

<b>Case Number:</b>	CM15-0112665		
<b>Date Assigned:</b>	06/19/2015	<b>Date of Injury:</b>	12/07/2005
<b>Decision Date:</b>	07/22/2015	<b>UR Denial Date:</b>	05/14/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/11/2015

### 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: Chiropractor, Oriental Medicine

### 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 66 year old male injured worker suffered an industrial injury on 12/07/2005. The diagnoses included temporal mandible joint disorder. The injured worker had been treated with medications. On 4/15/2015, the treating provider reported during a phone consultation a request for treatment of this injured worker's jaw pain. The treatment plan included Chiropractic for the tempromandibular joint disorder.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Chiropractic for the TMJ - four visits:** 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, Online Version), Chiropractic Section.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines CA Medical Treatment Utilization Schedule (MTUS): The American College of Occupational and Environmental Medicine (ACOEM); 2nd Edition, 2004; CHRONIC PAIN MEDICAL TREATMENT GUIDELINES; Title 8, California Code of Regulations, section 9792.20 et seq.

Effective July 18, 2009; : 2009; 9294.2; pages 58/59: manual therapy and manipulation Page(s): 58/59.

**Decision rationale:** The UR determination of 5/13/15 denied the request for 4 manipulative sessions to the patient tempromandibular joint citing the CAMTUS Chronic Treatment Guidelines. The reviewed medical records detail the patient's history of lumbar spine disc herniation and jaw pain along with symptoms of limited bladder/bowel activity. The medical necessity to manipulate the patients TMJ was not supported by the records reviewed, nor complies with CAMTUS Chronic Treatment Guidelines. The request is not medically necessary.