

Case Number:	CM14-0050772		
Date Assigned:	07/07/2014	Date of Injury:	10/06/2010
Decision Date:	04/08/2015	UR Denial Date:	03/20/2014
Priority:	Standard	Application Received:	04/18/2014

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: Physical Medicine & Rehabilitation

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 40 year old female with an industrial injury on 10/06/2010. The mechanism of injury is described as occurring when she was working as a packer on an assembly line. She states she was using both upper extremities to check the bottoms of the cans, when she heard a pop in her left wrist. She had immediate pain. She also complains of TMJ pain and left maxillary paresthesia. On 01/23/2014 she presented with headaches, dizziness and TMJ pain. Diagnoses included: Cephalgia and dizziness, Left arm reflex sympathetic dystrophy, Left TMJ pain, Left hemi hypoesthesia, Emotional distress. Prior treatments include diagnostics, radial nerve decompression on 10/07/2011, stellate blocks, cervical injection, medications and acupuncture. On 03/20/2014 the request for TMJ MRI Tesla 3.0 was non-certified by utilization review. MTUS and ODG do not address. Guidelines cited were: Shaefer, J. R., Riley, C. J., Caruso, P., & Keith, D (2012) Analysis of criteria for MRI diagnosis of TMJ disc displacement and arthralgia - International journal of dentistry, 2012.

IMR ISSUES, DECISIONS AND RATIONALES

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

Bilateral TMJ MRI Tesla 3.0: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation US National Library of Medicine at <http://www.ncbi.nlm.nih.gov/pmc/articles/PMC3513803>.

Decision rationale: This patient presents with headaches, TMJ pain, left maxillary paresthesias, neck pain with left arm numbness, left shoulder pain and low back pain with bilateral foot burning pain with numbness and tingling into the dorsum of the feet. The current request is for BILATERAL TMJ MRI TESLA 3.0. ODG, MTUS and ACOEM guidelines are silent on TMJ radiographs. The US National Library of Medicine at <http://www.ncbi.nlm.nih.gov/pmc/articles/PMC3513803> states "The complexity of structure and functions of the Temporomandibular Joint (TMJ) make the diagnosis of its diseases/disorders difficult. Remarkable progress made in the field of imaging of this joint led us to compare four imaging modalities viz. plain radiographs, CT scan, MRI and ultrasound. We found that MRI was most specific and sensitive for interpretation of soft tissue and inflammatory conditions in the joint, whereas CT examination produced excellent image for osseous morphology and pathology. Plain X-rays are useful for destructive bony changes and sonography is a good in aid in diagnosing disc derangement and is very economical." In this case, the patient continues to complain of TMJ pain and left maxillary paresthesias. The ODG, MTUS and ACOEM guidelines do not discuss radiographs of the TMJ joint. US National Library of Medicine indicates that MRIs are suggested for soft tissue conditions and CATs and x-rays for hard tissue changes. There is no indication of prior imaging of the TMJ. Given the patient continued pain this request IS medically necessary.