

<b>Case Number:</b>	CM14-0202962		
<b>Date Assigned:</b>	12/15/2014	<b>Date of Injury:</b>	04/20/1996
<b>Decision Date:</b>	03/26/2015	<b>UR Denial Date:</b>	11/26/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/03/2014

### 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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:  
 State(s) of Licensure: California  
 Certification(s)/Specialty: Dentist

### 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 injured worker is a 52 year old male, who sustained an industrial injury on 4/20/1996. He has reported chronic headaches, tooth pain and clicking of the jaw when chewing. The diagnoses have included fractured teeth; Myofascial pain dysfunction; Cephalgia; Myalgia; Internal derangement of the bilateral TMJ; and Trauma to the head and neck. Treatment to date has included TMJ evaluation and wore an oral orthotic. The injured worker presented for emergency visit on 9/5/2014 with complaints of moderate pain of the bilateral masseter muscles; chipped incisal edges of # 10 & 11; constant teeth clenching; jaw clicking and popping when chewing and moderate headaches. Also reported was the broken and lost lower oral orthotic. On 11/26/2014 Utilization Review non-certified Comprehensive Re-evaluation consultation; Neuromuscular Align/Diagnostic; Intraoral Periapical X-ray, Additional Film; Bitewing radiographs; Electromyography; Diagnostic Study Models and Diagnostic Salivary Study. The ODG-TWC was cited. On 12/3/2014, the injured worker submitted an application for IMR for review Comprehensive Re-evaluation consultation; Neuromuscular Align/Diagnostic; Intraoral Periapical X-ray, Additional Film; Bitewing radiographs; Electromyography; Diagnostic Study Models and Diagnostic Salivary Study. UR has authorized Comprehensive re-eval consult 1 visit, Sonography, TM joint xray bilateral, intraoral periapical xray first film, panographic xrays, photographs, pulp vitality test and perio probe.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Comprehensive Re-evaluation consultation:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 2 General Approach to Initial Assessment and Documentation, Chronic Pain Treatment Guidelines CA MTUS/ACOEM Guidelines - General Approach to Initial Assessment and Documentation ( 9792..

**Decision rationale:** In the medical records reviewed, UR has authorized Comprehensive re-eval consult 1 visit, Sonography, TM joint xray bilateral, intraoral periapical xray first film, panographic xrays, photographs, pulp vitality test and perio probe. However, in the records reviewed there is insufficient rationale for this additional re-eval request. Therefore, this IMR reviewer finds this additional re-evaluation consult not medically necessary.

**Neuromuscular Align/Diag:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Aetna

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 2 General Approach to Initial Assessment and Documentation, Chronic Pain Treatment Guidelines CA MTUS/ACOEM Guidelines - General Approach to Initial Assessment and Documentation ( 9792..

**Decision rationale:** In the medical records reviewed, UR has authorized Comprehensive re-eval consult 1 visit, Sonography, TM joint xray bilateral, intraoral periapical xray first film, panographic xrays, photographs, pulp vitality test and perio probe. However, in the records reviewed there is insufficient rationale for this additional Neuromuscular Align request. Therefore, this IMR reviewer finds this request not medically necessary.

**Intraoral Periapical X-ray, Additional Film:** Overturned

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation The Regence Group Dental Policy

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Medscape reference: Dental Abscess Workup. Author: Jane M Gould, MD, FAAP; Chief Editor: Russell W Steele, MD

**Decision rationale:** In the medical records reviewed, UR has authorized intraoral periapical xray first film, panographic xrays, photographs, pulp vitality test and perio probe. Per medical references mentioned above, " Periapical radiography is the first level of investigation. It provides a localized view of the tooth and its supporting structures. Widening of the periodontal ligament space or a poorly defined radiolucency may be noted (if there is any dental infection)" (Gould,

Medscape Reference) Therefore, Intraoral Periapical X-rays are needed to view all teeth in order to better examine and diagnose this patient's dental needs.

**Bitewing radiographs:** Overturned

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation The Regence Group Dental Policy

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Dentomaxillofac Radiol. 1996 Jan;25(1):5-16. The use of bitewing radiographs in the management of dental caries: scientific and practical considerations. Pitts NB1.

**Decision rationale:** Per records reviewed and medical reference mentioned above, this IMR Reviewer finds this request for radiographs medically necessary to properly evaluate this patient's dental health. Per medical reference mentioned above, "There is good evidence that initial posterior bitewing radiographs are required for all new dentate patients over five years of age with posterior teeth. " Therefore, this IMR reviewer finds this request for bitewing radiographs medically necessary.

**Electromyography:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Aetna

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Electromyography of masticatory muscles in craniomandibular disorders. Cooper BC1, Cooper DL, Lucente FE. Laryngoscope. 1991 Feb;101(2):150-7. PMID:1992265

**Decision rationale:** There is insufficient clear documentation of subjective complaints such as otalgia, dizziness, tinnitus, or fullness in the ear to justify the need for an EMG per medical reference mentioned above. Per reference mentioned above, "Patients presenting to the otolaryngologist with complaints such as otalgia, dizziness, tinnitus, or fullness in the ear may be experiencing the effects of craniomandibular disorders, clinical electromyographic studies are an important aid in the treatment of craniomandibular disorders." Therefore, this IMR reviewer finds this request for an EMG premature and not medically necessary at this time.

**Diagnostic Study Models:** Overturned

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Aetna

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Comprehensive periodontal therapy: a statement by the American Academy of Periodontology. J Periodontol 2011 Jul; 82(7):943-9. [133 references]

**Decision rationale:** Per reference mentioned above, "medical and dental history review, clinical examination, and radiographic analysis. Microbiologic, genetic, biochemical, or other diagnostic tests may also be useful, on an individual basis, for assessing the periodontal status of selected individuals or sites. " Therefore, this IMR reviewer finds this request for study models to be necessary. This will aid the treating dentist in evaluating this patient's dental condition.

**Diagnostic Salivary Study:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Aetna

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 2 General Approach to Initial Assessment and Documentation, Chronic Pain Treatment Guidelines CA MTUS/ACOEM Guidelines - General Approach to Initial Assessment and Documentation ( 9792..

**Decision rationale:** There is insufficient clear documentation and rationale to justify the need for diagnostic salivary study. Absent further detailed documentation and clear rationale, the medical necessity for this request is not evident. Per medical reference mentioned above "a focused medical history, work history and physical examination generally are sufficient to assess the patient who complains of an apparently job related disorder" in order to evaluate a patient's needs. This IMR reviewer does not believe this has been met in this case. This IMR reviewer recommends non-certification at this time.