MAXIMUS Federal Services

Case Number:	CM14-0069497		
Date Assigned:	07/16/2014	Date of Injury:	07/15/2008
Decision Date:	08/14/2014	UR Denial Date:	05/13/2014
Priority:	Standard	Application Received:	05/14/2014

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:

Records provided for review indicate that this is a 56-year-old female, while performing job as a clerical worker for [redacted] on July 15, 2008 she suffered an industrial injury. Agreed medical examiner (AME) [redacted] dentist evaluated her on January 20, 2014. [redacted] diagnosed this patient with bruxism i.e. clenching and grinding off the teeth industrial. The injured worker has myofascial pain and dysfunction syndrome, muscles of mastication, ranging from mild to moderate with constant discomfort secondary to bruxism. Internal derangements, characterized by mild disc displacement with reduction upon opening and mild degenerative changes as noted by objective findings of temporomandibular joint (TMJ) clicking and crepitus; as well as mild to moderate wear of the lower anterior dentition. AME [redacted] recommends this patient to have professionally made night guard fabricated for her to control her myofascial pain symptoms secondary to bruxism.

IMR ISSUES, DECISIONS AND RATIONALES

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

Night guard (dental): Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Regence Group Dental Policy. Topic: Occlusal Guard Last Reviewed Date: 01/2003. Section: Adjunctive General Services Policy No: 59. Revised/ Effective Date: 01/2003; Cummings: Otolaryngology: Head & Neck Surgery 4th ed. Mosby, Inc Pp. 1565-1568. Treatment of TMJ Myofascial Pain Dysfunction Syndrome.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Bruxism Management , Author: Jeff Burgess, DDS, MSD; Chief Editor: Arlen D Meyers, MD, MBA, Appliance Therapy.

Decision rationale: 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 nighttime clenching or grinding behavior rather than altering a causative malocclusion. 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. However, even if no appreciable change occurs in nocturnal behavior consequent to splint therapy, the appliance serves to protect the dentition. In this case, the injured worker has a diagnosis of bruxism. Therefore, the requested night guard is medically necessary to control her myofascial pain symptoms secondary to the diagnosis of bruxism.