MAXIMUS Federal Services

Case Number:	CM14-0014341		
Date Assigned:	02/26/2014	Date of Injury:	06/16/2003
Decision Date:	08/08/2014	UR Denial Date:	01/30/2014
Priority:	Standard	Application Received:	02/04/2014

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 Licensed is 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:

Patient is a 50-year-old male who has submitted a claim for dental caries, Bruxism / clenching and grinding of the teeth and bracing of the facial muscles, TMJ osteoarthrosis, gingival inflammation, psychophysiological malfunction, periapical abscess with sinus, sleep-related hypoventilation / hypoxemia, trigeminal neuralgia, and unspecified myalgia and myositis associated with an industrial injury date of 06/16/2003.Medical records from 2013 were reviewed. Patient complained of dental injuries such as dry mouth, loose teeth, grinding and clenching, gum / teeth pain, food trapping, and limited ability to chew and swallow food. Patient's bridge on teeth #9 to 11 had broken off as a result of industrially-related pain and stress. Patient denied difficulty in brushing teeth, flossing teeth, speaking for prolonged periods of time, speaking, and indistinct articulation. He had severe difficulty with parasomnia of Bruxism in response to nocturnal airway obstruction. Physical examination showed crepitus noises palpated and auscultated at the right and left TMJ, verified by Ultrasonic Doppler Auscultation. There were palpable trigger points on the facial musculature. Maximal interincisal opening was 55 mm without pain. Overbite was 3 mm and overjet was 1 mm. There was Class I occlusion. There were teeth indentations / scalloping of the lateral borders of the tongue bilaterally. There was objectively disclosed bacterial biofilm deposits on the teeth and gum tissues. There was diagnostic autonomic nervous system testing documenting increased sympathetic activity correlating to obstructions of the airway that are occurring during sleep. EMG revealed elevated facial musculature activity with incoordination and aberrant function of the facial musculature. The temperature gradient studies revealed abnormal temperature readings comparing both sides of facial musculature. Diagnostic Autonomic Nervous System Testing was 64 to 72 beats. Diagnostic Amylase Analysis showed an increase in amounts of a-amylase enzyme present due to abnormal sympathetic activity. Diagnostic salivary flow and buffering tests showed dry

mouth, dry lips, dry tongue, no pooling of saliva in the mouth and a decrease in salivary flow, Ropey saliva, cloudy saliva, and bioelectric impedance analysis revealing hypohydrosis. X-rays of the teeth showed decay, and or abscess, and or fracture of the teeth. There was decay of teeth #3 and 31, abscessed teeth #7, 29, and 30; and fracture tooth #12. Treatment to date has included dental fillings, tooth extraction, and medications such as Flexeril, Prednisone, Soma, Vicodin, Percocet, Norco, Prilosec, Tramadol, Zanaflex, Amitriptyline, Trazodone, Cyclobenzaprine, and Wellbutrin. Utilization review from 01/30/2014 denied the request for decay of teeth due to xerostomia and or GERD requiring treatment because there were multiple procedures to treat dental carries and the request was nonspecific; denied traumatic injury to teeth due to Bruxism with resultant loss of bridge treatment and aggravated periodontal disease gum infections and inflammation for each of the 4 quadrants because there were no periodontal charting or radiographs provided for review; denied EMG bilaterally, ultrasonic doppler analysis, diag temp grad study pulmonary stress testing, pulse oximetry, neuromuscular alignment because it was not addressed by the guidelines; and denied immediate emergency medical treatment of obstructive airway oral appliance because polysomnography result was not disclosed; and denied treatment of abscessed teeth due to Bruxism because there was no evidence of abscessed teeth such as pulp testing and dental radiographs.

IMR ISSUES, DECISIONS AND RATIONALES

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

DECAY OF TEETH DUE TO XEROSTOMIA AND OR GERD REQUIRING TREATMENT: 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: Dental Cavities, PubMed Health, http://www.ncbi.nlm.nih.gov/pubmedhealth/PMH0002050/.

