

Case Number:	CM15-0026411		
Date Assigned:	02/18/2015	Date of Injury:	07/28/2014
Decision Date:	04/15/2015	UR Denial Date:	02/04/2015
Priority:	Standard	Application Received:	02/11/2015

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 55 year old male, who sustained an industrial injury on 07/28/2014. He has reported right facial pain, left jaw pain, and neck pain. The diagnoses have included myofascial pain of the fascial area. Treatment to date has included medications, acupuncture, and aquatic therapy. Medications have included Norco and Fexmid. Currently, the injured worker complains of pain on the right side of his face, left side of the jaw, neck, right knee, right elbow, and headaches. A progress report from the treating dentist, dated 12/19/2014, documented the injured worker to have mild tenderness upon palpation of both sides of the Masseter muscle and of the right Splenius Capitus muscle; and moderate tenderness upon palpation of both sides of the Temporalis muscle and the left Splenius Capitus muscle. The treatment plan has included the request for an impression for positioning appliance. On 02/04/2015 Utilization Review noncertified a prescription for Impression for positioning appliance. The ODG was cited. On 02/10/2015, the injured worker submitted an application for IMR for review of Impression for positioning appliance.

IMR ISSUES, DECISIONS AND RATIONALES

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

Impression for positioning appliance: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Dental Trauma.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Cummings: Otolaryngology: Head & Neck Surgery, 4th ed., Mosby, Inc. Pp.1565-1568. Treatment of TMJ Myofascial Pain Dysfunction Syndrome.

Decision rationale: Per reference mentioned above, regarding treatment of myofascial pain, "home therapy and medications are continued, but at this point, a bite appliance is made for the patient." Records reviewed indicate that this patient has been diagnosed with myofascial pain with mild tenderness upon palpation of both sides of the Masseter muscle and of the right Splenius Capitus muscle; and moderate tenderness upon palpation of both sides of the Temporalis muscle and the left Splenius Capitus muscle, this IMR reviewer finds this request for impression for positioning appliance to be medically necessary to treat this patient's myofascial pain.