

<b>Case Number:</b>	CM15-0038615		
<b>Date Assigned:</b>	03/09/2015	<b>Date of Injury:</b>	08/19/2012
<b>Decision Date:</b>	04/15/2015	<b>UR Denial Date:</b>	01/23/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/02/2015

### 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 female, who sustained an industrial injury on 8/19/2012. The details of the initial injury and treatments were not submitted for this review. The diagnoses have included cervical disc displacement and chronic pain. A Computed Topography (CT) scan 7/21/14 revealed pseudoarthrosis, multilevel stenosis and foraminal narrowing, and osteophytes. She has undergone cervical fusion with discectomy C5-6. Currently, the IW complains of persistent neck pain despite cervical fusion. Pain was rated 8-9/10 VAS and associated with weakness in arms, hands, and legs. The physical examination from 10/24/14 documented tenderness with palpation to cervical spine, decreased Range of Motion (ROM), decreased strength, and decreased sensation over right arm. The plan of care included referral to a spine consultation for consideration of a revision to the spinal fusion and medication therapy as previously prescribed. On 3/2/2015, the injured worker submitted an application for IMR for review of Magnetic Resonance Imaging (MRI) of Temporomandibular joint (TMJ) without contrast.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**MRI-TMJ (Temporomandibular joint):** Overturned

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

**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. 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. PMID: 23251050.

**Decision rationale:** Panel QME dental report dated 01/13/15 states that this patient has lockjaw, tenderness in and around TMJ with sever popping and clicking of the joint with moderate pain to eating and feels her teeth do not come together properly. Panel QME dentist has recommended MRI of the TMJ to determine if there is permanent organic damage to any of the TMJ structures. Per reference mentioned above, "MRI was most specific and sensitive for interpretation of soft tissue and inflammatory conditions in the joint." Therefore, this reviewer finds this request for MRI of the TMJ medically necessary to better evaluate this patient's TMJ condition.