

<b>Case Number:</b>	CM14-0116539		
<b>Date Assigned:</b>	08/04/2014	<b>Date of Injury:</b>	11/16/2010
<b>Decision Date:</b>	10/02/2014	<b>UR Denial Date:</b>	07/15/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/23/2014

### 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 Board Certified in Occupational Medicine 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 applicant is a represented [REDACTED] employee who has filed a claim for jaw pain, myalgias, myositis, headaches, and neck pain reportedly associated with an industrial injury of November 15, 2013. Thus far, the applicant has been treated with the following: Analgesic medications; attorney representations; and unspecified amounts of physical therapy over the life of the claim. In a Utilization Review Report dated July 15, 2014, the claims administrator denied a request for a CT scan of the TMJ joint, invoking non-MTUS ODG guidelines on CT scanning of the head and neck. In a June 25, 2014 progress note, the applicant reported persistent complaints of neck pain radiating to the arms, shoulder pain, low back pain, headaches, and dizziness. It was acknowledged that the applicant was not working. Tenderness about the shoulder, lumbar spine, and cervical spine was appreciated with limited range of motion and weakness noted about numerous body parts. The applicant was placed off of work, on total temporary disability. The applicant was asked to consult a shoulder surgeon to further evaluate a rotator cuff tear. In an applicant questionnaire, not clearly dated, the applicant reported persistent complaints of facial pain with associated popping, locking, and clicking about the TM joint. The note was tied to a clinical progress note. This note was extremely difficult to follow, employed preprinted checkboxes, and gave the applicant a preliminary diagnosis of temporomandibular joint disorder. CT scan imaging of the TM joint was ordered. No clear rationale for selection of this particular study was proffered.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**CT scan 3D rendering of the TMJ (temporomandibular joint): Upheld**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Treatment Index, 11th Edition (web), 2013, Head Chapter, CT (computed tomography), Indications for computed tomography

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Diagnostic Imaging of the Temporomandibular Joint, Petrikowski et al, June 1, 2005.

**Decision rationale:** While oralhealthgroup.com does acknowledge that "CT scanning is growing in popularity and is currently used for TMJ imaging, pre-surgical implant imaging, orthodontic imaging, airway analysis, for a wide variety of oral surgery applications, and/or for evaluating osseous lesions." In this case, however, it was not clearly stated why the CT scanning of the TM joint was sought. It was not clearly stated how this would influence the treatment plan. It was not clearly stated that the claimant would act on the results of the same and/or consider a surgical remedy, for instance, based on the outcome of the study in question. It was not clearly stated that the CT scan in question would influence the applicant's treating provider's selection of a dental appliance/airway appliance, for instance. The provided progress note employed preprinted checkboxes and contained little or no narrative commentary. It was not stated why and/or for what purpose the CT imaging in question was intended. Therefore, the request is not medically necessary.