

Case Number:	CM14-0188249		
Date Assigned:	11/18/2014	Date of Injury:	02/23/1998
Decision Date:	01/07/2015	UR Denial Date:	10/13/2014
Priority:	Standard	Application Received:	11/12/2014

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 Board Certified 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 66-year-old female patient with an industrial date of injury on 02/23/98. Patient reports subjective complaints of neck pain affecting the upper extremities she also has persistent headaches and pain secondary to TMJ. Patient states that in response to her industrial related orthopedic pain she has developed emotional stressors. This has caused her to develop facial pain. UR dentist has requested additional information from Dr. [REDACTED] in the form of the sleep study, specific muscles and spasms, x-rays, Perio charting, and a clear rationale identifying the medical necessity of emergent treatment. To date the requested information has not been received therefore the request is not certified due to a lack of supporting information by UR dentist.

IMR ISSUES, DECISIONS AND RATIONALES

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

Immediate emergency medical treatment of an obstructive airway oral appliance: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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: Curr Treat Options Neurol. 2014 Aug; 16(8):305. doi: 10.1007/s11940-014-0305-6. Advances in the treatment of obstructive sleep apnea. Young D1, Collop N. PMID: 24957654.

Decision rationale: If this patient's sleep apnea is so severe that emergency treatment is needed then patient should be referred to a medical doctor/specialist who is board certified in sleep medicine to determine the severity of this patient's problem, causation, and required treatment on an emergency basis. If this patient's sleep apnea is moderate to severe (which it may be, due to the emergency request by treating dentist), patient will need CPAP device instead as first line of treatment per medical reference mentioned above. And if that specialist finds the need for CPAP device on an industrial basis, then it should be authorized. Also, In the records provided there is insufficient documentation of how this patient's sleep apnea is industrially related. At this time this IMR reviewer finds this request for obstructive oral air way appliance to be not medically necessary.

Immediate Emergency medical treatment of musculoskeletal trigeminal oral appliance:
Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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.

Decision rationale: This IMR reviewer recommends stage (1) treatment for this patient's TMJ complaints and to include "Counseling and recommendations about avoidance of clenching and grinding of the teeth; eating a soft, non chew diet; use of moist heat on, and massage of, the masticatory muscles; and limitation of jaw motion. Because the patient has muscle spasm and pain, a muscle relaxant and an NSAID are prescribed. Diazepam and ibuprofen are commonly used." Per medical reference mentioned above. This IMR reviewer believes phase I treatment should be attempted and documented before any future proposed treatment. This IMR reviewer will reconsider this request for oral appliance if phase (1) conservative treatment has been documented to fail.

Emergency medical treatment periodontal scaling 4 quadrants, full mouth every three months: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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].

Decision rationale: Even though periodontal cleaning maybe medically necessary for this patient at this time, but an indefinite request for every 3 month is not medically necessary. First, there must be a dental re-evaluation performed to determine any ongoing needs. Per reference

mentioned above, "periodontal evaluation and risk factors should be identified at least on an annual basis".

Periodontal scaling 4 quadrants, full mouth every three months: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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].

Decision rationale: Even though periodontal cleaning maybe medically necessary for this patient at this time, but an indefinite request for every 3 month is not medically necessary. First, there must be a dental re-evaluation performed to determine any ongoing needs. Per reference mentioned above, "periodontal evaluation and risk factors should be identified at least on an annual basis".