

Case Number:	CM15-0145418		
Date Assigned:	09/01/2015	Date of Injury:	07/03/2006
Decision Date:	10/06/2015	UR Denial Date:	07/15/2015
Priority:	Standard	Application Received:	07/27/2015

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 64-year-old female who sustained an industrial injury on 07-03-06. Initial complaints and diagnoses are not available. Treatments to date include dental care. Diagnostic studies include x-rays. Current complaints include tooth pain, and sensitivity to cold and biting. Current diagnoses include cephalgia, myalgia, capsulitis and inflammation of the left temporomandibular joint, osteoarthritis both bilateral temporomandibular joints, severe xerostomia, chronic generalized periodontitis, clenching disorder, and acute pulpal hyperemia and possible irreversible pulpitis teeth #s 2 and 3. In a progress note dated 07-07-15 the treating provider reports the plan of care as certified buildup of tooth #15, and referral to endodontist for additional treatment. The requested treatments include endodontist referral for re-evaluation of teeth #2 and 3, comprehensive evaluation of the temporomandibular joint, a sonograph, x-rays of the bilateral temporomandibular joints, electrodiagnostic studies, a prosthetic evaluation, photographic an intraoral images, as well as panoramic x-rays.

IMR ISSUES, DECISIONS AND RATIONALES

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

Endodontist referral for re-evaluation & treatment of teeth #2 & 3: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM Practice Guidelines, Chapter 7: Independent Medical Examinations and Consultations, 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, Independent Medical Examinations and Consultations, page 127.

Decision rationale: Records reviewed indicate that clinical examination revealed a large space between teeth #2 and 3 causing food impaction. There was loss of papillae bilaterally between teeth #2 and 3. X-rays revealed open contact between teeth #2 and 3 perio probe demonstrated severe gingival and periodontal recession between teeth #2 and 3. There is pain to biting percussion and cold on teeth #2 and 3. Treating dentist states that due to likely irreversible pulpitis of teeth #2 and 3, patient require referral to the endodontist for re-evaluation. 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. Therefore based on the findings mentioned above, this reviewer finds this request to be medically necessary to address this patient's dental injury. This patient may benefit from additional expertise.

Comprehensive TMJ consultation/evaluation: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Head.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Office visits.

Decision rationale: Per Guidelines, office visits are recommended as determined to be medically necessary. Evaluation and management (E&M) outpatient visits to the offices of medical doctor(s) play a critical role in the proper diagnosis and return to function of an injured worker, and they should be encouraged. "Records reviewed indicate that patient has ongoing symptoms of TMJ pain popping crepitus and headaches. Dentist is recommending comprehensive TMJ consultation/evaluation. Per reference mentioned above, "Office visits recommended as determined to be medically necessary. Evaluation and management (E&M) outpatient visits to the offices of medical doctor(s) play a critical role in the proper diagnosis and return to function of an injured worker, and they should be encouraged." Therefore, this reviewer finds this request for TMJ evaluation medically necessary due to ongoing symptoms of this patient's TMJ condition.

Sonography: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines.

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. Efficacy of plain radiographs, CT scan, MRI and ultra sonography in temporomandibular joint disorders. Sinha VP1, Pradhan H, Gupta H, Mohammad S, Singh RK, Mehrotra D, Pant MC, Pradhan R. PMID. 23251050.

Decision rationale: The complexity of structure and functions of the Temporomandibular Joint (TMJ) make the diagnosis of its diseases/disorders difficult. Remarkable progress made in the field of imaging of this joint led us to compare four imaging modalities viz. plain radiographs, CT scan, MRI and ultrasound, Sinha VP1, Pradhan H, Gupta H, Mohammad S, Singh RK, Mehrotra D, Pant MC, Pradhan R We found that MRI was most specific and sensitive for interpretation of soft tissue and inflammatory conditions in the joint, whereas CT examination produced excellent image for osseous morphology and pathology. Plain X-rays are useful for destructive bony changes and sonography is a good in aid in diagnosing disc derangement and is very economical. Records reviewed indicate that patient has ongoing symptoms of TMJ pain popping crepitus and headaches. Per medical reference mentioned above, "Plain X-rays are useful for destructive bony changes and sonography is a good in aid in diagnosing disc derangement and is very economical." Therefore, this reviewer finds this request for sonography medically necessary to properly diagnose this patient's TMJ condition.

