

Case Number:	CM13-0048078		
Date Assigned:	12/27/2013	Date of Injury:	10/05/2000
Decision Date:	02/18/2014	UR Denial Date:	10/18/2013
Priority:	Standard	Application Received:	11/04/2013

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 Occupational Medicine 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 applicant is a represented [REDACTED] employee who has filed a claim for chronic pain syndrome, chronic low back pain, chronic knee pain, chronic hip pain, and dental caries reportedly associated with an industrial injury of October 5, 2000. Thus far, the applicant has been treated with the following: Analgesic medications; a total hip arthroplasty; total knee replacement; attorney representation; transfer of care to and from various providers in various specialties; topical patches; psychotropic medications; and extensive periods of time off of work. In a Utilization Review Report of October 18, 2013, the claims administrator denied a request for treatment of deteriorated and decayed teeth, obstructive oral appliance; and a trigeminal oral appliance. The applicant's attorney subsequently appealed. The claims administrator apparently based his denial on lack of supporting documentation, specifically lack of supporting dental x-rays. An earlier medical legal evaluation performed by a dentist on February 13, 2013, is notable for comments that the applicant underwent full month x-rays and analysis of temporomandibular joints on that date. The applicant has a long history of knee, hip, and low back problems. She is using a wheelchair and walker to move about following total hip and total knee replacement surgeries. She is anxious and depressed. She has issues with teeth decay over the years. She is using opioids on a long-term basis for pain control issues. She is off of work. It is stated that x-rays demonstrate loss of several teeth, chipped teeth, gingival decay, normal TMJ anatomy, and issues with bruxism and poor bite. It is stated that the applicant is in need of dental treatment including surgical removal of all remaining teeth and roots, coupled with root canals, crowns, and other restorative dentistry. It is incidentally noted that the applicant has a history of cocaine abuse, alcohol abuse, and opioid dependence. A January 7, 2013 progress note states that the applicant does not carry a formal diagnosis of sleep apnea. A later dental progress note of September 25, 2013, is handwritten, not entirely legible, very difficult to follow, and employs

preprinted checkboxes as opposed to furnishing any narrative history. It is stated that the applicant has diagnosis of industrially decayed teeth, needs an obstructive airway oral appliance to treat obstructions of the airway, and is having issues with bruxism and myofascial pain of the facial musculature.

IMR ISSUES, DECISIONS AND RATIONALES

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

Immediate emergency medical treatment of an obstructive airway oral appliance to be replaced or relines as needed and/or due to it being lost: 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 <http://www.ncbi.nlm.nih.gov/pubmed/14713187> Swed Dent J Suppl. 2003 ;(163):1-49.

Decision rationale: The MTUS does not address the topic. While the review article on Mandibular Protruding Devices in treatment of obstructive sleep apnea does suggest that these mandibular protruding devices do substantially reduce complaints of sleep disturbance in those patients with confirmed obstructive sleep apnea, in this case, however, the documentation on file does not conclusively establish a diagnosis of obstructive sleep apnea. There is no evidence of a positive polysomnogram suggestive of establishing the diagnosis of obstructive sleep apnea. The documentation on file is sparse, handwritten, and not entirely legible. One of the progress notes provided explicitly states that the applicant does not carry a diagnosis of obstructive sleep apnea. Therefore, the request for an obstructive airway oral appliance to treat obstructive sleep apnea is not indicated and not certified.

Immediate emergency medical treatment of a musculoskeletal trigeminal oral appliance to be replaced as needed and/or due to it being lost: 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 ORAL MEDICINE Editor: Craig S. Miller, Oral appliances in the management of temporomandibular disorders Gary D. Klasser, DMD, a and Charles S. Greene, DDS, b Chicago, Illinois COLLEGE OF DENTISTRY, UNIVERSITY OF ILLINOIS.

Decision rationale: Again, the MTUS does not address the topic. As noted in the 2009 review article on Oral Appliances in the Management of Temporomandibular Disorders, there is no question that oral appliance can provide protection against excessive attrition of patients teeth in those individuals who have issues with bruxism and/or nighttime grinding. In this case, both the treating provider and agreed medical evaluator have seemingly suggested that the applicant has

ongoing issues with nighttime bruxism and temporomandibular joint disorder. An oral appliance to treat the same is indicated and appropriate, as suggested in the Oral Appliances review article referenced below. Therefore, the original utilization review decision is overturned. The request is certified, although it is incidentally noted that this is not, by any means, an emergent request.

Treat teeth as per the AME in dentistry [REDACTED] report to include deteriorated/decayed teeth require restoration, and/or root canals, and/or crowns, and/or surgical extractions; and/or implants with restorations on top of the implants to be determined by a restorative dentist: 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 HealthPartners Dental Group guideline for diagnosing and treating endodontic emergencies. Minneapolis (MN): HealthPartners; 2009 Sep 1. 11 p. [13 references].

Decision rationale: The MTUS does not address the topic. As noted in the Health Partners Dental Group Guidelines for treating and diagnosing endodontic conditions, evaluation of the status of the teeth in question includes a complete medical and dental history, patient's description of chief complaints, visual and radiographic examination, percussion test, periodontics examination, and/or radiographs of the teeth in question for more than one angle. In this case, the attending provider has not performed any of the aforementioned precursor testing. There is no evidence that x-ray were performed. There is no evidence that the claimant's dentist took complete medical and/or dental history. There is no clear visual and/or radiographic descriptions, of which teeth are decayed, require crowns, require root canals, require restoration, etc. Therefore, the request for treatment including restoration of deteriorated and decayed teeth, and/or crowns, and/or roots canals, and/or extractions, and/or implants with restorations is not certified on the grounds that the request is too vague, does not detail or describe which teeth will be serviced and which treatments are going to be performed, as well as on the grounds that the attending provider did not take a complete medical or dental history and/or describe the specific teeth he intends to perform specific interventions upon.