

<b>Case Number:</b>	CM13-0038467		
<b>Date Assigned:</b>	12/18/2013	<b>Date of Injury:</b>	11/07/2009
<b>Decision Date:</b>	03/05/2014	<b>UR Denial Date:</b>	10/09/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/25/2013

### HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a expert reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The expert reviewer is Licensed Dentistry and is licensed to practice in Texas. 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 is a 36-year-old male who reported an injury on 11/07/2009. The patient was seen by [REDACTED] on 05/27/2013 for a dentist consultation and permanent and stationary discharge report. It is noted that the patient has been utilizing an obstructive airway oral appliance for industrially related nocturnal obstruction of the airway. The patient current reports pain in the left facial area. It is noted that the patient demonstrates capsulitis in the left temporomandibular joint. An ultrasonic Doppler analysis verified and confirmed crepitus of the right and left temporomandibular joints upon translational and lateral movements. There were palpable trigger points and taunt bands in the facial musculature. The patient also presents with trigeminal neuropathic components to the facial pain. The patient experiences speech dysfunction and finds it difficult to chew or masticate hard foods. The patient is diagnosed with bruxism and xerostomia condition. The patient was instructed to wear an orthotic appliance and an obstructive airway oral appliance. Future dental treatment including restoration was recommended.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Unknown dental treatment as needed:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation The Claims Administrator based its decision on Epstein LJ, Kristo D, Strollo PJ Jr, Friedman N, Malhotra A, Patil SP, Ramar K, Rogers R,

Schwab RJ, Weaver EM, Weinstein MD, Adult Obstructive Sleep Apnea Task Force of the American Academy of Sleep Medicine. Clinica

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Head Chapter, Dental Trauma Treatment.

**Decision rationale:** Official Disability Guidelines state dental trauma treatment is recommended. Official Disability Guidelines further state, The International Association of Dental Traumatology has developed guidelines for the evaluation and management of traumatic dental injuries. Proceeding with unknown dental treatment on an as needed basis is not clinically necessary. Although future dental treatment was recommended, there is a lack of guideline recommendations to support the current request. A comprehensive examination with dental x-rays were not provided for review. The current prescription for unknown dental treatment cannot be determined as medically appropriate. As such, the request is non-certified

**One (1) 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 Aetna Clinical Policy Bulletin: Number: 0688.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Gale DJ, Sawyer RH, Woodcock A, Stone P, Thompson R, O'Brien K. US National Library of Medicine National Institutes of Health. Do oral appliances enlarge the airway in patients with obstructive sleep apnoea? A prospective computerized tomographic study. Eur J Orth

**Decision rationale:** According to a study performed by the U. S. National Library of Medicine, National Institutes of Health, oral appliances may be an effective therapy for obstructive sleep apnea. However, there is a wide unpredictable individual variation of response and a small number of patients may worsen in their condition. The provider indicates that the patient has continuously utilized an obstructive airway oral appliance. It is stated that the appliance will be required to be replaced as needed throughout the patient's lifetime and on an as needed basis. However, the medical rationale for an additional appliance at this time was not provided. There is also no indication of this patient's unresponsiveness to CPAP treatment or weight loss treatment for obstructive sleep apnea. Based on the clinical information received, the request is non-certified.

**One (1) orthotic appliance:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** The Expert Reviewer did not cite any medical evidence for its decision.

**Decision rationale:** According to a study performed by the U. S. National Library of Medicine, National Institutes of Health, the clinician is encouraged to evaluate fully each particular patient case in an effort to develop a differential diagnosis that leads to an effective management plan before commencing any intraoral orthotic therapy. The provider indicates that the patient was instructed to wear an orthotic appliance indefinitely due to myofascial pain. However, there is no evidence of a failure to respond to previous treatment including range of motion exercises. A comprehensive dental examination with radiographs was not provided for review. The medical necessity for the requested appliance has not been established. Therefore, the request is non-certified.

**One (1) musculoskeletal trigeminal oral appliance: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Aetna Clinical Policy Bulletin: Number: 0688.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Attanasio R. US National Library of Medicine National Institutes of Health. Intraoral orthotic therapy. Dent Clin North Am. 1997 Apr; 41.

**Decision rationale:** According to the Aetna Clinical Policy Bulletin for Intraoral Appliances, further studies are needed to determine the effects of splinting on the treatment of headaches, migraines, as well as possible long-term side effects. As trigeminal appliances are considered experimental and investigational for treatment of headache and trigeminal neuralgia, the current request cannot be determined as medical appropriate. The medical necessity for the requested appliance has not been established. Therefore, the request is non-certified.

**One (1) scaling/surgical debridement 4 quadrants: 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 Farman M, Joshi RI. US National Library of Medicine National Institutes of Health. Full-mouth treatment versus quadrant root surface debridement in the treatment of chronic periodontitis: a systematic review. Br Dent J. 2008 Nov 8.

**Decision rationale:** Official Disability Guidelines state dental trauma treatment is recommended. Official Disability Guidelines further state, The International Association of Dental Traumatology has developed guidelines for the evaluation and management of traumatic dental injuries. According to a study performed by the U. S. National Library of Medicine, National Institutes of Health, further studies are required to reach conclusions regarding the advantages of full mouth disinfection approach. Nonsurgical periodontal therapy has been proven to be an effective treatment for patients with chronic periodontitis. Proceeding with scaling/surgical debridement 4 quadrants cannot be determined as medically necessary. The provider indicates that the patient has industrially aggravated periodontal disease and gingival inflammation that would require periodontal treatments every 3 months. It is unclear from

available documentation whether the patient has poor compliance. A comprehensive examination with dental x-rays were not provided for review. The patient has reached a plateau state and has no difficulty in self care including personal hygiene, brushing, and flossing teeth. The medical necessity for the requested procedure has not been established. Therefore, the request is non-certified.

**One (1) temperature gradient studies: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Zakrzewska-Pniewska B, Nojszewska M, Przybylowski T, Byskiniewicz K. Clinical versus electrophysiological assessment of dysautonomia in obstructive sleep apnea syndrome. J Clin Neurophysiol. 2004- Nov-Dec; 21(6):435-9.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Aetna Clinical Policy Bulletin: Thermography. Last Review: 03/08/2013.

**Decision rationale:** According to the Aetna Clinical Policy Bulletin for Thermography, thermography is experimental and investigational because available medical literature indicates thermography to be an ineffective diagnostic technique. The patient has previously undergone temperature gradient studies in 05/2013 to compare temperature readings from 1 side of the facial musculature to the other. There is no sufficient evidence to support its use. Therefore, the current request cannot be determined as medically appropriate. As such, the request is non-certified.