

Case Number:	CM14-0044160		
Date Assigned:	07/02/2014	Date of Injury:	10/22/2010
Decision Date:	08/05/2014	UR Denial Date:	03/17/2014
Priority:	Standard	Application Received:	04/11/2014

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:

Documents reviewed reveal that this is a 40 year old male patient who sustained an industrial injury including head trauma on 10/22/2010. [REDACTED] on 03/07/14 documents that this patient presented with multiple complaints of pain involving left Temporomandibular joint disorder (TMJ) and ear. Patient complained of headaches which radiated from the posterior eyes, posterior neck pain, right ear pain with clicking noises, continued right upper quadrant oral or tooth pain and dizziness and blurred vision which had been getting worse over the last year with most tender areas over the left TMJ and left masseter. MIO approx 40mm with pain, good excursive movements with pain, occasional left late click upon opening, left External Auditory Meatus and TM Joint were within normal limits, and right External Auditory Meatus was heavy with cerumen. Extra-ocular muscles was intact but the patient reported dizziness when examined. Oral exam was within normal limits. No mucosal lesion or ulceration was noted. Dentition was with slight clinical attachment loss, no signs of acute infection, no mobile teeth and no pain on percussion were noted. [REDACTED] is requesting Temporomandibular joint disorder (TMJ) steroid injection and impressions for splint with IV sedation. UR MEDICAL DOCTOR has not certified this request due to the records at this time are limited and only partially legible and do not clearly document a rationale for this treatment in this chronic phase or a rationale for the requested IV sedation.

IMR ISSUES, DECISIONS AND RATIONALES

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

Temporomandibular joint disorder (TMJ) steroid injection with IV sedation: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation <http://www.ncbi.nlm.nih.gov/pubmed/21959659>.

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: J Craniomaxillofac Surg. 2014 Feb 4. pii: S1010-5182(14)00043-2. doi: 10.1016/j.jcms.2014.01.041. A comparative study on the impact of intra-articular injections of hyaluronic acid, tenoxicam and betamethasone on the relief of temporomandibular joint disorder complaints. Gencer ZK1, Ozkiri M2, Okur A3, Korkmaz M4, Saydam L2. "We found that HA produced better pain relief scores when compared to the other anti-inflammatory agents studied. The main disadvantage of HA is its relatively higher cost. Additionally it does not have a reimbursement status by state or private health insurance systems in Turkey. Despite the lower VAS scores, intra-articular TX (tenoxicam) and CS (betamethasone) may be assessed as more economic alternatives to intra-articular HA injections." J Oral Sci. 2011 Sep;53(3):321-5. Temporomandibular joint injection with corticosteroid and local anesthetic for limited mouth opening. Samiee A1, Sabzerou D, Edalatpajouh F, Clark GT, Ram S. "TMJ injection with corticosteroid and local anesthetic is suitable as an alternative first-line management modality for DDWOR (disc displacement without reduction).".

Decision rationale: In [REDACTED] on 03/07/14 report there is no indication as to why this patient needs to be under IV sedation to receive the TMJ steroid injection. Although the steroid injection may be necessary, there is no documentation of findings on diagnosis that justify the need for IV sedation. Therefore, TMJ injection with steroid under IV sedation is NOT medically necessary at this time.

Impressions and splint: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation <http://www.ncbi.nlm.nih.gov/pubmed/2605864>.

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: Medscape reference: Temporomandibular Disorders Treatment & Management. Author: Charles F Guardia III, MD; Chief Editor: Robert A Egan, MD.

Decision rationale: Per reference cited above, Occlusal splints - "These are known as nightguards, bruxism appliances, or orthotics. Various kinds of splints are available and can be classified into 2 groups--anterior repositioning splints and autorepositional splints. Physiologic basis of the pain relief provided by splints is not well understood. Factors such as alteration of occlusal relationships, redistribution of occlusal forces of bite, and alteration of structural relationship and forces in the temporomandibular joint (TMJ) seem to play some role." [REDACTED] on 03/07/14 documents that this patient has multiple characteristics of TMJ. Per reference cited above, splints are an acceptable treatment modality in

the management of patients with TMJ. Therefore, Impressions and Splint ARE medically necessary at this time.