

Case Number:	CM15-0200512		
Date Assigned:	10/15/2015	Date of Injury:	05/19/2010
Decision Date:	12/01/2015	UR Denial Date:	09/28/2015
Priority:	Standard	Application Received:	10/13/2015

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 37 year old female, who sustained an industrial injury on 5-19-2010. The injured worker was being treated for TMJ pain and limited opening, caries, and fractures lines. Treatment to date has included diagnostics and medications. Currently (8-27-2015), the injured worker complains of "my whole face hurts". She reported pain around the jaw and head area and all teeth hurt. Objective findings included pain with palpation of masticatory muscles and very limited opening (20mm or less) due to pain. The treated physician documented that according to previous records, #18 and #19 were treated for fracture and currently had crowns where the buccal margin has migrated apically. Periodontal tissues were "WNL" and "minor occlusal carious lesions and fracture lines on composite restorations noted". Work status was not documented on 8-27-2015. Per the request for Authorization dated 9-11-2015, the treatment plan included a mandibular repositioning device and 2 trigger point injections, non-certified by Utilization Review on 9-28-2015.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 mandibular repositioning device: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS General Approaches 2004, Section(s): Prevention, General Approach to Initial Assessment and Documentation, Initial Approaches to Treatment, Cornerstones of Disability Prevention and Management, and Chronic Pain Medical Treatment 2009, Section(s): Introduction.

Decision rationale: Records reviewed indicate that this patient has experienced blunt head trauma. She is being treated for TMJ pain and limited opening, caries, and fractures lines. Treating dentist is recommending 1 mandibular repositioning device. UR records indicate that patient was afforded one day appliance in review 419995 on 04/22/14. There is insufficient documentation from the requesting dentist on why this patient needs additional device when one was already approved in 2014. Absent further detailed documentation and clear rationale, the medical necessity for this request is not evident. Per medical reference mentioned above "a focused medical history, work history and physical examination generally are sufficient to assess the patient who complains of an apparently job related disorder" in order to evaluate a patient's needs. This reviewer does not believe this has been sufficiently documented in this case. This reviewer finds this request not medically necessary at this time.

2 trigger point injections: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Blue Cross, Blue Shield, 2004, Criteria for the use of Trigger Point Injections.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Trigger point injections.

Decision rationale: Records reviewed indicate that this patient has experienced blunt head trauma. She is being treated for TMJ pain and limited opening, caries, and fractures lines. The injured worker complains of "my whole face hurts". She reported pain around the jaw and head area and all teeth hurt. Objective findings included pain with palpation of masticatory muscles and very limited opening (20mm or less) due to pain. The treated physician documented that according to previous records, #18 and #19 were treated for fracture and currently had crowns where the buccal margin has migrated apically. Treating dentist is recommending 2 trigger point injections. Per medical reference mentioned above, "These injections may occasionally be necessary to maintain function in those with myofascial problems when myofascial trigger points are present on examination". Based on the records submitted and objective findings in the reports, as well as reference mentioned above, this reviewer finds this request for 2 trigger point injections medically necessary to maintain function, decrease pain, and increase motion in this patient's TMJ's.