

<b>Case Number:</b>	CM15-0005762		
<b>Date Assigned:</b>	01/26/2015	<b>Date of Injury:</b>	08/17/2006
<b>Decision Date:</b>	03/18/2015	<b>UR Denial Date:</b>	12/11/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/12/2015

### 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 51 year old female, who sustained an industrial injury on August 17, 2006. She has reported an injury to her head causing a cut to the left side of her head and pain in her head, ear, eye, and jaw. The diagnoses have included transmandibular joint disorder with internal degenerative changes, myofascial pain, bruxism, headaches, and periodontal problems. Currently, the injured worker complains of transmandibular joint and myofascial pain issues. Documentation reveals the injured worker reported tenderness to palpation at the transmandibular joint both internal and external. The joint has a popping sound. The masseter muscles are tender on both sides. On examination, the injured worker has a mandibular deviation on opening and closing and the injured worker reports intermittent severe pain with talking, chewing and eating. The injured worker reported that one week after the accident her jaw locked open for the first time. On December 11, 2014 Utilization Review non-certified a request for occlusal guard, intraoral sprint therapy x 1 visit and laser bio stimulation, noting the TMJ condition was/is not attached to the traumatic incident in 2006. Non-MTUS references were cited. On June 12, 2015, the injured worker submitted an application for IMR for review of occlusal guard, intraoral sprint therapy x 1 visit and laser bio stimulation. AME Dentist Dr. [REDACTED] has identified her TMJ problem as chronic and industrially related.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Occlusal Guard:** Overturned

**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:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Cummings: Otolaryngology: Head & Neck Surgery, 4th ed., Mosby, Inc. Pp.1565-1568. Treatment of TMJ Myofascial Pain Dysfunction Syndrome:

**Decision rationale:** Since this patient has chronic TMJ condition with persistent pain, per medical reference mentioned above, "For those whose symptoms persist, stage 2 therapy is initiated. Home therapy and medications are continued, but at this point, a bite appliance is made for the patient ". Therefore this IMR reviewer finds this request for occlusal guard to be medically necessary to further help her condition.

**Intraoral Splint Therapy x 1 Visit:** Overturned

**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:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Cummings: Otolaryngology: Head & Neck Surgery, 4th ed., Mosby, Inc. Pp.1565-1568. Treatment of TMJ Myofascial Pain Dysfunction Syndrome:

**Decision rationale:** Per medical reference mentioned above regarding treating TMD, "In addition to the initial explanation, the patient is counseled regarding home therapy", therefore this IMR reviewer finds this request for 1 visit of intraoral splint therapy to be medically necessary.

**Laser Bio-stimulation:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Low-Level Laser Therapy (LLLT) Page(s): 57.

**Decision rationale:** Per chronic MTUS guidelines reference mentioned above, laser therapy not recommended. Therefore this IMR reviewer finds this request to be not medically necessary.