

<b>Case Number:</b>	CM13-0033035		
<b>Date Assigned:</b>	12/06/2013	<b>Date of Injury:</b>	11/04/2009
<b>Decision Date:</b>	02/18/2014	<b>UR Denial Date:</b>	09/18/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/08/2013

### 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 licensed in Dentistry 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 employee is a 47-year-old male who reported a work injury on 11/4/09. The employee reportedly fell while at work and injured his left jaw and denture with canine/premolar lower teeth periodontally involved/probably hopeless. According to the documentation dated 8/7/13, the employee reported clicking symptoms to both temporomandibular joints. The employee had been utilizing dentures that he felt were too big. The employee also reported neck pain. Referral was recommended to a dental prosthodontist specialist for evaluation, treatment plan and coordination of oral maxillofacial surgical requirements of extractions and implants with follow-up cleanings. The employee has been diagnosed with a cracked tooth, loss of teeth due to trauma, extraction and periodontal disease. A single scan computed tomography (CT) of the temporomandibular joint has been requested.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Single scan CT of temporomandibular joint (TMJ): Upheld**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Posttraumatic Temporomandibular Joint Disorders <http://www.ncbi.nlm.nih.gov/pmc/articles/PMC3052671>.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACR-ASNR-SPR Practice Guideline for the Performance of Magnetic Resonance Imaging (MRI) of the Head and Neck, Revised 2012.

**Decision rationale:** The Medical Treatment Utilization Schedule (MTUS) and Official Disability Guidelines do not address the use of CT scans of the temporomandibular joint (TMJ). According to the American College of Radiology, MRI is the primary imaging modality for evaluating the non-osseous components of the temporal bone region, including evaluation of suspected retro cochlear pathology and cranial nerve dysfunction. An MRI is useful to determine if temporal bone pathology, such as infection or neoplasm, involves the intracranial compartment. In the case of this employee who sustained trauma to his lower jaw after a fall, a CT scan would not be recommended based on American College of Radiology guidelines, as MRI is the procedure of choice for most clinical presentations of temporomandibular joint pathology. As such, the requested single scan CT of the temporomandibular joint (TMJ) is not medically necessary and appropriate.