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| <b>Case Number:</b>   | CM13-0065025 |                              |            |
| <b>Date Assigned:</b> | 01/03/2014   | <b>Date of Injury:</b>       | 06/13/1994 |
| <b>Decision Date:</b> | 08/01/2014   | <b>UR Denial Date:</b>       | 11/25/2013 |
| <b>Priority:</b>      | Standard     | <b>Application Received:</b> | 12/12/2013 |

### 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 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:

The reviewed documents reveal that this is a 53 year old female with an industrial date of injury on 6/13/1997 which has resulted in a chronic habit of teeth grinding/jaw clenching (bruxism) as a response to her chronic orthopedic pain and psychological difficulties. The AME DDS report dated 06/24/2009 also states that she has experienced a deterioration of her dentition and periodontium that has certainly been aggravated by her work injury. She also displays dry mouth/xerostomia from the side effect of industrial medications that have been prescribed for her. The AME DDS recommends repair of several teeth. And once the restorative dental treatment has been completed, patient should be provided with a fitted intraoral orthotic/occlusal guard to counteract the bruxism. And finally, she should be provided with regular dental cleanings and examination with use of fluoride to maintain dental health as long as she displays the xerostomia side effects of industrial medications. The treating dentist is requesting Tens unit and deep scaling/root planning on 11/15/2013. Which UR Dentist has not certified due to no support for the use of the Tens unit to manage pain and findings did not reveal any documentation for the need for periodontal treatment with findings of bone loss, inflammation, deep periodontal probings, heavy plaque or tartar, etc.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**TENS UNIT:** 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 Other Medical Treatment Guideline or Medical Evidence: Medscape reference: Temporomandibular Disorders Treatment & Management. Author: Charles F Guardia III, MD; Chief Editor: Robert A Egan, MD.

**Decision rationale:** Per Medscape reference provided above, Transcutaneous electronic nerve stimulation: Electronic stimulation of superficial nerve fiber overrides the pain input from mastication muscles and TMJ, causing release of endogenous endorphins. In some patients it provides longer duration of pain relief than the time during which the stimulation is actually applied. Therefore, TENS unit is medically necessary at this time.

**DEEP SCALING/ROOT PLANING:** 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 Other Medical Treatment Guideline or Medical Evidence: Comprehensive periodontal therapy: a statement by the American Academy of Periodontology. J Periodontol 2011 Jul; 82(7):943-9. [133 references].

**Decision rationale:** Per reference provided above, patients with any level of periodontal disease should receive the following treatment: "Treatment Procedures: When indicated, treatment should include: 1. Patient education, training in oral hygiene, and counseling on control of risk factors (e.g., stress, medical status, smoking, etc.) with appropriate referral if needed 2. Management of periodontal-systemic interrelationships, when appropriate 3. Removal of supra- and subgingival bacterial plaque/biofilm and calculus by comprehensive, meticulous periodontal scaling and root planing. In some instances, these procedures may be incorporated into the surgical treatment." And since this patient has been found to have deterioration of her periodontium by [REDACTED], the decision for Scaling and Root Planing is Medically necessary.