

Case Number:	CM14-0032886		
Date Assigned:	06/20/2014	Date of Injury:	04/16/2007
Decision Date:	09/18/2014	UR Denial Date:	02/11/2014
Priority:	Standard	Application Received:	03/14/2014

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:

Treating dentist, [REDACTED] report dated 01/16/14 states that the presence of bruxism has led to her myofascial pain and inability to eat well. She will require an occlusal guard to help treat her myofascial pain and protect her teeth from fracture. He has diagnosed this patient with bruxism secondary to industrially induced chronic pain, stress and medications; myofascial pain; mastication impairment and medication induced xerostomia. [REDACTED] further recommends an occlusal guard, because she has worn through the current guard very quickly and it is now broken. It is best that the occlusal guard break and not her teeth. The UR dentist has partial-certified one night guard.

IMR ISSUES, DECISIONS AND RATIONALES

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

OCCLUSAL GUARD YEARLY OR AS NEEDED: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation <https://www.ncbi.nlm.nih.gov>.

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.

Decision rationale: Based on the dental findings and medical reference mentioned above, a night guard may be necessary at this time; however, any further future need for an occusal guard would have to be re-evaluated for medical necessity with recent dental findings and documentation by the requesting dentist. As such, the request is not medically necessary.