

Case Number:	CM15-0021873		
Date Assigned:	03/24/2015	Date of Injury:	09/04/1999
Decision Date:	05/01/2015	UR Denial Date:	01/13/2015
Priority:	Standard	Application Received:	02/05/2015

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, New York, California
 Certification(s)/Specialty: Preventive Medicine, Occupational 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:

The applicant is a represented 53-year-old who has filed a claim for chronic neck, shoulder, low back, jaw pain, and dental caries reportedly associated with an industrial injury of September 4, 1999. In a Utilization Review Report dated January 13, 2015, the claims administrator denied a temporomandibular joint (TMJ) specialist consultation while conditionally denied oral surgery consultation. Non-MTUS Guidelines were invoked, despite the fact that the MTUS addressed the topic. A December 11, 2014 progress note and December 30, 2014 RFA form were referenced in the determination. The claims administrator did acknowledge that the applicant had a history of dental caries in its decision. The applicant's attorney subsequently appealed. In a progress noted December 11, 2014, the applicant reported ongoing complaints of neck, shoulder, back, leg, and knee pain. The applicant was apparently continuing to smoke. The applicant had apparently lost several teeth and had issues with voice hoarseness and difficulty with swallowing, it was stated. Gait disturbance was also appreciated. The applicant had had to go to the emergency department on occasion for her various dental issues. The applicant imputed many of her teeth problems to underlying TMJ. The applicant was placed off of work, on total temporary disability.

IMR ISSUES, DECISIONS AND RATIONALES

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

TMJ specialist consultation: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation HealthPartners Dental Group Guideline for Diagnosing and Treating Endodontic Emergencies.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 5 Cornerstones of Disability Prevention and Management Page(s): 92.

Decision rationale: Yes, the request for TMJ specialist consultation was medically necessary, medically appropriate, and indicated here. As noted in the MTUS Guideline in ACOEM Chapter 5, page 92, referral may be appropriate if a practitioner is uncomfortable with treating or addressing a particular cause of delayed recovery. Here, the applicant's primary treating provider (PTP), a chronic pain physician, was likely ill-equipped to address issues with and/or allegations of jaw pain, dental caries, TMJ, etc. Obtaining the added expertise of a practitioner better-equipped to address such issues and/or allegations, thus, was indicated. Therefore, the request is medically necessary.