X-ray of the bilateral TM joint: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Head.

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. Sinha VP1, Pradhan H, Gupta H, Mohammad S, Singh RK, Mehrotra D, Pant MC, Pradhan R. PMID: 23251050.

Decision rationale: Efficacy of plain radiographs, CT scan, MRI and ultra sonography in temporomandibular joint disorders, Sinha VP1, Pradhan H, Gupta H, Mohammad S, Singh RK, Mehrotra D, Pant MC, Pradhan R. The complexity of structure and functions of the Temporomandibular Joint (TMJ) make the diagnosis of its diseases/disorders difficult. Remarkable progress made in the field of imaging of this joint led us to compare four imaging modalities viz. plain radiographs, CT scan, MRI and ultrasound. We found that MRI was most specific and sensitive for interpretation of soft tissue and inflammatory conditions in the joint, whereas CT examination produced excellent image for osseous morphology and pathology. Plain X-rays are useful for destructive bony changes and sonography is a good in aid in diagnosing disc derangement and is very economical. Records reviewed indicate that patient has ongoing symptoms of TMJ pain popping crepitus and headaches. Per medical reference mentioned above, "Plain X-rays are useful for destructive bony changes and sonography is a good in aid in diagnosing disc derangement and is very economical." Therefore, this reviewer finds this request for x-ray of the bilateral TM joint medically necessary to properly diagnose this patient's TMJ condition.

Panographic x-ray: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Head.

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. Sinha VP1, Pradhan H, Gupta H, Mohammad S, Singh RK, Mehrotra D, Pant MC, Pradhan R. PMID: 23251050.

Decision rationale: Efficacy of plain radiographs, CT scan, MRI and ultra sonography in temporomandibular joint disorders, Sinha VP1, Pradhan H, Gupta H, Mohammad S, Singh RK, Mehrotra D, Pant MC, Pradhan R. The complexity of structure and functions of the Temporomandibular Joint (TMJ) make the diagnosis of its diseases/disorders difficult. Remarkable progress made in the field of imaging of this joint led us to compare four imaging modalities viz. plain radiographs, CT scan, MRI and ultrasound. We found that MRI was most specific and sensitive for interpretation of soft tissue and inflammatory conditions in the joint, whereas CT examination produced excellent image for osseous morphology and pathology. Plain X-rays are useful for destructive bony changes and sonography is a good in aid in diagnosing disc derangement and is very economical. Records reviewed indicate that patient has ongoing symptoms of TMJ pain, popping, crepitus and headaches. Per medical reference mentioned above, "Plain X-rays are useful for destructive bony changes and sonography is a good in aid in diagnosing disc derangement and is very economical." Therefore, this reviewer finds this request for panographic x-ray medically necessary to properly diagnose this patient's TMJ condition.

EMG: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Head.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 2 General Approach to Initial Assessment and Documentation Page(s): 3.

Decision rationale: Records reviewed indicate that patient has ongoing symptoms of TMJ pain popping crepitus and headaches. Treating dentist is recommending EMG. However, there are insufficient documentation on why this patient needs EMG and how it will benefit this patient. CA MTUS/ACOEM Guidelines - General Approach to Initial Assessment and Documentation (9792.20. MTUS July 18, 2009 page 3 and ACOEM Practice Guidelines, 2nd Edition (2004), Chapter 2). A focused medical history, work history, and physical examination generally are sufficient to assess the patient who complains of an apparently job-related disorder. The initial medical history and examination will include evaluation for serious underlying conditions, including sources of referred symptoms in other parts of the body. The initial assessment should characterize the frequency, intensity, and duration in this and other equivalent circumstances. In this assessment, certain patient responses and findings raise the suspicion of serious underlying medical conditions. These are referred to as red flags. Their absence rules out the need for special studies, immediate consultation, referral, or inpatient care during the first 4 weeks of care (not necessarily the first 4 weeks of the worker's condition), when spontaneous recovery is expected, as long as associated workplace factors are mitigated. In some cases, a more complete medical history and physical examination may be indicated if the mechanism or nature of the complaint is unclear. Absent further detailed documentation and clear rationale, the medical necessity for this EMG request is not evident. Per medical reference mentioned above "a focused

medical history, work history and physical examination generally are sufficient to assess the patient who complains of an apparently job related disorder" in order to evaluate a patient's needs. This reviewer does not believe this has been sufficiently documented in this case. This reviewer recommends non-certification at this time. The request is not medically necessary.

