MAXIMUS Federal Services

Case Number:	CM15-0038897		
Date Assigned:	03/09/2015	Date of Injury:	05/01/2008
Decision Date:	04/16/2015	UR Denial Date:	02/20/2015
Priority:	Standard	Application Received:	03/02/2015

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 48 year old female injured worker suffered an industrial injury on 5/1/2008. The diagnosis was medications induced xerostomia. The diagnostic study was temporomandibular joint magnetic resonance imaging. The treatments were medications. The treating provider reported pain in the teeth, infections in the teeth and gums, sensitivity in the teeth jaw pain, inability to open the jaw adequately, headache and facial pain throughout the day and when chewing with difficulty speaking.

IMR ISSUES, DECISIONS AND RATIONALES

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

Dental treatment, TMJ treatment with general anesthesia: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation www.ncbi.nlm.nih.gov.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 2 General Approach to Initial Assessment and Documentation,Chronic Pain Treatment Guidelines Page(s): 3.

Decision rationale: Records reviewed indicate that this patient has multiple decays and sensitivity in the teeth jaw pain, inability to open the jaw adequately, headache and facial pain. However this is a non-specific and vague request for "Dental and TMJ Treatment". Per 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. The initial medical history and examination will include evaluation for serious underlying conditions, including sources of referred symptoms in other parts of the body. The initial assessment should characterize the frequency, intensity, and duration in this and other equivalent circumstances". This patient does seem to need dental treatment, however a non-specific request for "dental and TMJ treatment' is not medically necessary at this time.

Referral for TMJ radiographs: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM Guidelines, Chapter 7, page 127.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Natl J Maxillofac Surg. 2012 Jan;3(1):2-9. doi: 10.4103/0975-5950.102138.Efficacy of plain radiographs, CT scan, MRI and ultra sonography in temporomandibular joint disorders. Sinha VP1, Pradhan H, Gupta H, Mohammad S, Singh RK, Mehrotra D, Pant MC, Pradhan R.

Decision rationale: Records reviewed indicate that this patient has multiple decays and sensitivity in the teeth jaw pain, inability to open the jaw adequately, headache and facial pain. Per medical reference mentioned above, "X-rays are useful for destructive bony changes ". Therefore this reviewer finds this request for TMJ radiographs medically necessary to further evaluate this patient's TMJ to properly diagnose and treat the jaw pain and inability to open the jaw.