

Case Number:	CM15-0086345		
Date Assigned:	05/08/2015	Date of Injury:	07/09/2014
Decision Date:	06/12/2015	UR Denial Date:	04/27/2015
Priority:	Standard	Application Received:	05/05/2015

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: 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 51 year old male, who sustained an industrial injury on July 9, 2014. He reported drilling a hole on the roof of a building when he got electrocuted, being thrown back and briefly lost consciousness with 14 exit wounds on his body. The injured worker was diagnosed as having moderate cartilage disorder with reduction in early opening bilaterally with left side emphasis, bilateral cephalgia, moderate synovitis/tenosynovitis of the temporomandibular joint bilaterally with crepitus involvement, moderate capsulitis of the temporomandibular joint bilaterally, exasperated from undue parafunctional occlusal forces moderate temporal tendinitis bilaterally with left sided emphasis, moderate temporomandibular joint strain bilaterally with left sided emphasis, and a moderate myofascial pain dysfunction with emphasized posterior ocular and mandibular pain bilaterally. Treatment to date has included a MRI, multiple skin grafts, physical therapy, neuropsychological testing, and medication. Currently, the injured worker complains of persistent headaches, facial pain emphasized behind his eyes (bilateral), jaw pain, neck and shoulder pain throughout the day and night, with significant clenching and bruxes of his teeth during the day and night. The Treating Dentist's report dated March 6, 2015, noted the injured worker reported feeling pain in his left and right jaw-joints and his facial and neck muscles throughout the day and night, which affected his ability to chew food and sleep. The injured worker's current medications were listed as Lyrica, Hydrochlorothiazide, Nabumetone, Lorazepam, and Ibuprofen. Examination was noted to show moderate pain with muscle palpation in the masseter muscle region (bilateral), moderate tenderness in the middle and posterior occipital region (bilaterally with emphasis on the left side), moderate to severe tenderness in the lateral pterygoid (bilateral), moderate tenderness in the sternocleidomastoid, pre-auricular region, and anterior scalenes muscles. Cervical screening was noted to reveal cervical range of motion (ROM) with

moderate restrictions in flexion. The treatment recommendations were noted to include TMJ imaging radiographic interpretation, insertion of a maxillary and mandibular oral orthopedic appliance, articulation with occlusal adjustments on the oral orthopedic appliances, range of motion (ROM) with measurement studies/orthotic management and training to be performed on a weekly or bi-weekly basis for approximately four to six months, moist heat, an injured worker self-maintenance program, preventative counseling, and the maintenance of a soft diet.

IMR ISSUES, DECISIONS AND RATIONALES

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

Insertion and articulation of device: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Cummings, Otolaryngology, Head & Neck Surgery, 4th edition. page 1565-1568.

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. p. 1565-1568. Treatment of TMJ Myofascial Pain Dysfunction Syndrome.

Decision rationale: Records reviewed indicate that this patient has ongoing symptoms of pain and bilateral temporomandibular joint disorder and myofascial pain. UR dentist has authorized application interdental device maxillary and mandibular. Per reference mentioned above, regarding treatment of TMJ, "home therapy and medications are continued, but at this point, a bite appliance is made for the patient." Since this patient has been diagnosed with myofascial pain and TMJ disorder, this IMR reviewer finds this request for insertion and articulation of device to be medically necessary to treat this patient's TMJ condition.

12 orthotic management and training - bi-weekly: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation <http://www.aetna.com/cpb/dental/data/DCPB0019.html>.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 2 General Approach to Initial Assessment and Documentation, Chronic Pain Treatment Guidelines CA MTUS/ACOEM Guidelines - General Approach to Initial Assessment and Documentation (9792.20. MTUS July 18, 2009 page 3 and ACOEM Practice Guidelines, 2nd Edition (2004), Chapter 2).

Decision rationale: Records reviewed indicate that this patient has ongoing symptoms of pain and bilateral temporomandibular joint disorder and myofascial pain. Requesting dentist is recommending 12 orthotic management and training bi weekly. UR dentist has authorized 1 adjustment every two weeks for 3 adjustments. Even though orthotic management and training maybe medically necessary for this patient at this time, but 12 sessions without a dental re-evaluation is not medically necessary. Dental re-evaluations must be performed first to determine any ongoing needs for orthotic management and training. There is insufficient documentation in the requesting dentist report to medically justify 12 sessions of management and training. 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 recommends non-certification at this time. Therefore, the requested treatment is not medically necessary.