Prosthetic evaluation/study models: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 2 General Approach to Initial Assessment and Documentation Page(s): 3, Chronic Pain Treatment Guidelines.

Decision rationale: Records reviewed indicate that patient has ongoing symptoms of TMJ pain popping crepitus and headaches. Treating dentist is recommending Prosthetic evaluation/study models. However, there are insufficient documentation on why this patient needs Prosthetic evaluation/study models and how it will benefit this patient. CA MTUS/ACOEM Guidelines General Approach to Initial Assessment and Documentation (9792.20. MTUS July 18, 2009 page 3 and ACOEM Practice Guidelines, 2nd Edition (2004), Chapter 2) - A focused medical history, work history, and physical examination generally are sufficient to assess the patient who complains of an apparently job-related disorder. The initial medical history and examination will include evaluation for serious underlying conditions, including sources of referred symptoms in other parts of the body. The initial assessment should characterize the frequency, intensity, and duration in this and other equivalent circumstances. In this assessment, certain patient responses and findings raise the suspicion of serious underlying medical conditions. These are referred to as red flags. Their absence rules out the need for special studies, immediate consultation, referral, or inpatient care during the first 4 weeks of care (not necessarily the first 4 weeks of the worker's condition), when spontaneous recovery is expected, as long as associated workplace factors are mitigated. In some cases, a more complete medical history and physical examination may be indicated if the mechanism or nature of the complaint is unclear. Absent further detailed documentation and clear rationale, the medical necessity for this Prosthetic evaluation/study models request is not evident. Per medical reference mentioned above "a focused medical history, work history and physical examination generally are sufficient to assess the patient who complains of an apparently job related disorder" in order to evaluate a patient's needs. This reviewer does not believe this has been sufficiently documented in this case. This reviewer recommends non-certification at this time. The request is not medically necessary.

Photographs/ Intraoral images: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 2 General Approach to Initial Assessment and Documentation Page(s): 3, Chronic Pain Treatment Guidelines.

Decision rationale: Records reviewed indicate that patient has ongoing symptoms of TMJ pain popping crepitus and headaches. Treating dentist is recommending Photographs/ Intraoral images. However, there are insufficient documentation on why this patient needs Photographs/ Intraoral images and how it will benefit this patient. CA MTUS/ACOEM Guidelines - General Approach to Initial Assessment and Documentation (9792. 20. MTUS July 18, 2009 page 3 and ACOEM Practice Guidelines, 2nd Edition (2004), Chapter 2). A focused medical history, work

history, and physical examination generally are sufficient to assess the patient who complains of an apparently job-related disorder. The initial medical history and examination will include evaluation for serious underlying conditions, including sources of referred symptoms in other parts of the body. The initial assessment should characterize the frequency, intensity, and duration in this and other equivalent circumstances. In this assessment, certain patient responses and findings raise the suspicion of serious underlying medical conditions. These are referred to as red flags. Their absence rules out the need for special studies, immediate consultation, referral, or inpatient care during the first 4 weeks of care (not necessarily the first 4 weeks of the worker's condition), when spontaneous recovery is expected, as long as associated workplace factors are mitigated. In some cases, a more complete medical history and physical examination may be indicated if the mechanism or nature of the complaint is unclear. Absent further detailed documentation and clear rationale, the medical necessity for this Photographs/ Intraoral images request is not evident. Per medical reference mentioned above "a focused medical history, work history and physical examination generally are sufficient to assess the patient who complains of an apparently job related disorder" in order to evaluate a patient's needs. This reviewer does not believe this has been sufficiently documented in this case. This reviewer recommends non-certification at this time. The request is not medically necessary.