

<b>Case Number:</b>	CM13-0033797		
<b>Date Assigned:</b>	12/06/2013	<b>Date of Injury:</b>	12/24/2012
<b>Decision Date:</b>	02/11/2014	<b>UR Denial Date:</b>	09/23/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/10/2013

### HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Internal Medicine and Cardiology has a subspecialty in Cardiovascular Disease and is licensed to practice in Texas. 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 physician 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

### 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 patient is a 46 year old male who reported an injury on 12/14/2012. The patient is currently diagnosed as status post closed head injury with post concussion syndrome, cervical paraspinal muscle strain secondary to head injury, hypertension and depression. The patient was seen by [REDACTED] on 11/15/2013. The patient reported 5/10 pain. Physical examination revealed limited cervical range of motion, tenderness to palpation over the trapezius and paravertebral muscles bilaterally, hypertonicity over the trapezius muscles bilaterally, and positive shoulder depression testing. Treatment recommendations included an MRI of the temporomandibular joint (TMJ) and continuation of current medication.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**MRI of left temporomandibular joint:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Page(s): 127, Chronic Pain Treatment Guidelines.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Head Chapter, Magnetic Resonance Imaging.

**Decision rationale:** Official Disability Guidelines state magnetic resonance imaging for the head is recommended for specific indications. Indications for imaging include the need to determine neurologic deficits, the need to evaluate prolonged interval of disturbed consciousness, or the need to define evidence of acute changes superimposed on previous trauma or disease. As per the clinical note submitted, the patient does not report specific dental complaints or dysfunction to substantiate the current request. There are no positive examination findings of dental pain or jaw dysfunction. The medical necessity for the requested service has not been established. Therefore, the request is noncertified.