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| <b>Case Number:</b>   | CM15-0187014 |                              |            |
| <b>Date Assigned:</b> | 09/29/2015   | <b>Date of Injury:</b>       | 07/08/2012 |
| <b>Decision Date:</b> | 12/01/2015   | <b>UR Denial Date:</b>       | 08/21/2015 |
| <b>Priority:</b>      | Standard     | <b>Application Received:</b> | 09/23/2015 |

### 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: New York

Certification(s)/Specialty: Internal Medicine

### 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 55 year old male sustained an industrial injury on 7-8-12. Documentation indicated that the injured worker was receiving treatment for cervical spine sprain and strain, thoracic spine sprain and strain, right shoulder impingement with partial thickness rotator cuff tear, bruxism and rib fractures. Previous treatment included physical therapy, injections, psychology evaluation, dental care, mouth guard and medications. In the most recent relevant documentation submitted for review, a dental qualified medical reevaluation dated 8-14-15, the injured worker complained of pain to the jaw, head, neck, ear and eyes as well as ringing in the ears, chronic abdominal pain, increased frequency of urination, constipation, depression, irritability, anxiety, frustration, difficulty sleeping and fatigue. Past medical history was significant for hypertension, high cholesterol and gastritis. Oral x-rays taken during the office visit showed multiple missing teeth, crowns and heavy attrition. The physician stated that the injured worker's dentition had "generalized occlusal and incisal wear consistent with long term, chronic paraspinal-functional dental clenching and grinding". Physical exam was remarkable for tenderness to palpation along the left side of the head, neck and jawline with a mild pop on the left side temporomandibular joint and severe tenderness to palpation to the left lateral pterygoid muscles. The injured worker scored 23 on the Epworth sleepiness Scale. The physician documented that the injured worker already had a sleep study showing moderately abnormal patterns with recommendation for a continuous positive airway pressure machine. The physician recommended computed tomography of the temporomandibular joint to confirm damage and consultation with an oral surgeon, evaluation by a sleep specialist for a sleep apnea appliance and a psychology evaluation to assess the injured worker's anxiety and stress, urology consultation and an otolaryngology consultation. On 8-21-15, Utilization Review noncertified a request for computed tomography scan of the temporomandibular joint, sleep study, oral surgeon consultation, otolaryngology consultation, psychologist consultation and urologist consultation.

## IMR ISSUES, DECISIONS AND RATIONALES

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

**CT scan of the temporomandibular joint:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Anthem medical policy entitled CT/MRI Face, Orbits, Sinuses, Temporomandibular Joint (TMJ, Neck Soft Tissue.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation [www.uptodate.com/contents/temporomandibular-disorders-in-adults](http://www.uptodate.com/contents/temporomandibular-disorders-in-adults).

**Decision rationale:** The injured worker complains of chronic left temporomandibular joint pain. Physician report at the time of the requested service under review indicates a diagnosis of chronic parafunctional dental clenching is based on the history and findings on physical examination. A history of facial pain, pain with jaw function, limitation of jaw movement, and cracking or popping noise with jaw function are all typical of TMD. Imaging of the temporomandibular joint and the maxillofacial skeleton in patients with suspected TMD remains controversial. MTUS does not address this request. Per guideline, the most common and helpful diagnostic study is imaging with panoramic radiography of the jaws, which is considered a useful initial imaging modality to evaluate the bone structure, teeth, sinuses, and TMJ shape. Maxillofacial cone-beam computerized tomography (CT) scans and magnetic resonance imaging (MRI) of TMJ are obtained situations such as abnormal panoramic jaw radiograph, physical exam findings that are atypical (eg, extreme pain, jaw locking), abnormal cranial nerve examination and history of TMJ surgery. Documentation provided for review fails to show any acute exacerbation of symptoms or clinical findings of neurologic deficits on exam to establish the medical necessity for CT scan of the temporomandibular joint. The request for CT scan of the temporomandibular joint is not medically necessary per guidelines.

