

Case Number:	CM15-0105286		
Date Assigned:	06/09/2015	Date of Injury:	06/30/2014
Decision Date:	07/16/2015	UR Denial Date:	05/11/2015
Priority:	Standard	Application Received:	06/01/2015

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: Texas, California
 Certification(s)/Specialty: Family Practice

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

This is a 47 year old male patient, who sustained an industrial injury on 6/30/14. The diagnoses include right fronto-temporal brain atrophy, sinus disease, and malocclusion of the jaw. He sustained the injury due to 8 cm nail entered the brain from the right temporal fossa. Per the doctor's note dated 4/08/15, he had complains of headaches, increased blurring of vision; vertigo, disequilibrium, incomplete opening of the mouth, and right facial numbness with pain and swelling; insomnia and abdominal pain. The physical examination revealed decrease malocclusion 25mm with underbite; decreased pin prick light touch sensation in the right side of face, abnormal ESS score 17, epigastric tenderness; positive Romberg ataxia, myokymia in the right cheek plus dysesthesia. The medications list includes meclizine, naprosyn and pepcid. He has undergone right infrazygomatic/infratemporal fossa approach and right pterional incision for retrieval of an intracranial/extracranial nail on 8/20/2014. He has had brain MRI on 1/30/2015 which revealed right fronto-temporal brain post traumatic atrophy and post traumatic sinus disease; CT face on 8/6/2014; CT head on 9/5/2014; an EEG on 5/23/15 with normal findings; an MRI brain dated 3/18/15; an MRI of the TMJ on 5/7/15 which was noted to be unremarkable. The treating physician requested authorization for a MRI of the right TMJ.

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI of right TMJ: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Indication Criteria of Imaging Exams for Diagnosing of Temporomandibular Joint Disorders.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation PubMed Unlocking the jaw: advanced imaging of the temporomandibular joint. Petscavage-Thomas JM, Walker EA AJR Am J Roentgenol. 2014 Nov;203(5):1047-58.

Decision rationale: The MRI of the TM joint is medically necessary in the following situations, Abnormal panoramic jaw radiograph (e.g., changes in mandibular condyle or glenoid fossa morphology or position, degenerative changes); physical exam findings that are atypical (e.g., extreme pain, jaw locking) abnormal cranial nerve examination, and history of TMJ surgery. Patient had significant objective findings- decrease malocclusion 25mm with underbite; decreased pin prick light touch sensation in the right side of face, myokymia in the right cheek plus dysesthesia with history of significant mechanism of injury and history of facial/ head area surgery. MRI of the TMJ is medically appropriate and necessary to evaluate the TM joint in the context of previous facial/ head trauma. The request of MRI of right TMJ is medically appropriate and necessary for this patient.