MAXIMUS Federal Services

Case Number:	CM14-0197463		
Date Assigned:	12/22/2014	Date of Injury:	12/15/2010
Decision Date:	01/29/2015	UR Denial Date:	10/29/2014
Priority:	Standard	Application Received:	11/24/2014

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 Physical Medicine Rehab, has a subspecialty in Interventional Spine 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 61 year old female with an injury date of 12/15/10.Based on the progress report dated 08/12/14, the patient complains of headache, dizziness and intermittent speech difficulty along with pain and spasms in the cervical spine. Progress report dated 07/24/14 documents pain in the temporomandibular joint along with tenderness to palpation in the area. As per neurological evaluation dated 09/10/14, the patient suffers from pulsating pain in the left side of the head, and has issues with memory, concentration, speech and balance. Physical evaluation reveals marked tenderness in the left temporomandibular area that radiates to the temporalis. In progress report dated 10/01/14, the patient complains of clicking and clocking sounds in the jaw joint along with pain in facial and ocular areas when opening the mouth. She has difficulty chewing hard foods and sleep issues secondary to the pain. Physical examination revealed maximum active opening of the mandibular joint with moderate pain. Medications, as per progress report dated 08/12/14, include Ultracet and Diclofenac for pain. Diagnoses, 08/12/14:- Moderate capsulitis of the temporomandibular joint- Moderate articular cartilage disorder with reduction in early opening- Cephalgia- Moderate synovitis/tenosynovitis of the temporomandibular joint bilaterally with crepitus involvement- Moderate temporal tendinitis- Moderate temporomandibular joint strain- Tinnitus- Moderate myofascial dysfunction bilaterallyThe treater is requesting for 1 REFERRAL TO TMJ RADIOGRAPHS. The utilization review determination being challenged is dated 10/29/14. Treatment reports were provided from 01/18/14 - 11/04/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 Referral to TMJ Radiographs: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACR Appropriateness Criteria headache (online publication) American College of Radiology (ACR)

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: National Journal of Maxillofacial Surgery

Decision rationale: The patient presents with pain in the temporomandibular joint along with tenderness to palpation in the area, as per progress report dated 07/24/14. The request is for 1 referral to TMJ radiographs. The patient also experiences headache, dizziness and intermittent speech difficulty, as per progress report dated 08/12/14. Official Disability Guidelines, MTUS and ACOEM guidelines are silent on TMJ radiographs. A study in the January-June, 2012, issue of the National Journal of Maxillofacial Surgery, states that "no single imaging modality studied can accurately show all changes in the hard and soft tissues of the joint. MRI provides the most accurate information about the soft tissues of the joint, whereas CAT provides the most accurate information about hard tissues changes. The plain transpharyngeal radiograph provides reasonably accurate information regarding hard tissue changes in the joint."In this case, the patient suffered from head and neck injuries which contributed to her temporomandibular joint syndrome. In progress report dated 09/10/14, the provider suggests that the patient should undergo dental analysis to address the issues related to her TMJ. The 10/13/14 report states that the patient has already received a "Full Series of Radiographs and a PANOREX." The Official Disability Guidelines, MTUS and ACOEM guidelines do not discuss radiographs of the TMJ joint. The provider does not discuss the type of radiological procedure needed. Studies indicate that MRIs are ideal for soft tissue conditions and CATs and x-rays for hard tissue changes. The reports lack relevant information required to make a clear determination. This request is not medically necessary.