

<b>Case Number:</b>	CM15-0239174		
<b>Date Assigned:</b>	12/16/2015	<b>Date of Injury:</b>	05/24/2013
<b>Decision Date:</b>	01/25/2016	<b>UR Denial Date:</b>	11/18/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/08/2015

### 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, Hawaii  
 Certification(s)/Specialty: Physical Medicine & Rehabilitation

### 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 25 year old male who sustained an industrial injury on May 24, 2013. The IW is being treated for: LBP. He is status post MVA with subdural hematoma and evacuation, ORIF ulna, and myofascial TMJ pain. Subjective: reported complaint of LBP and left shoulder pain and nasal drainage. He stated the nasal drainage increases with movement. Objective: July 2015 noted at ENT visit right temporal hollowing and without TMJ tenderness. Medication: trialed medication: Fioricet. July 2015: Flexeril, naproxen and Tramadol. Treatment: activity modification, DME TMJ splint use; ENT evaluation. On November 11, 2015 a request was made for DME TMJ splint head that was non-certified by Utilization Review on November 18, 2015.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**DME: TMJ Splint (Head): Upheld**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation US National Library of Medicine, National Institutes of Health (2013).

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation AETNA guidelines for Reversible Intra-Oral Appliances: [http://www.aetna.com/cpb/medical/data/1\\_99/0028.html](http://www.aetna.com/cpb/medical/data/1_99/0028.html).

**Decision rationale:** The patient presents with myofascial pain affecting the head. The current request is for DME: TMJ Splint (Head). Some of the medical reports provided for review were partially illegible. The treating physician report dated 7/24/15 (33B) states, "Continue TMJ splint use. Follow up in 3 months for continued monitoring of TMJ/myofascial pain." The MTUS, ACOEM, and ODG guidelines do not address the current request. The AETNA guidelines state the following regarding Reversible Intra-Oral Appliances: Reversible intra-oral appliances may be considered medically necessary in selected cases only when there is evidence of clinically significant masticatory impairment with documented pain and/or loss of function. Prolonged (greater than 6 months) application of TMD/J intra-oral appliances is not considered medically necessary unless, upon individual case review, documentation is provided that supports prolonged intra-oral appliance use. In this case, the patient has been using a TMJ splint for an extended period of time and the prolonged use of greater than 6 months is not supported without evidence of functional improvement. Furthermore, the patient currently owns a splint and there is no discussion in the medical reports provided for review as to why the patient requires an additional splint. Additionally, there is no evidence of clinically significant masticatory impairment with documented pain and/or loss of function as required by the AETNA guidelines. The current request is not medically necessary.