

Case Number:	CM13-0038160		
Date Assigned:	12/18/2013	Date of Injury:	10/24/2007
Decision Date:	05/15/2014	UR Denial Date:	10/17/2013
Priority:	Standard	Application Received:	10/25/2013

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 Internal 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 claimant is a 36 year old female who was sustained an industrial injury on 10/24/2007. While a passenger in a car working as a Deputy Sheriff she sustained fractures to the ribs and injures to the neck, low back, and left shoulder. As a consequence to the pain from the orthopedic injuries she developed bruxism with multiple tooth fractures and residual headaches and facial pain. The claimant continues to complain of bruxism and dental pain. The treating provider has requested EMG bilaterally, ultrasonic Doppler analysis, diagnostic temperature gradient study, pulmonary stress test, diagnostic salivary study, diagnostic amylase analysis, diagnostic dental photos, and an airway obstruction oral appliance.

IMR ISSUES, DECISIONS AND RATIONALES

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

EMG BILATERALLY: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), CA MTUS, National Institute of Health, Wheelless'Textbook of Orthopaedics, The Regence Group Dental Policy, Godman

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Medscape Internal Medicine 2012: Indications For Emg Testing

Decision rationale: Electrodiagnostic testing encompasses a range of specialized tests, including nerve conduction studies (NCS) and needle electromyography (EMG), that are used to evaluate the conduction of electrical impulses down peripheral nerves. These tests should be considered and performed only after a careful history and physical examination, which are sometimes sufficient to establish a diagnosis of neuromuscular dysfunction without further testing. However, in some cases, the subtlety of sensory or motor deficits necessitates further workup for a conclusive diagnosis. Medical necessity for the requested item was established. The requested item was medically necessary.

ULTRASONIC DOPPLER ANALYSIS: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), CA MTUS, National Institute of Health, Wheelless'Textbook of Orthopaedics, The Regence Group Dental Policy, Godman

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Medscape Internal Medicine 2013- Ultrasound In Dentistry

Decision rationale: There was no specific documentation for the requested ultrasonic Doppler analysis. Tooth discoloration after a traumatic injury was corrected when the ultrasound Doppler produced a typical pulsated image, which represents normal vital pulp. Ultrasound Doppler might be an effective tool to evaluate tooth vitality when the cold test and EPT do not give proper information, especially after a traumatic injury. However, the use of ultrasound Doppler requires further research on the potential for false positive and negative responses to increase its clinical reliability. Medical necessity for the requested item was not established. The requested item was not medically necessary.

DIAGNOSTIC TEMP GRADIENT STUDY: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), CA MTUS, National Institute of Health, Wheelless'Textbook of Orthopaedics, The Regence Group Dental Policy, Godman

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation MEDSCAPE INTERNAL MEDICINE 2103: TEMPERATURE GRADIENT STUDIES

Decision rationale: The American Medical Association, the American College of Radiology, and the American College of Neurology have issued policy statements that specifically do not endorse or recommend thermography and temperature gradient studies as diagnostic techniques. Medical necessity for the requested item was not established. The requested item was not medically necessary.

PULMONARY STRESS TEST: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), CA MTUS, National Institute of Health, Wheelless'Textbook of Orthopaedics, The Regence Group Dental Policy, Godman

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation MEDSCAPE INTERNAL MEDICINE 2013: PULMONARY STRESS TESTING

Decision rationale: Pulmonary stress testing is used to detect an abnormality causing unexplained shortness of breath or inability to exercise. In particular, to determine whether the shortness of breath and inability to exercise is due to a heart or lung problem. To identify the cause of shortness of breath not revealed by pulmonary function tests, electrocardiogram or other procedures and to detect lung disease that is apparent only during exercise. The claimant could have undergone pulse oximetry to document any periodic hypoxia characteristic of sleep-disordered breathing. Medical necessity for the requested item was not established. The requested item was not medically necessary.

DIAGNOSTIC SALIVARY STUDY: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), CA MTUS, National Institute of Health, Wheelless'Textbook of Orthopaedics, The Regence Group Dental Policy, Godman

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Medscape Internal Medicine 2013: Salivary Study

Decision rationale: Salivary study evaluation assumes that certain diagnostic uses of saliva hold considerable promise. Monitoring of the immune responses to viral infections, including hepatitis and HIV, may prove valuable in the identification of infected individuals, non-symptomatic carriers, and immune individuals. Saliva can also be useful in the monitoring of therapeutic drug levels and the detection of illicit drug use. Further, analysis of saliva may provide valuable information regarding certain endocrine disorders. Normal salivary gland function is usually required for the detection of salivary molecules with diagnostic value. Salivary composition can be influenced by the method of collection and the degree of stimulation of salivary flow. Changes in salivary flow rate may affect the concentration of salivary markers and also their availability due to changes in salivary pH. Variability in salivary flow rate is expected between individuals and in the same individual under various conditions. The test is not used in routine evaluations. Medical necessity for the requested item has not been established. The requested item is not medically necessary.

DIAGNOSTIC AMYLASE ANALYSIS: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), CA MTUS, National Institute of Health, Wheelless'Textbook of Orthopaedics, The Regence Group Dental Policy, Godman

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Medscape Internal Medicine 2013: Amylase Analysis

Decision rationale: There was no clinical indication for a diagnostic amylase analysis. The claimant has known dental and jaw abnormalities. Medical necessity for the requested item was not established. the requested item was not medically necessary.

DENTAL DIAGNOSTIC PHOTOS: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), CA MTUS, National Institute of Health, Wheelless'Textbook of Orthopaedics, The Regence Group Dental Policy, Godman

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Medscape Internal Medicine 2012- Dental Evaluations

Decision rationale: The guidelines suggest that panoramic radiographs are useful in particular situations such as the: - Assessment of growth and development of children and adolescents to view the mixed dentition or evaluate third molars. - Adult dentate or partially edentulous survey option; a panoramic and bitewings or selected periapicals and bitewings. - Examination of the edentulous patient. - Examination of the facial bones after trauma. - Evaluation of large bony lesions. The requested items were medically necessary and indicated.

AIRWAY OBSTRUCTION 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 (ODG),), CA MTUS, National Institute of Health, Wheelless'Textbook of Orthopaedics, The Regence Group Dental Policy, Godman

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Medscape Internal Medicine 2012: Airway Obstruction Oral Appliance

Decision rationale: Oral appliances are indicated for the treatment of obstructive sleep apnea. The claimant has not been formally tested for sleep apnea. The documentation indicates that while undergoing diagnostic dynamic testing during stimulated snoring, she demonstrated a high degree of dorsalization of the tongue base and pharyngeal collapse at the tongue base level. A

TMJ splint should minimize the effects of bruxism. Medical necessity for the requested treatment was not established. the requested treatment is not medically necessary.