain with radiation into the lower back and neck. The pain is rated as 7-8/10. Physical examination of the cervico-thoracic spine revealed loss of normal cervical lordosis, tenderness at the spinous processes of C3, C4, C5, C6 and C7 as well as over the right trapezius and posterior cervical muscles. Range of motion was restricted with pain. Examination of the lumbosacral spine revealed tenderness at the spinous processes at L4, L5 and S1, left greater than right. There was right and left sided superior iliac spine tenderness, left greater than right and right and left sided paravertebral muscle tenderness with spasms, left greater than right. The plan of care included consultation with an oral surgeon. Authorization was requested for 10 treatments of trans electrical stimulation (TENS) of the mouth.

IMR ISSUES, DECISIONS AND RATIONALES

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

Ten treatments of trans electrical stimulation of the mouth: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Clinical Practice Guidelines for Oral and Maxillofacial Surgery.

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

Decision rationale: Records reviewed indicate that this patient is a 25-year-old male who was injured in an accident at work on 11/25/14. His facial injuries that are documented are a non-displaced fracture of the right body of the mandible. This was treated on 12/02/14 with a closed reduction. He also has been diagnosed with post jaw fracture with poor occlusion, cervical strain, status post cervical fracture and lumbosacral strain. Records from ████████ DDS MD states that the fracture is well healed, however patient complaining of continued jaw pain and malocclusion. Requesting dentist is recommending ten trans electrical stimulation of the mouth. Per medical reference mentioned above, "Tens, chronic pain, not recommended as a primary treatment modality, but a one-month home based tens trial may be considered/evidence is lacking concerning effectiveness." This request is not for a home based tens treatment, therefore this IMR reviewer finds this request to be not medically necessary.