

<b>Case Number:</b>	CM14-0203419		
<b>Date Assigned:</b>	12/15/2014	<b>Date of Injury:</b>	02/23/1998
<b>Decision Date:</b>	01/31/2015	<b>UR Denial Date:</b>	11/17/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/05/2014

### 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 Dentist 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 reviewed documents reveal that this is a 67 year old female patient with an industrial date of injury on CT 5/1/96 to 2/23/98 which has resulted in a chronic habit of teeth grinding/jaw clenching (bruxism) and nocturnal disturbances. This patient also displays dry mouth/xerostomia from the side effect of industrial medications that have been prescribed for them. 04/28/14 Orthopaedic Surgeon [REDACTED] - Subjective complaints: Has been feeling very sleepy and fatigued during the day at least 2-3 days a week, occasionally sleeps all day. Feels anxious due to fatigue affecting daily function. 10/20/14 [REDACTED] Report - SUBJECTIVE COMPLAINTS AT THE TIME OF Examination: Sleep Disturbances, Fatigue, Dry Mouth, Hoarseness due to her dry mouth, Clenching her teeth and bracing her facial musculature in response to the industrial related pain and resultant emotional stressors, Soreness of her teeth upon waking up in the morning, Occasional severe headaches that occur in the left temple area, as well as on the top of her head, Intermittent slight facial pain on the right and left sides, which is described by the patient as being aching and deep. OBJECTIVE FINDINGS AT THE TIME OF Examination: Scalloping of the lateral borders of her tongue bilaterally, Xerostomia/Qualitative Changes of the Saliva 10/13/14 UR Dentist Report- My review dated 10/06/2014 requested additional information. information is needed. from [REDACTED] in the form of the sleep study, specific muscles in spasm, 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 above is non-certified due to a lack of supporting information. However, the request will be reconsidered upon receipt of the requested information.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Immediate emergency medical treatment with an obstructive airway oral appliance:**

Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation  
<http://www.ncbi.nlm.nih.gov/pubmed/19138639>

**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:** The severity of this patient's airway obstruction is not clear to this reviewer. There is lack of information in requesting dentist's reports. Also, sleep study report is missing and there is insufficient rationale provided by the requesting dentist [REDACTED]. Due to the "Immediate emergency medical treatment" request, it may mean this patient has a severe case of sleep apnea, in which case per medical reference mentioned above "The first choice of treatment for patients with moderate or severe obstructive sleep apnea is continuous positive airway pressure (CPAP)" (Young D,2014), and not an oral appliance. This IMR reviewer recommends this patient to be evaluated by a medical doctor/specialist who is board certified in sleep medicine to determine the severity of this patient's problem. And if that specialist finds the need for further sleep testing on an industrial basis, then it should be authorized. But at this time this IMR reviewer finds this request for obstructive airway oral appliance to be not medically necessary.