

Case Number:	CM14-0002753		
Date Assigned:	01/29/2014	Date of Injury:	03/15/2013
Decision Date:	08/11/2014	UR Denial Date:	12/31/2013
Priority:	Standard	Application Received:	01/08/2014

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 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:

This is a 27-year-old male patient with a 3/15/13 date of injury; He sustained an injury to his head while unloading a cart of furniture: a sofa got caught on top of truck and fell striking injured worker on the head. 11/7/13 progress report documented that the patient continues to have increased headaches and has not yet had approval for sleep studies. He was seen by a temporomandibular joint (TMJ) specialist, who is recommending further treatment, including a dental device. The physical exam demonstrates tenderness over the TMJ bilaterally, normal strength, sensation, and reflexes in upper and lower extremities. Sleep studies were requested, as well as treatment for TMJ, which should also improve headaches. A 10/16/13 progress report indicates TMJ pain and headaches. It was noted that there is clear causation in case a direct blunt maxillofacial trauma. There are classic symptoms of TMJ arthropathy, including pain, swelling, stiffness, and deformity of the TMJ. A 9/26/13 TMJ documented that the patient has chronic temporomandibular joint dysfunction with pain in the TMJ joint. There was clicking, popping, and crepitus that increased with palpation. The range of motion studies was within normal limits. There is documentation of a previous 12/31/13 adverse determination because it was unclear why such an extensive treatment plan was proposed; the injury was only 9 months prior and no prior treatment has been documented. There was no evidence that occlusal orthopedic appliances-orthotics; occlusal splints, bite appliances, or mandibular occlusal repositioning appliances would have been attempted. There was no evidence that prefabricated orthotics would have been insufficient.

IMR ISSUES, DECISIONS AND RATIONALES

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

DIAGNOSTIC STUDY MODELS AND BITE REGISTRATION AND ARTICULAR MOUNTING: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Non-MTUS Official Disability Guidelines (ODG), Head Chapter and on the Non-MTUS AETNA Clinical Policy Bulletin: Temporomandibular Disorders.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Article 'TMJ disorders'; CIGNA Coverage Position TMJ Disorder; Cochrane Collaboration: permanent occlusal adjustment and occluding splint therapy for treatment of TMJ disorders.

Decision rationale: The California MTUS and ODG do not apply. The article TMJ disorders states that mouth guards, also called splints or appliances, have been used to treat teeth grinding, clenching, and TMJ disorders. Cigna states that non-invasive, reversible therapies are used in the initial treatment of symptomatic TMD. In many cases, TMD is self-limiting and often responds to simple measures such as eating soft foods, applying heat or ice, and avoiding extreme jaw movements. A variety of modalities may be employed, including active or passive jaw movement, application of heat/ice and vapocoolant spray followed by gentle stretching. Intra-oral appliances: The two most common intra-oral appliances are stabilization splints and anterior positioning appliances. Dental occlusal splinting and permanent occlusal adjustment have been a common TMJ disorder treatment. However, there remains no evidence that lower levels of care were exhausted. The patient has not had attempts at appliances-orthotics; occlusal splints, bite appliances, or mandibular occlusal repositioning appliances would have been attempted. There was no evidence that prefabricated orthotics would have been insufficient. Therefore, the request for diagnostic study models and bite registration and articular mounting was not medically necessary.

CRANIOMANDIBULER DECOMPRESSION AND MUSCLE REHABILITATION APPLIANCE: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Non-MTUS Official Disability Guidelines (ODG), Head Chapter and on the Non-MTUS AETNA Clinical Policy Bulletin: Temporomandibular Disorders.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Article 'TMJ disorders'; CIGNA Coverage Position TMJ Disorder; Cochrane Collaboration: permanent occlusal adjustment and occluding splint therapy for treatment of TMJ disorders.

