

Case Number:	CM14-0153816		
Date Assigned:	09/23/2014	Date of Injury:	06/29/2000
Decision Date:	10/30/2014	UR Denial Date:	08/29/2014
Priority:	Standard	Application Received:	09/19/2014

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 chronic low back and temporomandibular joint pain reportedly associated with an industrial injury of June 29, 2000. Thus far, the applicant has been treated with the following: Analgesic medications; transfer of care to and from various providers in various specialties; earlier lumbar laminectomy surgery; and unspecified amounts of physical therapy over the course of the claim. In a Utilization Review Report dated August 29, 2014, the claims administrator reportedly denied a request for an MRI of the temporomandibular joints. The applicant's attorney subsequently appealed. In a June 12, 2014 progress note, the applicant was given a diagnosis of temporomandibular joint disorder. CT imaging of the maxillofacial area, MRI imaging of the temporomandibular joints, and referral to a prosthodontics was sought. In a June 7, 2014 progress note, the applicant was described as having issues with clicking and locking about the temporomandibular joints with opening of the same. It was not explicitly stated why the MRI imaging of the TM joints was being sought.

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI of the Right and Left Temporomandibular Joint: 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 Medscape, Temporomandibular Joint Syndrome Workup.

Decision rationale: The MTUS does not address the topic. While Medscape does acknowledge that MRI imaging is the test of choice when looking for disk replacement or pathology about the TMJ, in this case, however, it was not clearly stated what was sought. It was not clearly stated what was suspected. It was not clearly stated how the proposed MRI imaging study would influence or alter the treatment plan. It was not stated that the applicant was considering or contemplating a surgical intervention involving the TMJ, for instance, based on the outcome of the proposed MRI. Therefore, the request is not medically necessary.