

Case Number:	CM14-0131587		
Date Assigned:	08/20/2014	Date of Injury:	08/12/2004
Decision Date:	09/18/2014	UR Denial Date:	07/24/2014
Priority:	Standard	Application Received:	08/18/2014

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 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:

Records reviewed indicate that this is a 55 year old female who claims she developed problems with respect to her teeth and jaw as a result of injury sustained while employed at [REDACTED] between October of 1995 and August 2004. A utilization review by [REDACTED] report was dated 07/24/14 and states, "Patient sustained injury to her lower back as a result of cumulative trauma. Her low back and psychological effects were affected. Her cervical spine was denied as an involved body part. Her current diagnosis is status post L5-S1 bilateral transforaminallumbar interbody fusion. [REDACTED] 10/31/2011 report found that the injured workers dental problems were related to her claim and she advised her that she needs dental work. A dental evaluation by this provider on 12/16/09 suggested, Trigeminal oral appliance delivered -1/27, 5/11, 8/25 and 11/30/10: 4 quadrant scaling -3/24, 6/23 and 1218/11: 4 quadrant scaling on 10/31/11. Furthermore concluding, "Spoke with [REDACTED] about the case. We discussed the issue with the "aggravated periodontal problem". Both parties agreed that bruxism appliance would help the patient and the condition of treatment could be somewhat connected to the case. A modified approval of Musculoskeletal Trigeminal Oral Appliance was recommended. The treating dentist, [REDACTED] reports on 06/06/14 that the injured worker has "limited opening of-the mouth to 33 mm. According to State of California Disability Ratings, 38.1 mm is considered to be the minimum normal opening of the mouth. There were notes of palpable trigger points in the facial and shoulder musculature. An EMG revealed elevated facial musculature activity with incoordination and aberrant function of the facial musculature. The temperature gradient studies performed for this patient revealed abnormal temperature readings comparing one side of the facial musculature to the other side. Crepitus noises were palpated and auscultated in the right temporomandibular joint verified and confirmed by Ultrasonic DopplerAuscultation. Objective diagnostics concluded salivary flow and buffering tests

advocated by. The American Dental Association revealed definite qualitative-changes in the saliva as well as an acidic salivary environment. Bacterial biofilm deposits on the teeth were noted as well as around the gum tissues. Her teeth had indentations/scalloping of the lateral borders of the tongue-bilaterally. The Diagnostic Autonomic Nervous System Testing objectively documented that the patient has heart rate changes due to abnormal sympathetic/parasympathetic activity, which, correlates to nocturnal obstructions of the airway that exist." AME dentist [REDACTED] report dated 10/31/11 states: According to the notes, "Diagnosis: probable bruxism secondary to chronic pain and psychological factors; facial myositis secondary to bruxism; salivary changes secondary to medication; recurrent dental decay related to salivary changes. Based on the information provided to me, [REDACTED] presented with a condition known as Xerostomia, as well as her bruxism. These issues are reasonably related to the industrial orthopedic injury sustained during the course of employment at [REDACTED]. It is reasonable that this woman has developed increased dental decay due to the presence of medication induced xerostomia. It is my recommendation that the re-decayed bridge from teeth #20. through #22 be replaced with a new bridge. In addition, the loss of the upper left first molar, as well as the re-decay of the upper left second-bicuspid, would be appropriately addressed by placement of a three-unit fixed bridge extending from tooth #13 to tooth #15. In addition, I recommend that the patient-be provided with a properly fitted intraoral orthotic to counteract the destructiveeffects of bruxism. The patient presently is without such an appliance, and requires a new appliance at this time. Finally, the patient should be provided with supportive dentalexaminations and cleanings at three month intervals as long as bruxism is being manifested in response to industrial medications.

IMR ISSUES, DECISIONS AND RATIONALES

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

Musculoskeletal Trigeminal Oral Appliance, to be replaced as needed due to normal wear and tear and /or if lost: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG (Official Disability Guidelines)Dental trauma treatment (facial fractures).