Decision rationale: The California MTUS and ODG do not apply. The article TMJ disorders states that mouth guards, also called splints or appliances, have been used to treat teeth grinding, clenching, and TMJ disorders. CIGNA states that non-invasive, reversible therapies are used in

the initial treatment of symptomatic TMD. In many cases, TMD is self-limiting and often responds to simple measures such as eating soft foods, applying heat or ice, and avoiding extreme jaw movements. A variety of modalities may be employed, including active or passive jaw movement, application of heat/ice and vapocoolant spray followed by gentle stretching. The two most common intra-oral appliances are stabilization splints and anterior positioning appliances. Dental occlusal splinting and permanent occlusal adjustment have been a common TMJ disorder treatment. However, there remains no evidence that lower levels of care were exhausted. The patient has not had attempts at appliances-orthotics; occlusal splints, bite appliances, or mandibular occlusal repositioning appliances would have been attempted. There was no evidence that prefabricated orthotics would have been insufficient. Therefore, the request for craniomandibular decompression and muscle rehabilitation appliance was not medically necessary.

**CRANIOMANDIBULAR ORTHOPEDIC REPOSITIONING
APPLIANCE/NEUROSENSORY MODULATOR-MEDIATED APPLIANCE: Upheld**

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Non-MTUS Official Disability Guidelines (ODG), Head Chapter and on the Non-MTUS AETNA Clinical Policy Bulletin: Temporomandibular Disorders.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Article 'TMJ disorders'; CIGNA Coverage Position TMJ Disorder; Cochrane Collaboration: permanent occlusal adjustment and occluding splint therapy for treatment of TMJ disorders.

Decision rationale: The California MTUS and ODG do not apply. The article TMJ disorders states that mouth guards, also called splints or appliances, have been used to treat teeth grinding, clenching, and TMJ disorders. Cigna states that non-invasive, reversible therapies are used in the initial treatment of symptomatic TMD. In many cases, TMD is self-limiting and often responds to simple measures such as eating soft foods, applying heat or ice, and avoiding extreme jaw movements. A variety of modalities may be employed, including active or passive jaw movement, application of heat/ice and vapocoolant spray followed by gentle stretching. Intra-oral appliances: The two most common intra-oral appliances are stabilization splints and anterior positioning appliances. Dental occlusal splinting and permanent occlusal adjustment have been a common TMJ disorder treatment. However, there remains no evidence that lower levels of care were exhausted. The patient has not had attempts at appliances-orthotics; occlusal splints, bite appliances, or mandibular occlusal repositioning appliances would have been attempted. There was no evidence that prefabricated orthotics would have been insufficient. Therefore, the request for Craniomandibular orthopedic repositioning appliance/neurosensory modulator-mediated appliance was not medically necessary.

**FOLLOW UP FOR ADJUSTMENTS FOR THE APPLIANCES (TOTAL OF 6-8 VISITS):
Upheld**

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Non-MTUS Official Disability Guidelines (ODG), Head Chapter and on the Non-MTUS AETNA Clinical Policy Bulletin: Temporomandibular Disorders.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Article 'TMJ disorders'; CIGNA Coverage Position TMJ Disorder; Cochrane Collaboration: permanent occlusal adjustment and occluding splint therapy for treatment of TMJ disorders.

Decision rationale: The California MTUS and ODG do not apply. The article TMJ disorders states that mouth guards, also called splints or appliances, have been used to treat teeth grinding, clenching, and TMJ disorders. CIGNA states that non-invasive, reversible therapies are used in the initial treatment of symptomatic temporomandibular joint dysfunction (TMD). In many cases, TMD is self-limiting and often responds to simple measures such as eating soft foods, applying heat or ice, and avoiding extreme jaw movements. A variety of modalities may be employed, including active or passive jaw movement, application of heat/ice and vapocoolant spray followed by gentle stretching. Intra-oral appliances: The two most common intra-oral appliances are stabilization splints and anterior positioning appliances. Dental occlusal splinting and permanent occlusal adjustment have been a common TMJ disorder treatment. However, there remains no evidence that lower levels of care were exhausted. The patient has not had attempts at appliances-orthotics; occlusal splints, bite appliances, or mandibular occlusal repositioning appliances would have been attempted. There was no evidence that prefabricated orthotics would have been insufficient. Therefore, the request for 6-8 follow-up visits for adjustments for the appliances was not medically necessary.