

Case Number:	CM14-0145901		
Date Assigned:	09/12/2014	Date of Injury:	09/05/1996
Decision Date:	12/02/2014	UR Denial Date:	08/19/2014
Priority:	Standard	Application Received:	09/08/2014

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. The expert reviewer is Board Certified in Internal Medicine, has a subspecialty in Allergy and Immunology and is licensed to practice in Florida. 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 injured worker is a 70-year-old female who reported an injury on 09/05/1986. The reviewed documents reveal that this is a patient with an industrial injury which has resulted in a chronic habit of teeth grinding/jaw clenching (bruxism) as a response to the chronic orthopedic pain and psychological difficulties. This patient also displays dry mouth/xerostomia from the side effect of industrial medications that have been prescribed for them. The diagnoses included lumbar disc disease, lumbar radiculopathy, lumbar facet syndrome, status post ilium open reduction/internal fixation. The previous treatments included medication, physical therapy, home exercise program, epidural steroid injections. Diagnostic testing included an MRI of the lumbar spine dated 02/15/2014. Within the clinical note dated 08/19/2014 it was reported the injured worker complained of lower back pain. She rated her pain 4/10 in severity. She described the pain as off and on. Within the clinical note dated 07/21/2014 it was reported, the injured worker received a bilateral L3-4 and L4-5 transforaminal epidural steroid injection. She reported having 90% relief with the injection. Upon the physical examination the provider noted there was moderate facet tenderness over the L3 and S1 spinous process; a positive straight leg raise in seated and supine position. The provider noted there was a positive Farfan test. The range of motion of the lumbar spine was noted to be flexion at 60 degrees, and extension at 5 degrees. The provider noted that there was decreased sensation in the bilateral L3, L4, and L5 and left S1 dermatome. Provider recommended the injured worker to continue home exercise and stretches. A request was submitted for nocturnal polysomnographic study. However, a rationale was not submitted for clinical review. Report of AME [REDACTED], dated March 1, 2005, reviewed by [REDACTED] on 07/25/14 reveal:- [REDACTED] also exhibits a significant side effect of dry mouth/xerostomia resulting from the industrial medications that have been prescribed. Treatment

for the xerostomia in the form of regular dental prophylaxis at three-month intervals would be considered industrial. Such treatment is necessary to protect the health of the dentition and periodontium. - Appropriate treatment to address the jaw muscle disorder includes fabrication of an intraoral orthotic or bite splint. This has been done by the attending dentist. Intraoral orthotic to counteract bruxism as needed as long as this activity continues. In addition, she should be provided with dental prophylaxis approximately every three months to guard against deleterious effects of xerostomia as long as that industrial condition continues. July 25, 2014 report of treating dentist [REDACTED] states: "X-rays taken in my office reveal the decay of teeth # 4 and 5 that require treatment on an industrial basis." Orthotic Treatment for Daytime Use, as per the AME, [REDACTED], in his report dated March 1, 2005. "The patient was instructed to wear an Orthotic Appliance indefinitely due to her facial myofascial pain and bruxism. This appliance will be required to be replaced as-needed throughout their lifetime on an industrial related basis. The patient was instructed that she is required to wear an Obstructive Airway Oral Appliance indefinitely due to their documented autonomic nervous system findings which correlate to occurrence of nocturnal obstructions of the airway. This unique appliance will be required to be replaced as-needed throughout their lifetime on an industrial related basis..."

Nocturnal Respiratory Studies: The patient requires to be referred for more detailed Polysomnographic Studies to be performed in order to determine exactly what type of additional definitive care. (i.e. CPAP) the patient may require for their nocturnal obstructions of the airway.

Continued Palliative Care: In the event of future exacerbation of the patient's injuries, the patient may need to receive physical medicine modalities and therapy until the condition resolves." UR Report dated 8/19/14 states: "There is no legible objective information such as photos or x-rays that document the need for this treatment. There is no definitive treatment request such as a filling, crown, or root canal to restore these decayed teeth. Therefore, the request for "treat teeth as needed" is non-certified. Regarding the request for Periodontal scaling (4 quadrants) every three months, there are no periodontal probing measurements to go along with x-rays to support the need for this treatment.

The injured worker is a 70-year-old female who reported an injury on 09/05/1986. The reviewed documents reveal that this is a patient with an industrial injury which has resulted in a chronic habit of teeth grinding/jaw clenching (bruxism) as a response to the chronic orthopedic pain and psychological difficulties. This patient also displays dry mouth/xerostomia from the side effect of industrial medications that have been prescribed for them. The diagnoses included lumbar disc disease, lumbar radiculopathy, lumbar facet syndrome, status post ilium open reduction/internal fixation. The previous treatments included medication, physical therapy, home exercise program, epidural steroid injections. Diagnostic testing included an MRI of the lumbar spine dated 02/15/2014. Within the clinical note dated 08/19/2014 it was reported the injured worker complained of lower back pain. She rated her pain 4/10 in severity. She described the pain as off and on. Within the clinical note dated 07/21/2014 it was reported, the injured worker received a bilateral L3-4 and L4-5 transforaminal epidural steroid injection. She reported having 90% relief with the injection. Upon the physical examination the provider noted there was moderate facet tenderness over the L3 and S1 spinous process; a positive straight leg raise in seated and supine position. The provider noted there was a positive Farfan test. The range of motion of the lumbar spine was noted to be flexion at 60 degrees, and extension at 5 degrees. The provider noted that there was decreased sensation in the bilateral L3, L4, and L5 and left S1 dermatome. Provider recommended the injured worker to continue home exercise and stretches. A request was submitted for nocturnal polysomnographic study. However, a rationale was not submitted for