Decision rationale: The CA MTUS does not specifically address this topic. Per the Strength of Evidence hierarchy established by the California Department of Industrial Relations, Division of Workers Compensation, PubMed Health was used instead. It states that treatment of tooth decay may involve fillings, crowns, and root canals. Filling involves drilling and replacing tooth with a material such as silver alloy, gold, porcelain, or composite resin. Crowns are used if tooth decay is extensive and there is limited tooth structure. A root canal is recommended if the nerve in a tooth dies from decay or injury. In this case, x-rays of the teeth showed decay, and or abscess, and or fracture of the teeth. There was decay of teeth #3 and #31. The medical necessity of treatment for tooth decay has been established; however, the present request as submitted failed to specify the type of treatment. Guidelines recommend three diverse procedures for tooth decay. The request is incomplete; therefore, the request for decay of teeth due to xerostomia and OR GERD requiring treatment is not medically necessary.

TRAUMATIC INJURY TO TEETH DUE TO BRUXISM WITH RESULTANT LOSS OF BRIDGE TREATMENT: 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: Dental Health and Bridges, http://www.webmd.com/oral-health/guide/dental-health-bridges.

Decision rationale: The CA MTUS does not specifically address this topic. Per the Strength of Evidence hierarchy established by the California Department of Industrial Relations, Division of Workers Compensation, an online article was used instead. A dental bridge is made up of two or more crowns for the teeth on either side of the gap. Dental bridges are supported by natural teeth or implants. Three main types of dental bridges are: traditional bridges, cantilever bridges, and Maryland bonded bridges. Traditional bridges are made of porcelain fused to metal or ceramics. Cantilever bridges are used when there are adjacent teeth on only one side of the missing tooth. Maryland bonded bridges / resin-bonded bridge are made of porcelain or plastic teeth and gums supported by metal or porcelain framework. In this case, patient's bridge on teeth #9 to #11 had broken off as a result of industrially-related pain and stress. The medical necessity of treatment for loss of bridge has been established; however, the present request as submitted failed to specify the type of treatment. Guidelines recommend three diverse procedures for dental bridge. The request is incomplete; therefore, the request for traumatic injury to teeth due to Bruxism with resultant loss of bridge treatment is not medically necessary.

TREATMENT OF AGGREVATED PERIODONTAL DISEASE GUM INFECTIONS AND INFLAMMATION FOR EACH OF THE 4 QUADRANTS: 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: Periodontal (Gum) Disease, http://www.nidcr.nih.gov/OralHealth/Topics/GumDiseases/PeriodontalGumDisease.htm#howIs.

Decision rationale: The CA MTUS does not specifically address this topic. Per the Strength of Evidence hierarchy established by the California Department of Industrial Relations, Division of Workers Compensation, an online article was used instead. Gingivitis is manifested by erythema, swelling, and bleeding of the gums. When gingivitis is not treated, it can advance to periodontitis in which gums pull away from the teeth and create pockets leading to infection. The main goal of treatment is to control the infection. The number and types of treatment will vary, depending on the extent of infection. It may include deep cleaning (scaling and root planing), medications, and surgery. In this case, patient complained of food trapping. There was objectively disclosed bacterial biofilm deposits on the teeth and gum tissues. There was decay of

teeth #3 and #31, and abscessed teeth #7, 29, and 30. The medical necessity of treatment for periodontal gum disease has been established; however, the present request as submitted failed to specify the type of treatment. Guidelines recommend three diverse procedures for control of infection. The request is incomplete; therefore, the request for treatment of aggravated periodontal disease gum infections and inflammation for each of the 4 quadrants is not medically necessary.

EMG BILATERALLY, ULTRASONIC DUPPLER ANALYSIS, DIAG TEMP GRAD STUDY PULMONARY STRESS TESTING, PULSE OXIMETRY, NEUROMUSCULAR ALIGNMENT: 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: An EMG Study on TMJ Disorders, Bull Group Int Rech Sci Stomatol Odontol. 2002 Jan-Apr;44(1):14-8, http://www.ncbi.nlm.nih.gov/pubmed/12201008 Other Medical Treatment Guideline or Medical Evidence: Duplex Doppler Ultrasound Study of the Temporomandibular Joint, J Ultrasound. Jun 2012; 15(2): 111-114, http://www.ncbi.nlm.nih.gov/pmc/articles/PMC3558074/Other Medical Treatment Guideline or Medical Evidence: Thermographic Assessment of Craniomandibular Disorders: Diagnostic Interpretation Versus Temperature Measurement Analysis, J Orofac Pain. 1994 Summer;8(3):278-88, http://www.ncbi.nlm.nih.gov/pubmed/7812225.

