

Case Number:	CM13-0002796		
Date Assigned:	06/09/2014	Date of Injury:	10/31/2012
Decision Date:	08/04/2014	UR Denial Date:	07/03/2013
Priority:	Standard	Application Received:	07/24/2013

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. The expert reviewer is Board Certified in Occupational Medicine and is licensed to practice in New York. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

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 patient, a 51 year old woman, claims injury 10/31/2012 when she was involved in an MVA while driving a school bus and stating that she pain in the cervical spine with headaches. She also claims shoulder pain referred from the cervical spine. Additional claims include anxiety, depression and insomnia. She claims to have teeth grinding secondary to stress.

IMR ISSUES, DECISIONS AND RATIONALES

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

Dental Evaluation: Upheld

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 Other Medical Treatment Guideline or Medical Evidence: Bruxism Management; Medscape, 2/3/12. emedicine.medscape.com.

Decision rationale: The etiology of bruxism is not straightforward. Information on treating this condition are not found in the California MTUS Guidelines. Nor are they found in the ODG. Per [REDACTED] in his article, Bruxism Management, genetic predisposition, sleep architecture, brain trauma and disease (e.g. Parkinson's or Huntington's), medications, and psychological factors have all been explored when trying to determine why people grind their teeth. Sleep bruxism

does not appear to be impacted by psychological or psychosocial factors. The diagnosis of bruxism is descriptive in nature, contingent on the presence of symptoms such as acknowledged tooth grinding, pain in the TMJ or jaw musculature, temporal headache, tooth hypersensitivity or mobility, and poor sleep quality. These subjective symptoms are coupled with clinical signs such as abnormal tooth wear, tongue indentations, the presence of a linea alba along the biting plane of the buccal (cheek) mucosa, gum recession, masseter hypertrophy, and/or broken fillings or teeth. These signs are not documented in the records submitted for the requested referral to dental. Per [REDACTED], nocturnal or sleep bruxism is not going to be cured by intervention. And the behavior is likely to decrease with age. Daytime bruxism can sometimes be effectively eliminated via intervention, suggesting a cure, but recrudescence of the condition is common. Per records reviewed on this patient, she had developed grinding of teeth at night due to stress. Based on the researched information on bruxism, as noted above, teeth grinding at nighttime does not appear to be impacted by psychological factors, nor is intervention likely to cure the condition. The request is not medically necessary.

Interferential Unit (X2 MONTHS): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Tens, Interferential Current Stimulation (ICS).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Transcutaneous electrotherapy, Interferential Current Stimulation Page(s): 118-120.

Decision rationale: Interferential Treatment is not recommended as an isolated therapy, but is sometimes helpful in conjunction with other treatments. The chronic pain guidelines of the MTUS give selection criteria for its use. It deemed appropriate, then a one month trial is appropriate to see whether the the treatment will be effective or beneficial. Effectiveness is defined as evidence of increased functional improvement, less reported pain and evidence of medication reduction. There is not objective evidence of increased functional improvement following a trial of interferential stimulation treatment. The request is not medically necessary.