MAXIMUS Federal Services

Case Number:	CM14-0209751		
Date Assigned:	02/04/2015	Date of Injury:	12/15/2006
Decision Date:	04/15/2015	UR Denial Date:	12/02/2014
Priority:	Standard	Application Received:	12/15/2014

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:
State(s) of Licensure: California
Certification(s)/Specialty: Dentist

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 injured worker is a 61 year old male, who sustained an industrial injury on12/15/2006. He reports wear to his teeth due to stress and injury to the bilateral knees, right elbow and cervical and lumbar spine. Diagnoses include bruxism, overbite, temporal-mandibular juxtaposition and chronic stress. Treatments to date include medication management, mouth guard, knee injections and physical therapy. A progress note from the treating provider dated 10/28/2014 indicates the injured worker reported wearing down of teeth and altered bite. On 12/2/2014, Utilization Review non-certified the request for sonography, temporal-mandibular joint x-ray, neuromuscular alignment, bitewing radiographs, panographic x ray, electromyography, 6 view tomography of the temporal-mandibular joint, prosthetic evaluation and pulp vitality test, citing The Regence Group Dental Policy. AME dentist has diagnosed this patient with industrial related bruxism. Records reviewed indicate that this patient has excessive dental attrition and wear of multiple teeth with multiple teeth fractures.

IMR ISSUES, DECISIONS AND RATIONALES

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

Sonography: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation. The Regence Group Dental Policy and Aetna's Temporomandibular Joint Syndrome and Temporomandibular Disorders Dental Policy Bulletin.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Natl J Maxillofac Surg. 2012 Jan; 3 (1): 2-9.

Decision rationale: AME dentist has diagnosed this patient with industrial related bruxism. Records reviewed indicate that this patient has excessive dental attrition and wear of multiple teeth with multiple teeth fractures. Per reference mentioned above, "sonography is a good in aid in diagnosing disc derangement." Therefore this reviewer finds this request for sonography to be medically necessary to better evaluate this patient's dental condition.

X-ray TM joint bilateral: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation. The Regence Group Dental Policy and Aetna's Temporomandibular Joint Syndrome and Temporomandibular Disorders Dental Policy Bulletin.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Natl J Maxillofac Surg. 2012 Jan; 3 (1): 2-9

Decision rationale: AME dentist has diagnosed this patient with industrial related bruxism. Records reviewed indicate that this patient has excessive dental attrition and wear of multiple teeth with multiple teeth fractures. Per reference mentioned above, "Plain X-rays are useful for destructive bony changes." Therefore this reviewer finds this request for X-ray TM joint to be medically necessary to better evaluate this patient's dental condition.

Neuromuscular Align/Diag: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation. The Regence Group Dental Policy and Aetna's Temporomandibular Joint Syndrome and Temporomandibular Disorders Dental Policy Bulletin.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 2 General Approach to Initial Assessment and Documentation, Chronic Pain Treatment Guidelines CA MTUS/ACOEM Guidelines.

Decision rationale: Per reference above "A focused medical history, work history, and physical examination generally are sufficient to assess the patient who complains of an apparently job-related disorder." This reviewer does not believe this has been met. And it is not clear what is meant by "Neuromuscular aligner" and the purpose and need for this treatment in this patient. Therefore, "Neuromuscular Align" is not medically necessary at this time.

Bitewing radiographs: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation The Regence Group Dental Policy and Aetna's Temporomandibular Joint Syndrome and Temporomandibular Disorders Dental Policy Bulletin.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Dentomaxillofac Radiol. 1996 Jan; 25 (1): 5-16. The use of bitewing radiographs in the management of dental caries: scientific and practical considerations. Pitts NB1.

Decision rationale: AME dentist has diagnosed this patient with industrial related bruxism. Records reviewed indicate that this patient has excessive dental attrition and wear of multiple teeth with multiple teeth fractures. Per medical reference mentioned above, this IMR Reviewer finds this request for radiographs medically necessary to properly evaluate this patient's dental health. Per medical reference mentioned above, There is good evidence that initial posterior bitewing radiographs are required for all new dentate patients over five years of age with posterior teeth.