Decision rationale: The CA MTUS does not specifically address this topic. Per the Strength of Evidence hierarchy established by the California Department of Industrial Relations, Division of Workers Compensation, online articles from PubMed were used instead. EMG tests have been shown to provide details on the complex symptoms reported by patients with TMJ syndrome. On the other hand, duplex Doppler ultrasound examination is widely used in the study of structures during movement, such as in TMJ disorders. In addition, electronic thermography is a diagnostic alternative for evaluation of TMJ disorders. In this case, medical records showed that patient already underwent the requested diagnostic procedures. Crepitus noises were verified by Ultrasonic Doppler Auscultation. Maximal interincisal opening was 55 mm without pain. Overbite was 3 mm and overjet was 1 mm. There was Class I occlusion. EMG revealed elevated facial musculature activity with incoordination and aberrant function of the facial musculature. The temperature gradient studies revealed abnormal temperature readings comparing both sides of facial musculature. There is no documented rationale for a repeat testing at this time. The medical necessity cannot be established due to insufficient information. Therefore, the request for EMG bilaterally, ultrasonic doppler analysis, DIAG temp grad study pulmonary stress testing, pulse oximetry, neuromuscular alignment is not medically necessary.

IMMEDIATE EMERGENCY MEDICAL TREATMENT OF OBSTRUCTIVE AIRWAY ORAL APPLIANCE: 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: Oral Appliance Treatment of Obstructive Sleep Apnea: An Update, Curr Opin Pulm Med. 2009;16(6):591-596, http://www.medscape.com/viewarticle/710387.

Decision rationale: The CA MTUS does not specifically address this topic. Per the Strength of Evidence hierarchy established by the California Department of Industrial Relations, Division of Workers Compensation, an online article was used instead. Oral appliances are an alternative to continuous positive airway pressure (CPAP) for the treatment of obstructive sleep apnea (OSA). Although CPAP is a highly efficacious treatment, there is a need for other treatment options because the clinical effectiveness of CPAP is often limited by poor patient acceptance and tolerance, and suboptimal compliance. In this case, patient has a known sleep-related hypoventilation / hypoxemia. There was diagnostic autonomic nervous system testing documenting increased sympathetic activity correlating to obstructions of the airway that are occurring during sleep. However, there was no discussion concerning the type of treatment planned for this medical problem. There was no emergency room report documenting the urgency of his condition. The medical necessity cannot be established due to insufficient information. The request is nonspecific; therefore, the request for immediate emergency medical treatment of obstructive airway oral appliance is not medically necessary.

TREATMENT OF ABSCESSED TEETH DUE TO BRUXISM: 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: Tooth Abscess, http://www.nlm.nih.gov/medlineplus/ency/article/001060.htm.

Decision rationale: The CA MTUS does not specifically address this topic. Per the Strength of Evidence hierarchy established by the California Department of Industrial Relations, Division of Workers Compensation, an online article was used instead. A tooth abscess is a complication of tooth decay. Treatment plan involves curing the infection, saving the tooth, and preventing complications. Antibiotics, warm salt-water rinses, pain relievers, root canal, tooth extraction, or surgery are some of the treatment options. In this case, there was objectively disclosed bacterial biofilm deposits on the teeth and gum tissues. There was decay of teeth #3 and #31, and abscessed teeth #7, 29, and 30. The medical necessity of treatment for abscess has been established; however, the present request as submitted failed to specify the type of treatment. Guidelines recommend diverse procedures for control of infection. The request is incomplete; therefore, the request for treatment of abscessed teeth due to Bruxism is not medically necessary.