

Case Number:	CM13-0009813		
Date Assigned:	12/18/2013	Date of Injury:	02/09/1998
Decision Date:	04/02/2014	UR Denial Date:	07/08/2013
Priority:	Standard	Application Received:	08/12/2013

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Physical Medicine and Rehabilitation, has a subspecialty in Interventional Spine and is licensed to practice in California. 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 physician 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

This is a 55 year-old male with a 2/9/1998 industrial injury claim. He has been diagnosed with cervical disc bulge and radiculopathy; thoracic strain; failed lumbar spine surgery, s/p right knee surgery, s/p left knee surgery. According to the 6/17/13 report from [REDACTED], the patient presents with back and knee pain, walking with a single point cane and using a low back brace, and bilateral knee braces. He recommends MRI of bilateral TMJ, right knee surgery, and an orthopedic adjustable bed. On 7/8/13, UR recommended against MRI of the bilateral TMJ based on the 6/17/13 report from [REDACTED] and the 11/21/2012 report from [REDACTED].

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI OF BILATERAL TEMPORAL JOINT: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Joint, Meniscus Abnormalities. Author: Ali Nawaz Khan, MBBS, FRCS, FRCP, FRCR, LRCP, Chairman of Medical Imaging, Professor of Radiology, NGH, King Fahad National Guard Hospital, King Abdulaziz Medical City, Riyadh, Saudi Arabia.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Head Imaging Guidelines, Med Solutions, v16.0, 2/21/14, HD-45~Temporomandibular Joint Disease (TMJ) and

Decision rationale: The patient presents with low back and bilateral knee pain. I have been asked to evaluate for MRI of the TMJ. I was not able to locate a reference in MTUS/ACOEM topics, MTUS/Chronic Pain Guidelines, or ODG-TWC guidelines related to the issue at hand. According to LC4610.5(2) "Medically necessary" and "medical necessity" mean medical treatment that is reasonably required to cure or relieve the injured employee of the effects of his or her injury and based on the following standards, which shall be applied in the order listed, allowing reliance on a lower ranked standard only if every higher ranked standard is inapplicable to the employee's medical condition: (A) The guidelines adopted by the administrative director pursuant to Section 5307.27.; (B) Peer-reviewed scientific and medical evidence regarding the effectiveness of the disputed service.; (C) Nationally recognized professional standards.; (D) Expert opinion.; (E) Generally accepted standards of medical practice.; (F) Treatments that are likely to provide a benefit to a patient for conditions for which other treatments are not clinically efficacious. In this case, the highest ranked standard is likely (D) Expert opinion or (E) generally accepted standards of medical practice. Internet search brings up Med Solutions Head imaging guidelines, that discusses MRI for TMJ. This guideline states "TMJ MRI (CPT®70336) should be reserved for those who fail a minimum of 6 weeks of non-surgical treatment and who are actively being considered for TMJ surgery. Requests must come from a maxillofacial surgeon." In this case, there is no current subjective or objective examination of the TMJ and there is no indication that TMJ surgery is being planned. There was no mention of any conservative treatment. The request does not meet the "expert opinion" or "generally accepted standards of medical practice".