

Case Number:	CM15-0001357		
Date Assigned:	01/12/2015	Date of Injury:	08/31/1998
Decision Date:	03/10/2015	UR Denial Date:	12/26/2014
Priority:	Standard	Application Received:	01/05/2015

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:

Records reviewed indicate that this is a 50-year-old female patient the date of injury on 08/31/1998. Patient has been diagnosed with facial myofascial pain and bruxism. Defense QME dentist [REDACTED] has determined that patient has industrial related bruxism with industrial related facial pain and industrial related TMJ internal derangement. Treating dentist is requesting musculoskeletal trigeminal oral appliance.

IMR ISSUES, DECISIONS AND RATIONALES

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

Musculoskeletal Trigeminal Oral Appliance: Overturned

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 Bruxism Management, Author: Jeff Burgess, DDS, MSD; Chief Editor: Arlen D Meyers, MD, MBA. Appliance Therapy

Decision rationale: Based on the objective dental findings and medical reference mentioned above, this IMR reviewer finds the need for a oral appliance to be medically necessary to

prevent tooth wear and the control myofascial pain symptoms secondary to diagnosis of bruxism. Per medical reference mentioned above, "Appliance therapy has been extensively studied from 1966 to the present day, and several extensive reviews have been published in the last 10 years. Occlusal splints are generally appreciated to prevent tooth wear and injury." (Burgess)