

Case Number:	CM14-0080621		
Date Assigned:	07/18/2014	Date of Injury:	10/08/2010
Decision Date:	09/24/2014	UR Denial Date:	04/30/2014
Priority:	Standard	Application Received:	06/02/2014

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 Internal Medicine 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 injured worker is a 49 year old female who was injured on 10/8/2010. The injured worker was previously diagnosed with a Temporomandibular joint (TMJ) disorder. The utilization review dated 04/30/14 resulted in a denial for a TMJ x-ray. The clinical note dated 08/20/13 indicates the injured worker complaining of pain at the jaw when attempting to open her mouth. The injured worker also reported a clicking sound with associated moderate pain at the left side of the jaw when opening her mouth wide. The note indicates the injured worker having previously been treated for TMJ and myofascial pain disorder with an oral orthopedic appliance as well as therapy. The pain management evaluation report dated 03/12/14 indicates the injured worker utilizing Flexeril and Anaprox as well as Vicodin for pain relief. The dental progress note dated 01/17/14 indicates the injured worker having undergone treatment at the left upper maxillary teeth to include tooth #8 and #15. The note does indicate the injured worker complaining of left sided facial and jaw pain. The injured worker also was identified as having significant noise at the left TMJ.

IMR ISSUES, DECISIONS AND RATIONALES

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

Referral for TMJ (Temporomandibular Joint) XR Open and Closed Bilateral Radiographs: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Frontera: Essentials of Physical Medicine and Rehabilitation, 1st ed. Chapter 9- Temporomandibular Joint Disorders.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation (ODG) Head Chapter, X-Rays.

Decision rationale: The documentation indicates the injured worker complaining of TMJ related pain. There was also an indication the injured worker has a clicking sensation when opening her mouth wide. X-rays of the TMJ are indicated for injured workers if CT scans are not available. No information was submitted regarding the injured worker's previous CT scan, specifically at the oral/TMJ area. Given this, the request for a referral for TMJ X-Ray Open and Closed Bilateral Radiographs is not medically necessary.