

<b>Case Number:</b>	CM14-0106323		
<b>Date Assigned:</b>	09/16/2014	<b>Date of Injury:</b>	06/24/2012
<b>Decision Date:</b>	10/23/2014	<b>UR Denial Date:</b>	06/19/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/09/2014

### 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 Physical Medicine and Rehabilitation 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 records, presented for review, indicate that this 61-year-old female was reportedly injured on June 24, 2012. The mechanism of injury was noted as a slip and fall type event. The most recent progress note, dated September 9, 2014, indicated that there were ongoing complaints of headaches. There have been two episodes of headache in the recent past. The physical examination demonstrated a reported 60% improvement, but there was no objective data to support this determination. Diagnostic imaging studies were not reported. Previous treatment included multiple medications, dental care, chiropractic care, and pain management interventions. A request had been made for an oral appliance to address TMJ syndrome and was not certified in the pre-authorization process on September 2014.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Musculoskeletal Trigeminal device-one specifically for Nighttime (orthopedic appliance):**  
Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation  
<http://www.ncbi.nlm.nih.gov/pubmed/22855899J> AM Dent Assoc. 2012 Aug; 143(8); 847-57

**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: Dentistry Volume 2011 (2011), Comparison of Titratable Oral Appliance and Mandibular Advancement Splint in the Treatment of Patients with Obstructive Sleep Apnea  
Emel Sari<sup>1</sup> and Steven Menillo<sup>2</sup> <sup>1</sup>Kasimpasa Military Hospital, Istanbul, Turkey

**Decision rationale:** As outlined in the citation noted above, there is some support for these devices in terms of ameliorating the symptomatology of sleep apnea. However, the progress noted presented for review do not indicate that this diagnosis is present in this compensable event. Therefore, when noting that the MTUS, ACOEM and ODG do not address and that the literature search was less than rife with citations, there is insufficient clinical evidence to support the medical necessity for such a device. Such as, Musculoskeletal Trigeminal device-one specifically for Nighttime (orthopedic appliance) is not medically necessary.