

<b>Case Number:</b>	CM13-0035835		
<b>Date Assigned:</b>	12/13/2013	<b>Date of Injury:</b>	11/14/2005
<b>Decision Date:</b>	02/21/2014	<b>UR Denial Date:</b>	09/30/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/18/2013

### HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Dentistry and Periodontics and is licensed to practice in California. 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 physician 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 is a male born [REDACTED]. The patient suffered a work related injury on 11/15/05. The patient has subjective complaints of myofascial pain. An examination was done and resulted in the documentation of evidence of wear on the occlusal surfaces of multiple teeth, crepitus of the TMJ bilaterally, and chipping of multiple teeth. Previous requests for certification of fabrication of Obstructive Airway Oral Appliance and Musculoskeletal Trigeminal Oral Appliance have been denied. To date there has been no nocturnal polysomnography provided for neither review nor diagnosis of obstructive sleep apnea resulting from study of a nocturnal polysomnography. There is no history of attempts at using a continuous positive airway pressure device.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Obstructive Airway Oral Appliance:** 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 CHAPTER, Online Edition

**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.

**Decision rationale:** The documentation provided does not support the utilization of an obstructive airway oral appliance. To date there has been no nocturnal polysomnography provided for neither review nor diagnosis of obstructive sleep apnea resulting from study of a nocturnal polysomnography. There is no history of attempts at using a continuous positive airway pressure device.

**Musculoskeletal Trigeminal Oral Appliance:** 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 Chapter, Online Edition.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation De Rossi SS, Stern I, Sollecito TP. Disorders of the masticatory muscles. Dent Clin North Am 2013;57:449-464

**Decision rationale:** Based upon the clinical findings of chipping of the teeth, occlusal wear facets, crepitus, and the subjective myofascial pain findings by the patient a device designed to mitigate the effects of bruxism is indicated and is medically necessary.