

Case Number:	CM14-0025610		
Date Assigned:	06/16/2014	Date of Injury:	01/30/2012
Decision Date:	07/28/2014	UR Denial Date:	02/05/2014
Priority:	Standard	Application Received:	02/28/2014

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:

The submitted documentation indicates that this claimant has developed a constant habit of grinding the teeth and clenching the jaw in response to chronic pain from an industrial injury 01/30/12, and this has led to Myofascial pain and discomfort. The AME Dentist has recommended orthotic appliances in the effort to get the claimant back to better health. The AME has indicated the night guard appliance works as an anterior repositioning appliance that the claimant will be wearing during the nighttime only. The day guard appliance works for the fanatic bite in which the claimant will be wearing during the daytime and while eating. UR dentist has certified the request for day guard ortho appliance and night guard ortho appliance, but has denied the request for the separate occlusal guard due to "no reasoning given for the necessity of a separate occlusal guard."

IMR ISSUES, DECISIONS AND RATIONALES

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

OCCLUSAL GUARD: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Regence Group Dental Policy.

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. Treatment of TMJ Myofascial Pain Dysfunction Syndrome page(s) 1565-1568.

Decision rationale: This patient will be receiving a night time and day time appliance to correct the MPD. There is no documentation describing why an Occlusal guard is also necessary in addition to the night and day time appliances. Therefore, an Occlusal Guard is not medically necessary at this time.