

Case Number:	CM13-0051014		
Date Assigned:	12/27/2013	Date of Injury:	10/24/2007
Decision Date:	05/22/2014	UR Denial Date:	09/25/2013
Priority:	Standard	Application Received:	10/01/2013

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 Otolaryngologist 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 female who presented with a dental issue. Clinical note dated 12/28/11 indicated the patient complaining of clenching/grinding her teeth along with bracing her facial muscles in response to orthopedic pains. The patient also utilized SSRI medications which has known side effect of bruxism. The patient complained of temporal mandibular joint symptomology, headaches, bruxism, and side effects of medications. The patient stated that on 10/24/07 she was riding in the passenger seat of a vehicle when the vehicle lost control when the driver lost control of the vehicle and the vehicle flipped over. The patient was the patient sustained multiple fractures of her ribs and injuries to her left shoulder, neck, and low back. The patient reported development of emotional stressors including bracing her facial muscle or muscles in response to the orthopedic related pain. The patient also reported her sleep being affected by the pain. The patient was diagnosed with myofascial pain of the facial and upper quadrant and cervical musculature. Palpation of the musculature evoked subjective tenderness and palpable trigger points. Clinical note dated 09/13/13 indicated the patient continuing with facial and oral pain. The patient stated that she was continuing with clenching her teeth and bracing her facial musculature. The patient stated she was experiencing intermittent facial pain on the left. Additional symptoms included bleeding gums and sleep disturbance. The patient continued to complain of airway obstruction particularly during sleep. The treating provider has requested retrospective fabrication of obstructive airway oral appliance.

IMR ISSUES, DECISIONS AND RATIONALES

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

RETROSPECTIVE FABRICATION OF 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 Citation: J Clin Sleep Med, 2007 April 15; 3(3): 263-264.

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: 1.) Steve Carstensen, Dds. Medscape Medical News. Nightguards May Not Be Best For Bruxism 2.) F. Lobbezoo, J. Ahlberg, A. G. Glaros, T. Kato, K. Koyano, G. J. Lavigne, R. De Leeuw,.

Decision rationale: The request for retrospective fabrication of obstructive airway oral appliance is non-certified. Clinical documentation indicates the patient complaining of bruxism and tightening of the facial muscles. Fabricated oral appliance would be reasonable provided that the patient meets specific criteria, including completion of all reasonable conservative treatment. The request is related to the patient complaining of difficulty with sleeping however, no sleep studies have been submitted for review. Additionally, it is unclear if the patient is undergoing pharmacological interventions addressing ongoing symptoms. Furthermore, it is unclear if the patient has undergone psychological evaluation addressing the ongoing stressors. Given this, the request is not medically necessary.