

Case Number:	CM14-0026073		
Date Assigned:	06/13/2014	Date of Injury:	03/23/2006
Decision Date:	04/13/2015	UR Denial Date:	02/19/2014
Priority:	Standard	Application Received:	02/28/2014

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: Texas
 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 51 year old female who sustained an injury to her face in a trip and fall, injuring her jaw and teeth in 3/23/2006. Recent additional input regarding her case had been associated with intraoral examinations. These have caused an increase in her pain and most recent experience had been with similar result with an intraoral appliance that had been fabricated for use during the hours of sleep (TMJ splint). Therapy was instituted due to her initial consult findings of significant muscle guarding and pain that were present in the muscles of the mastication as a result of jaw joint issues. As one symptom improved through treatment, others needed care resulting in increased symptomatology.

IMR ISSUES, DECISIONS AND RATIONALES

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

Fabrication of Maxillary QuickSplint: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Manual of Temporomandibular Disorders. Edward F. Wright . 2005. Pages 67-71,120, 247.

Decision rationale: There is no justification for another splint. The patient already has a mandibular full arch splint to aid in the treatment of parafunctional habits. There is no evidence to state that the existing splint needs replacement. A QuickSplint is FDA cleared, but there is no documentation to show superiority over the existing splint that the patient currently has and the noted condition of night time bruxing. Therefore, the request is not medically necessary.

Endodontic Treatment for 3 Teeth: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation HealthPartners Dental Group guidelines for diagnosing and treating endodontis emergencies. Minneapolis (MN): HealthPartners; 2009 Dep 1.11p.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Clinical judgment.

Decision rationale: There is no evidence of pulpal testing of the other teeth in question. There is no diagnosis of the teeth in question (ex. Irreversible pulpitis). There is also no mention of #21 having caries, clinically unacceptable restoration, trauma, or other diagnosis/reason for the periapical radiolucency. Therefore, the request is not medically necessary.

Prosthodontic Evaluation and Occlusal Equilibration Replacement of Existing Crowns: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Wright, Edward F. Manual of Temporomandibular Disorders, 1st edition. Blackwell Publishing 2005. Pages 233-245.

Decision rationale: The patient continues to have TMJ pain despite splint therapy. There is evidence of fractured teeth secondary to parafunctional habits. There is a possibility of occlusal interferences of natural and prosthetic crowns. The general dentist has made adjustments to the splint but the patient continues to have pain. There are enough indications to warrant a second opinion by a specialist/prosthodontist. The request is medically necessary.

Temporomandibular Joint Injection With Botox Into Frontal, Temporal, and Masseter Region: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 122. Decision based on Non-MTUS Citation FDA NEWS RELEASE, October 15, 2010.

Decision rationale: Botulinum Toxin is not FDA cleared for the treatment chronic daily headache, which is what the doctor is asking for approval of. Also, the diagnosis of Chronic Migraine has not be given to this injured worker. Therefore, the request is not medically necessary.

Home Sleep Test: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Pain chronic Polysomnography.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation AMA Guidelines (5th edition). Pp 3-17.

Decision rationale: No evidence based guidelines regarding the use of a home sleep study to manage the current symptoms. Splint therapy has already been fabricated for bruxism and parafunctional habits. Recommendation for prosthodontist referral has already been suggested. The criteria for Polysomnography do not include the rationale by the treating dentist that the hardware in the cervical spine to maintain stability may have impacted the airway patency during the hours of sleep. A dentist can suspect, but not diagnose a sleep disorder. Therefore, the request is not medically necessary.