

Case Number:	CM14-0158226		
Date Assigned:	10/01/2014	Date of Injury:	06/29/2000
Decision Date:	10/28/2014	UR Denial Date:	08/29/2014
Priority:	Standard	Application Received:	09/26/2014

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 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:

Records reviewed indicate that this is a 63-year-old female with a reported date of injury on 06/09/2000. Limited records are available for review. [REDACTED] is requesting CT of the maxillofacial area, per IMR form dated 09/26/14. UR report dated 08/29/14 states: "The mechanism of injury was reportedly caused by a fall. Her diagnoses included temporomandibular joint disorder. 2 implants and a bridge in the anterior mandible to replace a tooth lost in the incident. In 2003, the patient was undergoing diagnostic studies to Include a discogram, when she developed prolonged seizures and was transported to the hospital by paramedics and was intubated. As a result of the intubation, an anterior mandibular tooth was avulsed and 2 other teeth were subluxed, which were subsequently removed. The clinical note dated 06/07/2014, indicates the patient had a pre-existing diastema in the anterior maxilla which increased after her seizure...The clinical information provided for review, indicates the injured worker had a seizure in 2003. There is a lack of documentation related to any further seizure activity. The most recent clinical note dated 06/07/2014, lacks documentation related to the injured worker's functional deficits. There is a lack of documentation related to abnormal mental status, acute seizure, or evidence of trauma. Therefore, the request for CT Scan Maxillofacial Area 70486 3D Rendering and Processing of CT at Independent Work Station 76337 is non-certified "PTP [REDACTED] report of 09/04/14 has diagnosed this patient with: 1. Anoxic encephalopathy 2. Cognitive impairment 3. Morbid obesity 4. Steep apnea 5. GERD (gastroesophageal reflux disease) 6. Chronic low back pain 7. DDD (degenerative disc disease), lumbar 8. Spinal stenosis, lumbar 9. Radiculopathy, lumbar region 10 Status post lumbar surgery, sip L4 laminectomy, bilat foraminotomios, post 11 Seizure disorder 12 Personal history of MI (myocardial infarction) 13 Mandibular fracture 14 Loss of teeth 15 Adhesive capsulitis of shoulder, Rt 16 Depression 17 Anxiety disorder 18 Chronic pain syndrome 19 Personal history of colon cancer 20 Knee Internal

derangement, Rt knee, s/p lateral flexor meniscectomy 8/4/04 717.921 Derangement of lateral meniscus, unspecified, Lt22Visual impairment23 Near syncope24 Migraines25 Dental injury26 Fall27Heel spur.

IMR ISSUES, DECISIONS AND RATIONALES

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

CT Scan Maxillofacial area 70486 rendering at processing: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Head Chapter, CT

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: Natl J Maxillofac Surg. 2012 Jan;3(1):2-9. doi: 10.4103/0975-5950.102138. Efficacy of plain radiographs, CT scan, MRI and ultra sonography in temporomandibular joint disorders. Sinha VP1, Pradhan H, Gupta H, Mohammad S, Singh RK, Mehrotra D, Pant MC, Pradhan R.

Decision rationale: Due to the diagnostic impressions of PTP [REDACTED] (including a mandibular fracture and dental injury) and the medical articles mentioned above, this IMR reviewer finds this request for a CT Scan Maxillofacial area to be medically necessary.

Processing of CT at independent work station 76337: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Head Chapter, CT

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: Natl J Maxillofac Surg. 2012 Jan;3(1):2-9. doi: 10.4103/0975-5950.102138. Efficacy of plain radiographs, CT scan, MRI and ultra sonography in temporomandibular joint disorders. Sinha VP1, Pradhan H, Gupta H, Mohammad S, Singh RK, Mehrotra D, Pant MC, Pradhan R.

Decision rationale: Due to the diagnostic impressions of PTP [REDACTED] (including a mandibular fracture and dental injury) and the medical articles mentioned above, this IMR reviewer finds this request for Processing of CT to be medically necessary.