clinical review. Report of AME [REDACTED], dated March 1, 2005, reviewed by [REDACTED] on 07/25/14 reveal:- [REDACTED] also exhibits a significant side effect of dry mouth/xerostomia resulting from the industrial medications that have been prescribed. Treatment for the xerostomia in the form of regular dental prophylaxis at three-month intervals would be considered industrial. Such treatment is necessary to protect the health of the dentition and periodontium. - Appropriate treatment to address the jaw muscle disorder includes fabrication of an intraoral orthotic or bite splint. This has been done by the attending dentist. Intraoral orthotic to counteract bruxism as needed as long as this activity continues. In addition, she should be provided with dental prophylaxis approximately every three months to guard against deleterious effects of xerostomia as long as that industrial condition continues. July 25, 2014 report of treating dentist [REDACTED] states:"X-rays taken in my office reveal the decay of teeth # 4 and 5 that require treatment on an industrial basis." Orthotic Treatment for Daytime Use, as per the AME, [REDACTED], in his report dated March 1, 2005. "The patient was instructed to wear an Orthotic Appliance indefinitely due to her facial myofascial pain and bruxism. This appliance will be required to be replaced as-needed throughout their lifetime on an industrial related basis. The patient was instructed that she is required to wear an Obstructive Airway Oral Appliance indefinitely due to their documented autonomic nervous system findings which correlate to occurrence of nocturnal obstructions of the airway. This unique appliance will be required to be replaced as-needed throughout their lifetime on an industrial related basis..." Nocturnal Respiratory Studies: The patient requires to be referred for more detailed Polysomnographic Studies to be performed in order to determine exactly what type of additional definitive care. (i.e. CPAP) the patient may require for their nocturnal obstructions of the airway. Continued Palliative Care: In the event of future exacerbation of the patient's injuries, the patient may need to receive physical medicine modalities and therapy until the condition resolves." UR Report dated 8/19/14 states:"There is no legible objective information such as photos or x-rays that document the need for this treatment. There is no definitive treatment request such as a filling, crown, or root canal to restore these decayed teeth. Therefore, the request for "treat teeth as needed" is non-certified. Regarding the request for Periodontal scaling (4 quadrants) every three months, there are no periodontal probing measurements to go along with x-rays to support the need for this treatment. The requested musculoskeletal trigeminal oral appliance is not supported. There are no specific muscles shown to be in spasm or a specific treatment plan showing the current need for this patient of any TMD treatment. Polysomnograms/sleep studies... Is out of the scope of a dentist to prescribe the sleep study, and there is no rationale as to why the patient would need this testing as there is no evidence the patient meets the aforementioned criteria."

IMR ISSUES, DECISIONS AND RATIONALES

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

Treat teeth as needed, deteriorated/decayed teeth require restoration and or root canals, and or crowns and or surgical extractions, and or implants with restorations on top of implants: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 2 General Approach to Initial Assessment and Documentation, Chronic Pain Treatment Guidelines General Approach to Initial Assessment and Documentation Page(s): 3. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Head (updated 06/04/13)

Decision rationale: This request for "treat teeth as needed" is very vague and non-specific and there is no definitive treatment request such as a filling, crown, or root canal to restore these decayed teeth. Therefore this IMR reviewer finds this request to be not medically necessary.

Periodontal scaling; four quadrants every three months: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Head Chapter, 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.

Decision rationale: In the records provided, 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 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" as recommended by the medical reference mentioned above. Also an indefinite request for every 3 months (without a periodic reevaluation to reassess the continued need for periodontal scaling) is not recommended. Absent further detailed documentation and clear rationale, the medical necessity for this request is not evident. Therefore, this request is not medically necessary.

Musculoskeletal trigeminal oral appliance to be replaced as needed: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Head Chapter, 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: Cummings: Otolaryngology: Head & Neck Surgery, 4th ed., Mosby, Inc. Pp.1565-1568. Treatment of TMJ Myofascial Pain Dysfunction Syndrome

Decision rationale: AME Dentist [REDACTED] states: "Appropriate treatment to address the jaw muscle disorder includes fabrication of an intraoral orthotic or bite splint. This has been done by the attending dentist." Therefore, an intraoral appliance has already been provided for this

patient and there is no clear rationale on why patient needs another one. Therefore, this request is not medically necessary at this time.

Nocturnal polysomnographic study: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain Chapter, Polysomnography

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain, Polysomnography

Decision rationale: The request for nocturnal polysomnographic study is not medically necessary. The Official Disability Guidelines recommend sleep studies after at least 6 months of insomnia complaints at least 4 nights a week, and unresponsive to behavior interventions and sedative/sleep promoting medications and after psychiatric etiology has been excluded. Recommended for routine evaluation of transient insomnia, chronic insomnia, or insomnia associated with psychiatric disorders. The criteria for a polysomnogram include history of cataplexy, muscle weakness usually brought on by excitement or emotion virtually unique to narcolepsy; morning headaches, other causes have been ruled out; intellectual deterioration, sudden without suspicion of organic dementia; personality change not secondary to medication; cerebral mass; or psychiatric problem; sleep related breathing disorders or periodic limb movement disorder is suspected. There is lack of significant objective findings indicating the injured worker had at least 6 months of insomnia or complaints at least 4 nights a week. There is lack of documentation indicating the injured worker had been unresponsive to behavior intervention and sedative/sleep promoting medication. Additionally, there is lack of documentation indicating the injured worker was treated for insomnia. Therefore, the request is not medically necessary.