

<b>Case Number:</b>	CM14-0207848		
<b>Date Assigned:</b>	12/19/2014	<b>Date of Injury:</b>	10/05/2009
<b>Decision Date:</b>	02/12/2015	<b>UR Denial Date:</b>	11/18/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/11/2014

### 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 Family Practice 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:

Patient had a date of injury on 10/5/2009. Mechanism of injury is not given in the medical records. The patient suffers from psychological or physical stress.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Occlusal night guard with 4 follow up appointments to monitor the TMJ and muscular response to therapy:** 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: head and neck surgery, 4th ed pages 1565-1568.

**Decision rationale:** According to guidelines it states bite appliances are recommended if the patient does not respond to counseling regarding home therapy and medications. According to medical records there is no documentation that medications or home therapy has been successful or not and thus is not medically necessary.