Panographic x-ray: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation. The Regence Group Dental Policy and Aetna's Temporomandibular Joint Syndrome and Temporomandibular Disorders Dental Policy Bulletin.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Implant Soc. 1995; 5 (5): 7-11. Radiographic modalities for diagnosis and treatment planning in implant dentistry. Garg AK1, Vicari A. 1 Center for Dental Implants, Division of Oral/Maxillofacial Surgery & Dentistry, University of Miami School of Medicine, Florida, USA.

Decision rationale: AME dentist has diagnosed this patient with industrial related bruxism. Records reviewed indicate that this patient has excessive dental attrition and wear of multiple teeth with multiple teeth fractures. Per reference mentioned above, "Today, the two most often employed and most applicable radiographic studies for implant treatment planning are the panoramic radiograph and tomography." Therefore, this reviewer finds this request for Panographic x-ray to be medically necessary to better evaluate this patient's dental condition.

Electromyography: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation. The Regence Group Dental Policy and Aetna's Temporomandibular Joint Syndrome and Temporomandibular Disorders Dental Policy Bulletin.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Electromyography of masticatory muscles in craniomandibular disorders. Cooper BC1, Cooper DL, Lucente FE. Laryngoscope. 1991 Feb; 101 (2): 150-7. PMID: 1992265.

Decision rationale: This patient has not been evaluated yet and there is no documentation of subjective complaints such as otalgia, dizziness, tinnitus, or fullness in the ear to justify the need for an EMG per medical reference mentioned above. Per reference mentioned above, "Patients presenting to the otolaryngologist with complaints such as otalgia, dizziness, tinnitus, or fullness in the ear may be experiencing the effects of craniomandibular disorders." Clinical electromyographic studies are an important aid in the treatment of craniomandibular disorders." Therefore this IMR reviewer finds this request for an EMG premature and not medically necessary at this time.

Tomography of TMJ to include 6 views (right open, left open, right closed, left closed, right relaxed, left relaxed): Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation. The Regence Group Dental Policy and Aetna's Temporomandibular Joint Syndrome and Temporomandibular Disorders Dental Policy Bulletin.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Implant Soc. 1995;5(5):7-11.

Decision rationale: AME dentist has diagnosed this patient with industrial related bruxism. Records reviewed indicate that this patient has excessive dental attrition and wear of multiple teeth with multiple teeth fractures. Per reference mentioned above, "CT examination produced excellent image for osseous morphology and pathology." Therefore this reviewer finds this request for Tomography to be medically necessary to better evaluate this patient's dental and TMJ condition.

Prosthetic evaluation/study models: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation. The Regence Group Dental Policy and Aetna's Temporomandibular Joint Syndrome and Temporomandibular Disorders Dental Policy Bulletin.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Comprehensive periodontal therapy: a statement by the American Academy of Periodontology. J Periodontol2011 Jul; 82 (7): 943-9. [133 references].

Decision rationale: Per reference mentioned above, "medical and dental history review, clinical examination, and radiographic analysis. Microbiologic, genetic, biochemical, or other diagnostic tests may also be useful, on an individual basis, for assessing the periodontal status of selected individuals or sites." Therefore this IMR reviewer finds this request for prosthetic evaluation/study models to be necessary to assess this patient's dental condition.

Pulp vitality test: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation. The Regence Group Dental Policy and Aetna's Temporomandibular Joint Syndrome and Temporomandibular Disorders Dental Policy Bulletin.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation J Endod. 2013 Aug; 39 (8): 965-9.

Decision rationale: Based on the medical reference mentioned above and reviewed medical records, the pulp vitality test is not medically necessary. Per medical reference mentioned above "The cold test was the most accurate methods for diagnostic testing." (J Endod. 2013). Therefore this reviewer finds this request for pulp vitality testing not medically necessary.