

Case Number:	CM13-0015712		
Date Assigned:	12/18/2013	Date of Injury:	08/29/1995
Decision Date:	02/21/2014	UR Denial Date:	07/17/2013
Priority:	Standard	Application Received:	08/23/2013

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 a licensed Doctor of Dental Surgery and is licensed to practice in Texas. 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 58-year-old female who reported an injury on 08/29/1995. The injury was noted to have occurred when the patient tripped on a wedge heel and fell at work. Her diagnoses include progressive low back pain and left lower extremity radicular pain, history of a falling injury with a fracture of the sacrum, chronic pain in the left foot, significant neck pain, upper back pain, bilateral upper extremities numbness and tingling, status post 2 level cervical fusion with degenerative disc disease at C3-4 above the fusion causing stenosis, fibromyalgia, and left shoulder impingement syndrome. At her 09/24/2013 office visit, it was noted that she reported seeing a TMJ specialist due to TMJ syndrome.

IMR ISSUES, DECISIONS AND RATIONALES

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

Dental orthotics day & night plus testing to monitor progress: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Schiffman, E. L., Velly, A. M., Look, J. O., Hodges, J. S., Swift, J. Q., Decker, K. L., ... & Fricton, J. R. (2013). Effects of four treatment strategies for temporomandibular joint closed lock. International journal of oral and maxillofacial surgery.

Decision rationale: According to a 2013 study for treatment strategies for TMJ syndrome, non-surgical treatment should be employed for TMJ closed lock before considering surgery given there was no difference between treatment strategies. The clinical information submitted for review indicates the patient reported being treated for TMJ syndrome and request was received for dental orthotics. However, there was no detailed documentation submitted regarding the patient's dental complaints and the necessity for use of a dental orthotic day and night, plus testing to monitor progress. In the absence of detailed clinical information regarding this request, it is not supported. As such, the request is non-certified.