Case Number:	CM15-0167597		
Date Assigned:	09/08/2015	Date of Injury:	12/14/2012
Decision Date:	10/07/2015	UR Denial Date:	08/05/2015
Priority:	Standard	Application Received:	08/25/2015

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: Arizona, 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:

The injured worker is a 48-year-old male, who sustained an industrial injury on 12-14-2012. The mechanism of injury was not provided. The injured worker was diagnosed as having status post closed head injury with post-concussion syndrome, cervical paraspinal muscle strain secondary to head injury and temporomandibular joint dysfunction. Treatment to date has included medication management. A recent progress report dated 7-28-2015, reported the injured worker complained of persistent headaches and neck pain rated 8 out of 10. Physical examination revealed left- sided temporomandibular joint tenderness and popping with jaw movement and cervical spine painful range of motion. The physician is requesting MRI (magnetic resonance imaging), temporomandibular joints, bilaterally, # 2.

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI (magnetic resonance imaging), temporomandibular joints, bilaterally, Qty 2:
Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines: Head - MRI (magnetic resonance imaging).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Head chapter and pg 26 Temporomandibular Joint Disorders JENNIFER J. BUESCHER, MD, MSPH, Clarkson Family Medicine Residency, Omaha, Nebraska Am Fam Physician. 2007 Nov 15; 76(10):1477-1482. World J Radiol. 2014 Aug 28; 6(8): 567-582. Published online 2014 Aug 28. doi: 10. 4329/wjr. v6. i8. 567 PMCID: PMC4147437 Imaging of the temporomandibular joint: An update Asim K Bag, Santhosh Gaddikeri, Aparna Singhal, Simms Hardin, Benson D Tran, Josue A Medina, and Joel K Cure.

Decision rationale: According to the guidelines: Indications for magnetic resonance angiography: Closed head injury, rule out carotid or vertebral artery dissection. Penetrating injury, stable, neurologically intact. Minor or mild acute closed head injury, focal neurologic deficit and/or risk factors, if vascular injury is suspected, for problem solving. According to the AAFP: Diagnostic testing and radiologic imaging of the TMJ have uncertain usefulness and generally should only be used for the most severe or chronic symptoms. According to the National Guidelines, MRI is indicated for TMJ due to its superior contrast resolution and its ability to acquire dynamic imaging for demonstration of the functionality of the joint. In this case, the claimant's symptoms were persistent. Although a CT may be more appropriate for head/brain related uses, the MRI of the TMJ is more appropriate and necessary in a patient with chronic jaw pain.