

Case Number:	CM14-0129583		
Date Assigned:	09/29/2014	Date of Injury:	10/28/2010
Decision Date:	10/31/2014	UR Denial Date:	08/12/2014
Priority:	Standard	Application Received:	08/13/2014

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. The expert reviewer is Board Certified in Dentistry and is licensed to practice in California. 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/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 Medical records indicate that the claimant sustained an injury to the head, neck, left knee, and other body parts on October 28, 2010. The claimant currently reports clicking noises in the left temporomandibular joint and grinding noises in the bilateral temporomandibular Joints as well as constant temporomandibular joint pain bilaterally. The claimant also reports limited mouth Opening and Intermittent locking of the jaw. The claimant has been experiencing constant headaches on the left, well as facial pain and neck pain bilaterally. The claimant also has bruxism, teeth clenching, bite/occlusion feeling off, difficulty chewing hard foods, dry mouth from the side effects of medications, and swallowing difficulties due to dry mouth, Exam revealed limited mouth opening with temporomandibular joint (TMJ) pain on the left with a clicking noise in the left TMJ, and grinding noise in the bilateral TMJ. Tenderness was noted at the temporomandibular Joint and external auditory meatus bilaterally, Tenderness with active trigger points was noted at the facial muscles and cervical muscles. Tooth number fourteen (#14) was fractured. The claimant demonstrated dry mouth causing periodontal pathology. The claimant was having elevated muscular activity per the surface electromyogram (EMG). The provider recommended a musculoskeletal trigeminal appliance, musculoskeletal therapy, trigger point injection, MRI of the TMJ, psychological consultation, and scaling and root planning of all four quadrants.

IMR ISSUES, DECISIONS AND RATIONALES

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

Outpatient management of Temporomandibular Disorder (TMD) and Temporomandibular Joint Disorder (TMJ): Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation AETNA Dental Policy Bulletin Number 019 (www.aetna.com/cpb/dental/data/DCPB0019.html)

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM Practice Guidelines, Chapter 7: Independent Medical Examinations and Consultations, page(s) 127; and on the Non-MTUS Cummings: Otolaryngology: Head & Neck Surgery, 4th ed., Mosby, Inc. Pp.1565-1568, Treatment of TMJ Myofascial Pain Dysfunction Syndrome.

Decision rationale: Laskin and Block have delineated a treatment regimen for Myofascial Pain Dysfunction (MPD) syndrome and have divided it into four appropriate stages of therapy. Their regimen remains an appropriate and timely course of therapy for MPD syndrome patients. Guidelines state that Once a definitive diagnosis is made, stage 1 therapy is started. This initially involves providing the patient with some understanding of the problem. In addition to the initial explanation, the patient is counseled regarding home therapy. Counseling includes recommendations about avoidance of clenching and grinding of the teeth; eating a soft, non-chew diet; use of moist heat on, and massage of, the masticatory muscles; and limitation of jaw motion. Because the patient has muscle spasm and pain, a muscle relaxant and an NSAID are prescribed. Diazepam and ibuprofen are commonly used. About 50% of the patients will have a resolution of their symptoms within 2 to 4 weeks with stage 1 therapy. For those whose symptoms persist, stage 2 therapy is initiated. Home therapy and medications are continued, but at this point, a bite appliance is made for the patient. With stage 2 therapy, another 20% to 25% of patients will become free of symptoms in 2 to 4 weeks. The medications are stopped first, and wearing the bite appliance is discontinued next. If the patient has a return of symptoms when the appliance is not worn at night, its use can be continued indefinitely. Patients who do not respond to the use of a bite appliance are entered into stage 3 of treatment for 4 to 6 weeks. In this phase, either physical therapy (e.g., ultrasound, electrogalvanic stimulation) or relaxation therapy (e.g., electromyographic biofeedback, conditioned relaxation) are added to the regimen. Stage 3 therapy usually helps another 10% to 15% of patients. If all of the previous approaches fail and if there is no question about the correctness of the diagnosis, Psychologic counseling is recommended. This involves helping patients identify possible stresses in their lives and cope with such situations. If there is doubt about the diagnosis, the patient should first be referred for appropriate dental and neurologic consultation and evaluation. Another alternative is to refer patients with recalcitrant MPD syndrome to a TMJ center or pain clinic because such patients generally require a multidisciplinary approach for successful treatment. Per objective findings of the treating dentist Dr Gabriel DDS and the medical guidelines, the request for Outpatient management of Temporomandibular Disorder (TMD) is medically necessary to address this patient's TMD/TMJ injury.