

Case Number:	CM15-0010589		
Date Assigned:	01/28/2015	Date of Injury:	04/17/2010
Decision Date:	03/24/2015	UR Denial Date:	01/14/2015
Priority:	Standard	Application Received:	01/20/2015

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

Certification(s)/Specialty: Dentist

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 28 year old female, who sustained an industrial injury on 04/17/2010. She has reported subsequent bilateral jaw pain with "locking" and was diagnosed with bilateral temporomandibular joint syndrome. Treatment to date has included oral pain medication, application of heat, massage, physical therapy and a splint. In a progress note dated 12/23/2014, the injured worker was noted to complain of constant 10/10 pain in the jaw. The injured worker was noted to have decreased range of motion and pain and a request for authorization of an MRI of the bilateral temporomandibular joint was made. On 01/14/2015, Utilization Review non-certified a request for MRI bilateral temporomandibular joint between 12/23/2014 and 03/10/2015, noting that there was no documentation that conventional radiographs had been obtained or that imaging studies revealed abnormalities which required additional clarification. AIM Specialty Health guidelines were cited.

IMR ISSUES, DECISIONS AND RATIONALES

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

Prospective Request for 1 MRI Bilateral TMJ: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation American Academy of Pediatric Dentistry

(AAPD), Guideline on Temporomandibular Disorders in infants, children, and adolescents. Chicago (IL): American Academy of Pediatric Dentistry (AAPD); 2010. 6p.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Natl J Maxillofac Surg. 2012 Jan;3(1):2-9. doi: 10.4103/0975-5950.102138.

Decision rationale: Per reference mentioned above, " MRI was most specific and sensitive for interpretation of soft tissue and inflammatory conditions in the joint ". Therefore this IMR reviewer finds this request for bilateral TMJ MRI medically necessary.