**Sleep study:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter, Polysomnography.

**Decision rationale:** ODG recommends Sleep Studies for patients who present with the combination of symptoms including excessive daytime somnolence, Cataplexy (muscular weakness usually brought on by excitement or emotion, virtually unique to narcolepsy), morning headache (other causes have been ruled out), personality change (not secondary to medication, cerebral mass or known psychiatric problems), sleep-related breathing disorder or periodic limb movement disorder is suspected and insomnia complaint for at least six months (at least four nights of the week), unresponsive to behavior intervention and medications, with psychiatric etiology having been excluded. A sleep study for the sole complaint of snoring, without one of the above-mentioned symptoms, is not recommended by ODG. Documentation provided shows that the injured worker has had a previous sleep study with complaints of difficulty sleeping and fatigue. At the time of the requested service under review, documentation fails to show any new clinical findings to justify the medical necessity for a repeat sleep study. The request for Sleep Study is not medically necessary per guidelines.

**Oral surgeon consultation:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Low Back Chapter.

**MAXIMUS guideline:** Decision based on MTUS General Approaches 2004, Section(s): Cornerstones of Disability Prevention and Management.

**Decision rationale:** MTUS, ACOEM, Chapter 5, Disability, Referrals, pg 92, MTUS states that a referral may be appropriate if the practitioner is uncomfortable with treating a particular cause of delayed recovery or has difficulty obtaining information or agreement to a treatment plan. Depending on the issue involved, it often is helpful to position a behavioral health evaluation as a return-to-work evaluation. The goal of such an evaluation is functional recovery and return to work. The injured worker complains of chronic left temporomandibular joint pain, with current diagnosis of chronic parafunctional dental clenching, which the current clinician should be able to treat. Documentation fails to clearly demonstrate the need for Oral surgery consultation when treatment has not been maximized within the scope of practice of the treating provider. The request for Oral surgeon consultation is not medically necessary.

**Otolaryngologist consultation:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Low Back Chapter.

**MAXIMUS guideline:** Decision based on MTUS General Approaches 2004, Section(s): Cornerstones of Disability Prevention and Management.

**Decision rationale:** MTUS, ACOEM, Chapter 5, Disability, Referrals, pg 92, MTUS states that a referral may be appropriate if the practitioner is uncomfortable with treating a particular cause of delayed recovery or has difficulty obtaining information or agreement to a treatment plan. Depending on the issue involved, it often is helpful to position a behavioral health evaluation as a return-to-work evaluation. The goal of such an evaluation is functional recovery and return to

work. Chart documentation indicates that the injured worker complains of ringing in the ears. There is lack of detailed information regarding previous evaluation or treatment provided by the primary treating provider to justify the medical necessity for specialty consultation. The request for Otolaryngologist consultation is not medically necessary.

**Psychologist consultation:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Low Back Chapter.

**MAXIMUS guideline:** Decision based on MTUS General Approaches 2004, Section(s): Cornerstones of Disability Prevention and Management.

**Decision rationale:** MTUS, ACOEM, Chapter 5, Disability, Referrals, pg 92, MTUS states that a referral may be appropriate if the practitioner is uncomfortable with treating a particular cause of delayed recovery or has difficulty obtaining information or agreement to a treatment plan. Depending on the issue involved, it often is helpful to position a behavioral health evaluation as a return-to-work evaluation. The goal of such an evaluation is functional recovery and return to work. Chart documentation indicates that the injured worker has symptoms of depression, irritability, anxiety, and frustration. There is lack of evidence that maximum medical therapy has been provided. The medical necessity for psychological consultation has subsequently not been established. The request for Psychologist consultation is not medically necessary.

**Urologist consultation:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Low Back Chapter.

**MAXIMUS guideline:** Decision based on MTUS General Approaches 2004, Section(s): Cornerstones of Disability Prevention and Management.

**Decision rationale:** MTUS, ACOEM, Chapter 5, Disability, Referrals, pg 92, MTUS states that a referral may be appropriate if the practitioner is uncomfortable with treating a particular cause of delayed recovery or has difficulty obtaining information or agreement to a treatment plan. Depending on the issue involved, it often is helpful to position a behavioral health evaluation as a return-to-work evaluation. The goal of such an evaluation is functional recovery and return to work. Chart documentation indicates that the injured worker complains of increased frequency of urination. There is lack of detailed information regarding previous evaluation or treatment provided by the primary treating provider to justify the medical necessity for specialty consultation. The request for Urologist consultation is not medically necessary.