

<b>Case Number:</b>	CM13-0012581		
<b>Date Assigned:</b>	03/19/2014	<b>Date of Injury:</b>	08/13/2010
<b>Decision Date:</b>	04/29/2014	<b>UR Denial Date:</b>	08/02/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/12/2013

### 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. The expert 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 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/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:

The patient is a 53 year old female with an injury date of 8/13/10. Based on the 6/20/13 progress report provided by [REDACTED], [REDACTED], the patient's diagnosis include cervical strain, left shoulder impingement, left dorsal wrist ganglion, and bilateral carpal tunnel syndrome. [REDACTED]. [REDACTED] is requesting MRI of the temporomandibular joint in the open and closed position without contrast.

### IMR ISSUES, DECISIONS AND RATIONALES

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

#### **MRI OF THE TEMPOROMANDIBULAR JOINT , OPEN AND CLOSED POSITION WITHOUT CONTRAST: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Frontera: Essentials of Physical Medicine and Rehabilitation, 1st ed. Chapter 9 - Temporomandibular Joint Disorders, Diagnostic Studies.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation AETNA Clinical Policy Bulletin: Temporomandibular Disorders.

**Decision rationale:** A report by [REDACTED], [REDACTED], dated 10/18/13 provides a thorough evaluation of this patient's TMJ on 10/18/13 with a diagnosis of myofascial pain, normal mandibular opening/movement without any restriction, and normal salivation with no xerostomia. He concluded that it becomes clear that the primary issue in this case is psychiatric and stress in nature. None of the other reports provided discuss the current request at hand. The MTUS and Official Disability Guidelines do not address TMJ. The [REDACTED] guidelines consider an MRI of the jaws necessary prior to surgery. However, in this patient, no surgery is discussed. Based on an agreed medical examiner report from 10/18/13, there does not appear to be problems other than myofascial pain with normal opening and movement of the jaw. The request is noncertified.