

<b>Case Number:</b>	CM15-0126805		
<b>Date Assigned:</b>	07/13/2015	<b>Date of Injury:</b>	09/22/2007
<b>Decision Date:</b>	08/24/2015	<b>UR Denial Date:</b>	06/11/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/30/2015

### 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 56-year-old female who sustained an industrial injury on 09/22/07. Initial complaints include bleeding in the mouth, 4 broken teeth, and neck and back pain. Initial diagnoses are not available. Treatments to date include medications, ice, implant surgeries, 2 epidural injections, neck surgery, spinal fusion, trigger point injections, cortisone injections, and physical therapy. Diagnostic studies include x-rays and MRIs. Current complaints include headaches, pain behind the eyes, neck pain, mouth stiffness, and bilateral shoulder pain. Current diagnoses include bilateral traumatic injury to the teeth and mandible, anterior disc displacement, crepitus of the temporomandibular joint, bilateral joint stiffness temporomandibular joint, capsulitis of the temporomandibular joint and bilateral bruxism. In a progress note dated 06/03/15 the treating provider reports the plan of care as maxillary splint with adjustments as needed. The requested treatments include 12 splint adjustments and 12 TENS treatments.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**TENS therapy x 12:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation J Appl Oral Sci. 2006 Apr; 14 (2): 130-5.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines TENS, chronic pain (transcutaneous electrical nerve stimulation) Page(s): 114.

**Decision rationale:** Records reviewed indicate that this patient had multiple sessions of tens therapy in the past. Some of the hand written reports of [REDACTED] is illegible. Treating dentist is recommending additional 12 TENS therapy sessions but in the records provided there are insufficient documentation of subjective and objective improvements following the TENS therapy. UR report dated 06/11/15 has modified and certified 6 sessions instead. 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. Also, there are insufficient documentation regarding subjective and objective improvements in this patient following this therapy in the past sessions, therefore this reviewer finds this request to be not medically necessary.

**Follow- up splint adjustments x 12:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter (Online Version).

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 2 General Approach to Initial Assessment and Documentation Page(s): 3.

**Decision rationale:** Records reviewed indicate that this patient has been authorized for a new maxillary splint for her TMJ disorder. Her current splint is not repairable and needs to be replaced. UR dentist has approved a new maxillary splint with 6 follow-up splint adjustments. Requesting dentist is recommending 12 follow-up adjustments. Some of the hand written reports of requesting dentist [REDACTED] is illegible. In the records provided there is insufficient documentation regarding the medical necessity of 12 follow-up visits. This reviewer finds 6 follow up adjustments medically necessary and if further adjustments needed, there must first be documentation justifying the need for additional visits. Absent further detailed documentation and clear rationale, the medical necessity for follow- up splint adjustments x 12 is not evident. 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 recommends the request is not medically necessary at this time.