

<b>Case Number:</b>	CM14-0026027		
<b>Date Assigned:</b>	06/16/2014	<b>Date of Injury:</b>	05/08/2013
<b>Decision Date:</b>	10/01/2014	<b>UR Denial Date:</b>	02/20/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/28/2014

### 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:

The patient is a 58 year old female who has submitted a claim for headache, temporomandibular joint (TMJ) disorder, moderate capsulitis of the TMJ, moderate articular cartilage disorder with reduction in early opening, moderate tenosynovitis of TMJ, moderate nasal swelling, and moderate myofascial pain dysfunction associated with an industrial injury date of 5/8/2013. Medical records from 2013 to 2014 were reviewed. The patient complained of persistent generalized headache with facial, eye, ear, and nose pain, jaw pain, and neck pain throughout the day and night. The intake of medications provided relief of symptoms. Patient likewise noticed clicking and popping of the jaw resulting to difficulty in chewing. Patient reported tinnitus and moderate pain in her upper and lower dental arches and related regions. Physical examination showed tenderness in the masseter, occipital region, lateral pterygoid, sternocleidomastoid, preauricular region, and anterior scalenes. Provocation testing of the TMJ elicited moderate pain bilaterally with emphasis on the right side and retrusive manipulation elicited moderate pain bilaterally. Auscultation of the left and right temporomandibular joints revealed moderate crepitation bilaterally upon opening with an audible click in the early phase of opening. Mandibular range of motion revealed maximum active opening with moderate pain of 38 mm without restrictions, left laterotrusion of 7 mm, right laterotrusion of 7 mm, and a protrusive measurement of 4 mm. There was a slight C-curve deflection to the right of opening and closing of the mouth. Cervical range of showing showed moderate restriction upon flexion. Postural screening was normal. Oral examination revealed oral soft tissues within normal limits. Periodontal exam revealed minimal gingival inflammation with unprovoked bleeding and incipient periodontal disease. Teeth numbers 1, 16, 17, and 32 were missing. Occlusion was Angle's Class I bilaterally with pre-molar and molar occlusion. Overbite was 3 mm and overjet was 4 mm. Right lateral mandibular movements revealed adequate working contacts and

balancing contacts. Left lateral mandibular movements revealed adequate working contacts and balancing contacts. Bilateral TMJ Vibration Analysis showed moderate activity below and above the 300 Hz frequency spectrum indicative of a click with moderate crepitus involvement. The rationale for splinting is to provide stabilization and 8 - 12 office visits is for occlusal adjustments. Treatment to date has included two nasal surgeries in 2013, soft diet, moist heat application, and medications. Utilization review from 2/20/2014 denied the request for Max & Mand Splint because there was no documentation that patient had received an initial treatment for the facial and jaw injuries. There was no evidence of failure in conservative management to warrant the request.

### **IMR ISSUES, DECISIONS AND RATIONALES**

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

**Max & Mand Splint Therapy with 8-12 Orthotic Management Appointments:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Cummings: Otolaryngology: Head & Neck Surgery, 4th ed., Mosby, Inc. pp. 1565-1568 Treatment of TMJ Myofascial Pain Dysfunction Syndrome.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Section, Office Visits Other Medical Treatment Guideline or Medical Evidence: TMJ disorders <http://www.nlm.nih.gov/medlineplus/ency/article/001227.htm>

**Decision rationale:** The ODG states that evaluation and management (E&M) outpatient visits to the offices of medical doctor play a critical role in the proper diagnosis and return to function of an injured worker, to monitor the patient's progress, and make any necessary modifications to the treatment plan. Per the NIH, non-invasive, reversible therapies are used in the initial treatment of symptomatic TMJ disorder. In many cases, it is self-limiting and often responds to simple measures such as eating soft foods, applying heat or ice, and avoiding extreme jaw movements (EX: wide yawning, gum chewing). Conservative treatments include medications like NSAIDs, muscle relaxants, antidepressants and muscle relaxant injection like Botulinum toxin. Mouth or bite guards, also called splints and appliances, have long been used to treat teeth grinding, clenching, and TMJ disorders. The guard may lose its effectiveness over time; hence, permanent use of these items may not be recommended. In this case, the patient complained of persistent generalized headache with facial, eye, ear, and nose pain, jaw pain, and neck pain throughout the day and night. The patient likewise noticed clicking and popping of the jaw resulting to difficulty in chewing. The patient reported tinnitus and moderate pain in her upper and lower dental arches and related regions. The rationale for splinting is to provide stabilization and 8 - 12 office visits is for occlusal adjustments. The medical necessity for a splint has been established. However, the present request for 8 to 12 visits cannot be certified because monitoring frequency would depend on the patient's response to therapy. Therefore, the request is not medically necessary.