

Case Number:	CM14-0032399		
Date Assigned:	06/20/2014	Date of Injury:	08/10/2005
Decision Date:	09/03/2014	UR Denial Date:	02/24/2014
Priority:	Standard	Application Received:	03/12/2014

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:

The patient is a 53-year-old female who has submitted a claim for flare up of chronic fibromyalgia, flare up of chronic TMJ syndrome, myofascial pain syndrome with trigger points in the neck, and sleep disorder associated with an industrial injury date of August 10, 2005. Medical records from 2013 were reviewed and showed that patient complained of pain when chewing, talking, or any jaw movement. The pain radiates to the right ear as was associated with dry mouth. Recent physical examination findings were not available for review. MRI, undated, showed degenerative right TMJ condyle and temporal component with bony spurring and subchondral sclerosis, anteriorly displaced disc in the closed position but not deformed; and left TMJ showing anterior disc displacement in closed mouth position with deformity and slightly truncated appearance. Official report of the imaging study was not available for review. Treatment to date has included medications, physical therapy, aqua therapy, and activity modification. Utilization review, dated February 24, 2014, denied the request for day and night time orthotics. Reasons for denial were not made available.

IMR ISSUES, DECISIONS AND RATIONALES

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

Day and night time orthotics: 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 TMJ disorders <http://www.nlm.nih.gov/medlineplus/ency/article/001227.htm>.

Decision rationale: CA MTUS and ODG do not address this topic. 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. You should also stop if they cause any changes in your bite. In this case, day and night time orthotics was requested to rebalance and correct the patient's bite and relieve pressure from the temporomandibular joints. However, there was no documentation of other conservative treatments that have failed. Furthermore, the present request did not specify the duration of treatment. Permanent use may not be recommended. The medical necessity cannot be established due to insufficient information. Therefore, the request for day and night time orthotics are not medically necessary.