

Case Number:	CM15-0002605		
Date Assigned:	02/13/2015	Date of Injury:	05/31/2002
Decision Date:	03/30/2015	UR Denial Date:	12/05/2014
Priority:	Standard	Application Received:	01/06/2015

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 61 year old female, who sustained an industrial injury on May 31, 2002. The diagnoses have included status post C3-6 fusion, August 2004 with hardware removal February 2007 and rule out median nerve entrapment. Treatment to date has included home interferential unit, failed acupuncture and medications. Currently, the injured worker complains of neck pain radiating into both arms with numbness and tingling and TMJ and bruxism secondary to pain. In a progress note dated November 13, 2014, the treating provider reports examination of the cervical spine revealed tenderness to cervical spine and trapezius with spasms, decreased sensation in digits one through four, positive axial compression and residua of left wrist ORIF. On December 5, 2014 Utilization Review non-certified a dentist consult, noting, Medical Treatment American College of Occupational and Environmental Medicine was cited.

IMR ISSUES, DECISIONS AND RATIONALES

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

Dentist Consultation: Overturned

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

MAXIMUS guideline: Decision based on MTUS ACOEM Page(s): Chapter 7, Page 127.

Decision rationale: Records reviewed indicate that this patient has TMJ and bruxism secondary to pain. This IMR reviewer finds this request for dental consultation to be medically necessary to address this patient's TMJ complaints. Per medical reference mentioned above, "the plan or course of care may benefit from additional expertise" (ACOEM 2004).