

Case Number:	CM13-0062399		
Date Assigned:	12/30/2013	Date of Injury:	11/01/2004
Decision Date:	05/27/2014	UR Denial Date:	11/19/2013
Priority:	Standard	Application Received:	12/06/2013

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 licensed in Dentistry 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 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:

As described by [REDACTED] in his report dated 10/28/13, the patient is 51 year old male who is not currently working. On 11/01/2004, the patient reports that he was employed by [REDACTED] and a box fell on him when he was stocking shelves. This caused him to twist his back and ripped a disc. As a result of this work related injury, the patient had surgery in 2007, and has ever since experienced neck and back pain. After a second surgery, the patient began having pain in his face and jaw. The patient sustained a herniated disc in his back and neck causing chronic pain. In response to his chronic pain, he has developed a constant habit of grinding his teeth and clenching his jaw. As a result of the grinding and clenching, the patient has fractured several of his natural teeth.

IMR ISSUES, DECISIONS AND RATIONALES

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

AN OLMOS NIGHT APPLIANCE: Overturned

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 a study found on Medscape, Bruxism Management . Author: Jeff Burgess, DDS, MSD; Chief Editor: Arlen D Meyers, MD, MBA.

Decision rationale: Appliance therapy has been extensively studied from 1966 to the present day, and several extensive reviews have been published in the last 10 years. Occlusal splints are generally appreciated to prevent tooth wear and injury and perhaps reduce night time clenching or grinding behavior rather than altering a causative malocclusion. In addition, they are unlikely to significantly reduce nocturnal behavior. The type of appliance that has been studied and suggested as helpful in managing the consequences of nocturnal bruxism is the flat-planed stabilization splint, also called an occlusal bite guard, bruxism appliance, bite plate, and night guard. This appliance can vary in appearance and properties. It may be laboratory processed or constructed in the dental office and be fabricated from hard or soft material. The typical appliance covers either all of the maxillary or mandibular teeth. The appliance serves to protect the dentition. Therefore, it is recommended that a night appliance is medically necessary for this patient. Any type of occlusal bite guard, whether soft or hard, or mandibular or maxillary, will effectively protect this patient's dentition from further damage due to bruxism and is medically indicated.