

Case Number:	CM15-0093111		
Date Assigned:	05/19/2015	Date of Injury:	10/05/2012
Decision Date:	06/26/2015	UR Denial Date:	04/16/2015
Priority:	Standard	Application Received:	05/14/2015

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 43 year old female, who sustained an industrial injury on 10/5/2012. The mechanism of injury is not indicated. The injured worker was diagnosed as having trigeminal neuralgia, headache, jaw disease, and trigeminal nerve injury. Treatments to date have included medications, and follow up with oral surgeon. The request is for a temporomandibular joint injection. On 11/26/2014, she reported pain to the left side of her head, and chewing exacerbates the pain in her Eustachian tube, cheek, eye and jaw. The treatment plan included: Sertraline, Naproxen Sodium, and Omeprazole. On 12/4/2014, she is reported to be improved but slower than expected. She is approximately 40% better. She complained of jaw pain and headaches over the past 6 months. She is working regular job duties. The record indicated she was seen by an oral surgeon who reported her to have developed a jaw clenching habit over the past 2 years he felt related to her injury. Examination revealed no evidence of jaw clenching, abnormal lateral jaw movement, facial sensation, or corneal reflex abnormalities. The records do not indicate failure of oral splinting. No other records are available for this review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Temporomandibular joint injection: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation <http://www.ncbi.nih.gov/pubmed/21959659>.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 2 General Approach to Initial Assessment and Documentation, Chronic Pain Treatment Guidelines The Expert Reviewer based his/her decision on the MTUS ACOEM Practice Guidelines, Chapter 2 General Approach to Initial Assessment and Documentation and on the MTUS 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).

Decision rationale: Limited records available for review indicate that this patient has pain in the left side of her head. However, there are insufficient documentation of clinical examination findings including oral/TMJ examination and/or diagnostic imaging to support this request. Absent further detailed documentation and clear rationale, the medical necessity for this TMJ injection request is not evident. This reviewer is also unclear on what type of injection this provider is requesting. 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.