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TMJ Society of California Advisory Board

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With compliments from

The Many Faces of TMJ

*Taking the Myth
and Misery Out of
Temporomandibular
(Joint) Disorders*



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On the Forefront of Discovery, Treatment, & Advocacy

Founded in May of 1994 by Elizabeth Helms, a small business owner, and Layne Allred, a political and business consultant, the TMJ Society of

California is the leading voice of advocacy nationwide for those who suffer from the many faces of “TMD” –temporomandibular (joint) disorders.

Grounded in purpose, the “not-for profit” TMJ Society of California promotes physical and emotional healing through their efforts in the following areas:

- Exchange of experiences
- Emotional support
- Data collection
- Education within both the public and business sectors
- Public awareness of issues surrounding the treatment and recognition of TMJ disorders
- Legislation to ensure effective policy coverage and treatment options for patients.
- Participation with national “consumer rights” coalitions for the betterment of care.

Making it Law

For thousands of individuals who suffer from TMJ/TMD related conditions, health care policy and coverage benefits have been vague at best, and in many cases, ignored altogether. Those patients in need of surgical intervention often found themselves without the

necessary insurance coverage, denials based not upon a failure to prove the treatment medically necessary, but because until recently, TMJ related conditions remained under a cloud of “unknowns” and were thus, excluded arbitrarily.

As a direct result of the TMJ Society of California’s testimony and efforts, and working with California Association of Oral & Maxillofacial Surgeons, sponsors of the bill, AB 2994 – “The Jaw Joint bill” – became reality for California’s consumers in July of 1995, ensuring that denials of surgical treatment for jaw joints or upper/lower jaw bones would constitute a misdemeanor if surgery were determined to be medically necessary. Since passage of AB 2994, such denials of treatment are illegal and considered discriminatory. Viewed, as a major victory for sufferers of TMD, the thoroughness of testimony and data presented by the TMJ Society of California was significant – AB 2994 passed with minor opposition.

Assisting in the review of those cases for which surgical treatment had been determined to be medically necessary, but where as a denial of authorization for insurance benefits prevailed, a “first ever” Peer Review Board was created by the TMJ Society to ensure adherence to the law set for by AB 2994. The board continues as a vital component of the TMJ Society of California today, and is comprised of specialists within the Medical, Dental, Radiological and Physical Therapy professions.



Immediate consumer support is available for those wishing to obtain information on TMJ/TMD and treatment options by means of an “all-volunteer” hot line, easily accessed by calling: **(916) 444-1985**. The support line also offers an environment for which patients can share their experiences and interact with those who understand and appreciate their needs.

Ready, Willing & Able to Assist

On the Wings of Change

The TMJ Society is a charter member and Co-sponsor of Citizens for the “Right to Know Coalition”, a pro-active, national coalition supporting patient rights and full


disclosure policies. Speaking nationally on consumer rights, the TMJ Society has raised awareness of TMD, and supported those policies in which an insurer must fully disclose policy coverage/limitations prior to a patient/ consumer contracting for healthcare benefits.

Within the quarterly newsletter, “Disclosure”, tips, treatments, and resource information offer consumers a bounty of advice, as well as, legislative updates regarding pending healthcare-related bills that may be of interest to their readers

As the National Institute of Dental Research further studies the cause, effect, and viable treatments options for TMD, the TMJ Society of California is committed to bringing its members the most up-to-date information including self-care alternatives for the management of inflammation and discomfort.

Understanding TMJ/TMD

The specific cause/cure for TMJ/TMD continues to elude researchers, and in most cases, involves several joint-related disorders and symptoms, thus making individual diagnosis and treatment options necessary. Often acutely painful, TMJ/TMD involves inflammation and/or degeneration of the joint and muscles associated with chewing.



The temporomandibular joint connects the mandible (the lower jaw) to the temporal bone, located at the side of the head directly in front of the ears. While these joints are flexible, allowing for movement up and down and side to side, muscles that attach and surround the joints control the jaw's position and movement. The rounded ends of the jaw, the condyles, slide easily within the joint socket and are aided by a soft disc, which acts as a shock absorber within the joint itself and keeps this movement smooth.

Temporomandibular disorders fall into three categories:

- ☞ Myofascial pain; a discomfort or pain in the muscles that control the jaw, neck, and shoulders – the most common form of TMJ/TMD.
- ☞ Internal derangement; (disc displacement), dislocated jaw or injury to the condyle.
- ☞ Degenerative Joint Disease, osteo-arthritis or rheumatoid arthritis within the jaw joint.

A person may suffer from one or more of these conditions at the same time.

For most, the discomfort associated with TMJ/TMD is generally mild, temporary, and resolved with little or no intervention. But for a growing population compromised predominantly of women, intervention is necessary. Treatment may involve home care (described below) and oral appliance (often referred to as splint that fits over the top or bottom teeth) that provides relief to the joint and muscles. Other common treatments are anti-inflammatory medications, and physical therapy. Physical therapy provides a conservative treatment option that can be continued at home. Physical therapy approaches include pain relief modalities, exercises and posture training.

Tooth clenching and/or grinding (bruxism) is a common and significant aggravating factor to TMD symptoms. Appliances are the most useful treatment for bruxism. For some, relaxation techniques or medications such as muscle relaxants are needed.

