

<b>Case Number:</b>	CM14-0005331		
<b>Date Assigned:</b>	01/24/2014	<b>Date of Injury:</b>	10/14/2008
<b>Decision Date:</b>	07/08/2014	<b>UR Denial Date:</b>	12/17/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/15/2014

### 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:

According to [REDACTED] D.M.D. report dated October 29, 2013, the patient is a 52 year old male who had an industrial injury on October 14, 2008. The patient fell and injured his lower back and neck. The patient was taking medications for his injury, that have side effects of causing nighttime airway disturbances. Respiratory studies on this patient have shown that he had episodes of major obstruction of airflow occurring nocturnally. As a result, the patient was referred to [REDACTED] by his primary treating physician for treatment with and Obstructive Airway Oral Appliance. Also the patient has been diagnosed with Temporo-Mandibular Joint disturbances and pain, myofascial pain, periodontal disease and xerostomia, and bruxism. The treating physician is requesting a dental consultation and follow-up for this patient.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**DENTAL CONSULT AND FOLLOW-UP:** Overturned

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM guidelines, page 127 and ODG TWC 2010, (Acute and Chronic), Office Visits.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM Practice Guidelines, Chapter 7: Independent Medical Examinations and Consultations, page 127.

**Decision rationale:** According to ACOEM guidelines page 127, "the occupational health practitioner may refer to other specialists if a diagnosis is uncertain or extremely complex, when psychosocial facts are present, or when the plan or course of care may benefit from additional expertise. The dental consultation and follow up is medically necessary to complete [REDACTED] treatment recommendations that were previously authorized.