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:Bruxism Management , Author: Jeff Burgess, DDS, MSD; Chief Editor: Arlen D Meyers, MD, MBA. Appliance Therapy" 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 reducing 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. No

determination has been made whether significant differences exist in terms of outcome between soft, hard, mandibular, or maxillary splints, but some clinicians feel that soft splints can increase clenching behavior in some patients. But even if no appreciable change occurs in nocturnal behavior consequent to splint therapy, the appliance serves to protect the dentition."

Decision rationale: Arlen D Meyers, MD, MBA. Appliance Therapy The Expert Reviewer's decision rationale:Based on the objective dental findings of AME dentist and medical reference mentioned above, this IMR reviewer finds the need for a Musculoskeletal Trigeminal Oral Appliance, to be replaced as needed due to normal wear and tear and /or if lost not medically necessary. Although an appliance may be necessary at this time due to normal wear and tear, and to control myofascial pain symptoms secondary to diagnosis of bruxism, any specific future need for further replacements would have to be first documented and justified medically. The request is not medically necessary.

Full mouth Periodontal scaling (4 quadrants) every 3 months: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG (Official Disability Guidelines)Dental trauma treatment (facial fractures).

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] Periodontal Evaluation A comprehensive assessment of a patient's current health status, history of disease, and risk characteristics is essential to determine the periodontal diagnosis and prognosis of the dentition and/or the suitability of dental implants. Patients should receive a comprehensive periodontal evaluation and their risk factors should be identified at least on an annual basis. Such an evaluation includes discussion with the patient regarding his/her chief complaint, medical and dental history review, clinical examination, and radiographic analysis. Microbiologic, genetic, biochemical, or other diagnostic tests may also be useful, on an individual basis, for assessing the periodontal status of selected individuals or sites. The following procedures should be included in a comprehensive periodontal evaluation: 1. Extra- and intraoral examination to detect nonperiodontal oral diseases or conditions 2. Examination of teeth and dental implants to evaluate the topography of the gingiva and related structures; to measure probing depths, the width of keratinized tissue, gingival recession, and attachment level; to evaluate the health of the subgingival area with measures such as bleeding on probing and suppuration; to assess clinical furcation status; and to detect endodontic-periodontal lesions 3. Assessment of the presence, degree, and/or distribution of plaque biofilm, calculus, and gingival inflammation 4. Dental examination including caries assessment, proximal contact relationships, the status of dental restorations and prosthetic appliances, and other tooth- or implant-related problems 5. An occlusal examination that includes, but may not be limited to, determining the degree of mobility of teeth and dental implants, occlusal patterns and discrepancy, and determination of fremitus 6. Interpretation of current and comprehensive diagnostic-quality radiographs to visualize each tooth and/or implant

in its entirety and assess the quality/quantity of bone and establish bone loss patterns⁷. Evaluation of potential periodontal-systemic interrelationships⁸. Assessment of the need for and suitability of dental implants⁹. Determination and assessment of patient risk factors such as age, diabetes, smoking, cardiovascular disease, and other systemic conditions associated with development and/or progression of periodontal disease. Establishing a Diagnosis, Prognosis, and Treatment Plan. Clinical findings together with a diagnosis and prognosis should be used to develop a logical plan of treatment to eliminate or alleviate the signs and symptoms of periodontal diseases, thereby arresting or slowing further disease progression. The treatment plan should be used to establish the methods and sequence of delivering appr.

Decision rationale: In recent report dated 06/06/14, under objective findings, there are no documentation of patient's current "Examination of teeth to evaluate the topography of the gingiva and related structures; to measure probing depths, the width of keratinized tissue, gingival recession, and attachment [REDACTED] evaluate the health of the subgingival area with measures such as bleeding on probing and suppuration; to assess clinical furcation status; and to detect endodontic-periodontal lesions " as recommended by the medical reference mentioned above. There was no documentation and/or clear rationale for "periodontal scaling every 3 months." Therefore the medical necessity for this request is not evident.