TM joint conditions that do not respond satisfactorily to conservative care may benefit from surgery. TM joint surgery is most often considered when other treatments fail to provide improvement of significant pain and/or limitation of jaw motion.

Common signs and symptoms include, but are not limited to (one or more) of the following:

- ☞ Limited movement or “locking” of the jaw
- ☞ Radiating pain in the face, neck or shoulders
- ☞ Painful clicking, popping or grating sounds in the jaw joint when opening or closing the mouth.
- ☞ A sudden, major change in the bite (the way in which one's upper and lower teeth fit together).
- ☞ Headaches

Because symptoms vary from patient to patient, a thorough dental examination and complete medical history are necessary for an appropriate diagnosis and treatment plan. X-rays of TM joints called (called tomograms) and models of the teeth are often needed to aid diagnosis. An MRI may be needed to diagnose some TM joint internal derangements.

Self-Help Tips

Self-care is an important part of treating TMJ/TMD. The following tips can assist you in the management of minor pain and inflammation:

Rest the muscles and joints: A soft food diet – Avoid crunchy and chewy foods like nuts, chips, carrots and tough meat.

- ☞ Avoid chewing gum.
- ☞ No clenching or tensing – Learn to say, *“Teeth apart, face and jaw relaxed.”*

Avoid opening too wide: This protects the joints and prevents them from locking open.

- ☞ Yawn against pressure (hand under chin)
- ☞ Eat small bites
- ☞ Avoid general anesthesia when possible.
- ☞ Avoid long dental appointments, and rest frequently during *all* dental treatments.

Apply Cold Compresses: 5-10 minutes for severe pain, new injuries (less than 72 hours) and re-injury.

Apply Moist Heat: 20 minutes for mild to moderate pain to increase circulation and relax muscles. This promotes healing.

Use Ice and Heat: For quick relief from muscle pain, alternate every 5-10 seconds, repeat 4-5 times.

Massage the jaw and temple muscles: This stimulates circulation, relaxes muscles and decreases soreness.

Acupressure: Massage the “Hoku” point, found between the thumb and forefinger. This decreases jaw pain and headaches.

Maintain Good Posture: Avoid forward head posture, which may increase jaw and neck muscle activity.

Telephone Use: Do not cradle the phone. It irritates jaw and neck muscles.

Sleeping position: Sleep on your side with support between the neck and shoulders, and soft support along the face and jaw, or, sleep on your back with support for the neck curve.

Exercise: Low impact to minimize joint pressure, 20-30 minutes at a time, 3-4 times a week.

Yoga and medication: Excellent for reducing stress and relaxing joint muscles.

Over-the-counter medications: Check with your physician before taking any medications.

Prescription medications: Talk with your physician regarding some of the newest anti-inflammatory medications and other medicines that are right for your care.

Good Nutrition: Promotes joint and muscle healing.



Advocacy

Today more than ever, consumers have learned that they must be their own advocates. Creating a “paper trail” is the best way to ensure access to care should your health plan deny a recommended

treatment or therapy. Keep a journal of your treatments and their effectiveness (including prescription and over-the-counter medications), and **always** request denials/approvals in writing.

The TMJ Society of California is looking for consumers willing to share their experiences, listen to others and offer support. If you would like to help further education and awareness of TMJ/TMD, contribute to our advocacy efforts, or are interested in becoming a member, please contact the Society at (916) 444-1985, or visit our website at: TMJSociety.org.

How You Can Help

Websites Links:

American Academy of
Orofacial Pain
www.AAOP.org

American Academy of
Craniofacial Pain
www.aacfp.org

California Association
Health plans (HMO)
www.calhealthplans.org

California Dental Association
www.cda.org

California Medical Association
www.cmanet.org

California Association of Oral
and Maxillofacial Surgeons
www.calaoms.org

Citizens for the Right to Know
www.rtk.org

Department of Managed
Health Care (CA)
www.hmohelp.ca.gov

Food and Drug Administration
www.fda.gov

Pharmaceutical Researchers and
Manufacturers of America
www.phrma.org

California Health Advocates (HICAP)
www.cahealthadvocates.org

Date:

Via Certified Mail, Return Receipt Requested

Claims Administrator or Medical Director
Insurance Company Name
1234 Any Street
Anywhere, Any State 12345

RE: Denial of Coverage for Medically Necessary Surgical Procedure

Dear Sir or Madam:

My physician, Dr. Joseph Smith, has informed me that you have denied prior authorization for surgical treatment that has been recommended to me, and further, has been deemed medically necessary for the treatment of TMD.

I have endured lengthy and painful attempts to correct my TMD by means of anti-inflammatory medication, physical therapy, and through the use of an oral splint for an extended period of time. As I have exhausted all non-permanent forms of treatment and those procedures felt to be conservative, I have been advised to seek a more permanent and non-reversible treatment that requires surgery. My condition, being trauma related, has left damage that cannot be repaired in a non-surgical manner.

I am requesting an immediate review of this denial. The standard of care for such surgical intervention has been met and is further supported by a letter that I have enclosed from my physician. In accordance with AB 2994, The Jaw Joint Law, I respectfully request authorization for the procedure(s) specified and outlined in this attachment

Sincerely,
Your name
Address, City, State, Zip
Phone Number
Policy #

**Sample Appeal Letter
to Insurance Company
for Denial of Coverage**
*(For use of medically necessary surgery,
but can be adapted for other accepted
standard-of-care treatments)*

Enclosure