

<b>Case Number:</b>	CM14-0204072		
<b>Date Assigned:</b>	12/16/2014	<b>Date of Injury:</b>	06/19/2013
<b>Decision Date:</b>	02/05/2015	<b>UR Denial Date:</b>	11/13/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/05/2014

### 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 Dentist, 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:

Records reviewed indicate that this is a 43-year old male with an industrial date of injury on 6/19/13 when he injured his back. Patient's low back condition has been getting worse, and treating chiropractor is requesting an updated MRI and surgery. [REDACTED] is also requesting a dental examination on PR2 dated 08/11/14, for the TMJ pain patient is experiencing due to grinding his teeth due to the constant pain. Patient has been complaining of jaw pain for a couple of months, due to clenching his teeth secondary to back and leg pain. Masseters are tender and tight to palpation. Patient can open his mouth to about 3 finger but with pain. Patient states he can barely sleep due to his pain. 11/12/14 UR Report [REDACTED] - The claimant injured his low back and has been receiving treatment for lumbar pain. There is no clinical rationale as to why dental examination will assist in the management of the claimant's low back injury. The request is not supported by the ACOEM Guidelines/MTUS.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Dental Exam:** Overturned

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM OMPG, 2nd Edition, (2004), Chapter 7, page 127

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM Guidelines, Chapter 7, Page 127.

**Decision rationale:** This IMR reviewer finds this request for dental exam to be medically necessary to address this patient's TMJ pain due to clenching his teeth secondary to back and leg pain. Per medical reference mentioned above, the plan or course of care may benefit from additional expertise (ACOEM 2004). Therefore, Dental Exam is medically necessary.