

<b>Case Number:</b>	CM14-0133299		
<b>Date Assigned:</b>	08/22/2014	<b>Date of Injury:</b>	06/25/2012
<b>Decision Date:</b>	09/30/2014	<b>UR Denial Date:</b>	08/08/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/20/2014

### 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 patient is a 57-year-old individual who sustained an injury on 06/25/12. The patient reported that a rolling chair slipped out from under which caused the patient to fall and injured the back, left arm, and left knee as well as the hips. UR dentist report dated 08/08/14 states: "I have reviewed the clinical information submitted for [REDACTED]. The claimant sustained an injury in 2012 and was non-dental related. The claimant has since developed jaw pain. The onset of this jaw pain was not documented. Because the initial trauma was two years ago and did not involve the jaw area, conservative home treatment should be attempted. In addition, to the initial explanation, the patient is counseled regarding home therapy. Counseling includes about avoidance of clenching and grinding of the teeth, eating a soft, non-chewy diet; use of moist heat and massage of the masticatory muscles; and limitation of jaw motion. This Phase I treatment should be attempted and documented before any future proposed treatment. I recommend the treatment is non-certified." Treating dentist [REDACTED] report dated 08/11/14 states: Upon examination, I determined the patient exhibits - Scalloping of the lateral borders of her tongue bilaterally - Bite mark lines on the insides of her cheeks bilaterally - Palpable trigger points and taut bands in the right and left temporalis muscles - Palpable trigger points and taut bands in the right and left masseter muscles - Clicking noises in the right TMJ - Crepitus noises in the right and left TMJ areas.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Immediate Emergency Medical Treatment of Musculoskeletal trigeminal oral appliances**  
**QTY 1: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Head (updated 6/9/14).

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: Cummings: Otolaryngology: Head & Neck Surgery, 4th ed., Mosby, Inc. Pp.1565-1568. Treatment of TMJ Myofascial Pain Dysfunction Syndrome: Laskin and Block<sup>46</sup> have delineated a treatment regimen for MPD syndrome and have divided it into four appropriate stages of therapy (Fig. 94-4). Their regimen remains an appropriate and timely course of therapy for MPD syndrome patients today and is as follows: 1. Once a definitive diagnosis is made, stage 1 therapy is started. This initially involves providing the patient with some understanding of the problem. Because patients often have difficulty accepting a psychophysiologic explanation for their condition, the discussion should deal with the issue of muscle fatigue and spasm as the cause of the pain and dysfunction, delaying consideration of the role of stress and psychologic factors until the symptoms have improved and the patient's confidence has been gained. Relating the symptoms to the specific masticatory muscles from which they originate helps the patient understand the reason for the type and location of the pain; for example, headache from the temporalis muscle, jaw ache from the masseter muscle, discomfort when swallowing and stuffiness in the ear from the medial pterygoid muscle, and earache and pain behind the eye from the lateral pterygoid muscle. 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, nonchew 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. 2. 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. Although numerous types have been used, the Hawley-type maxillary appliance is probably most effective because it prevents contact of the posterior teeth and thereby also prevents most forms of parafunctional activity. Generally, the appliance is worn at night, but it can be worn for 5 to 6 hours during the day if necessary. It should not be worn continuously because the posterior teeth may supraerupt in some patients. 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. 3. 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 physi

**Decision rationale:** This IMR reviewer recommends phase (1) treatment for this patient's TMJ complaints and to include "Counseling and 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. Per medical reference mentioned above. The IMR reviewer believes Phase I treatment should be attempted and documented before any future proposed treatment. Immediate Emergency Medical Treatment of Musculoskeletal trigeminal oral appliances QTY 1 is not medically necessary.