

<b>Case Number:</b>	CM15-0120927		
<b>Date Assigned:</b>	07/01/2015	<b>Date of Injury:</b>	12/14/2007
<b>Decision Date:</b>	08/04/2015	<b>UR Denial Date:</b>	05/22/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/23/2015

### 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 58 year old male, who sustained an industrial injury on December 14, 2007. Treatment to date has included acupuncture, lumbar discectomy and medications. Currently, the injured worker complains of lumbar spine, sacral, right sacroiliac, bilateral buttock, bilateral pelvic, cervical, and bilateral upper extremity pain. He reports bilateral transmandibular joint pain. He rates is discomfort a 6 on a 10-point scale. The diagnosis associated with the request is cervical disc disease. The treatment plan includes referral to cardiologist, dental consultation to evaluate the injured worker's teeth, EMG/NCV of the bilateral lower extremities, continued acupuncture, topical compounds, and oral pain medications.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Dental Consultation (Dentist):** Overturned

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM Occupational Medicine Practice Guidelines, 2nd Edition, 2004, page 127.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM Practice Guidelines, Chapter 7, page 127.

**Decision rationale:** Treating physician's progress report dated 06/22/15 states that the patient complains of bilateral TMJ and headache pain. He states patient rates the pain at 4.5 on a scale of 10 and pain is noticeable approximately 100% of the time. The physician is recommending a consult with a dentist. Based on ACOEM Guidelines, Chapter 7, page 127, the occupational health practitioner may refer to other specialists if a diagnosis is uncertain or extremely complex, when psychosocial factors are present, or when the plan or course of care may benefit from additional expertise. This patient may benefit from additional expertise. Since this patient is experiencing constant TMJ pain, this reviewer finds this request for a dental consultation to be medically necessary to address this patient's TMJ condition.