

Case Number:	CM15-0008881		
Date Assigned:	01/26/2015	Date of Injury:	12/06/2002
Decision Date:	03/23/2015	UR Denial Date:	12/26/2014
Priority:	Standard	Application Received:	01/15/2015

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:

The injured worker is a 61 year old female, who sustained an industrial injury on December 6, 2002. The diagnoses was not noted in progress note dated November 18, 2014. Treatment to date has included nocturnal polysomnographic respiratory study and found the injured worker has industrial related nocturnal obstructions of the airway date not given, diagnostic autonomic nervous system testing which objectively documented that the injured worker does have heart rate changes due to abnormal sympathetic/parasympathetic activity which correlates to nocturnal obstructions of the airway, ultrasonic Doppler analysis verified and confirmed crepitus of the right and left temporomandibular joints upon translation and lateral movements of the mandible, oral Non-steroidal anti-inflammatory drug , and pain medication, diagnostic a-Amylase analysis which revealed increased amounts of a-amylase enzyme present. Currently, the injured worker complains of occasional minimal pain in her right and left facial areas, speech dysfunction of hoarseness and a cotton mouth effect caused by dryness, difficulty chewing or masticate hard foods due to increased facial pain, intermittent to frequent headaches in the temple and forehead areas bilaterally as well as at the top of the head, bleeding gums, clenching and bracing of the facial musculature in response to orthopedic pain and resultant emotional stressors and bite and occlusion feeling off due to her facial muscular spasms. In a progress note from a dental trauma center dated November 18, 2014 the physician notes the injured worker has a maximum interincisal opening of 37mm. the injured worker will require continued management of the industrially related nocturnal obstructions of the airway with and obstructive airway oral appliance. On December 26, 2014 Utilization Review non-certified a immediate emergency

medical treatment of an obstructive airway oral appliance, immediate emergency medical treatment of musculoskeletal trigeminal oral appliance, periodontal scaling 4 quadrants every three months, trigger point injections once per week for six weeks as needed for facial myofascial pain and emergency medical treatment of periodontal scaling 4 quadrants, noting, Official Disability Guidelines, <http://www.ncbi.nlm.nih.gov/pubmed/24197669>, The American Academy of Dental Sleep Medicine, <http://www.ncbi.nlm.nih.gov/pubmed/24471211> and Medical Treatment Utilization Schedule Guidelines were cited. On December 18, 2014, the injured worker submitted an application for IMR for review of immediate emergency medical treatment of an obstructive airway oral appliance, immediate emergency medical treatment of musculoskeletal trigeminal oral appliance, periodontal scaling 4 quadrants every three months, trigger point injections once per week for six weeks as needed for facial myofascial pain and emergency medical treatment of periodontal scaling 4 quadrants.

IMR ISSUES, DECISIONS AND RATIONALES

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

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 The American Academy of Dental Sleep Medicine, Oral Appliances <http://www.aadsm.org/oralappliances.aspx>

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation 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: There is insufficient rationale provided by the requesting dentist [REDACTED] [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. At this time this IMR reviewer finds this request for obstructive airway oral appliance to be not medically necessary.

Musculoskeletal trigeminal 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/24471211> Temporomandibular disorders (TMD) Abstract

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Cummings: Otolaryngology: Head & Neck Surgery, 4th ed., Mosby, Inc. Pp.1565-1568. Treatment of TMJ Myofascial Pain Dysfunction Syndrome:

Decision rationale: This IMR reviewer recommends phase (1) treatment for this patient's TMJ complaints and to include "Counseling and recommendations about avoidance of clenching and grinding of the teeth; eating a soft, non chew diet; use of moist heat on, and massage of, the masticatory muscles; and limitation of jaw motion. Because the patient has muscle spasm and pain, a muscle relaxant and an NSAID are prescribed. Diazepam and ibuprofen are commonly used. " Per medical reference mentioned above. This IMR reviewer believes Phase I treatment should be attempted and documented before any future proposed treatment.

Periodontal scaling 4quadrants every (3) months: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, (ODG) Head chapter, Dental trauma treatment

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: Even though periodontal cleaning maybe medically necessary for this patient at this time an indefinite request for every 3 month is not medically necessary. First, there must be a dental re-evaluation performed to determine any ongoing needs. Per reference mentioned above, "periodontal evaluation and risk factors should be identified at least on an annual basis".

Periodontal scaling 4 quadrants: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, (ODG) Head chapter, Dental trauma treatment

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 medical reference mentioned above, "Removal of supra- and subgingival bacterial plaque biofilm and calculus by comprehensive, meticulous periodontal scaling and root planning" are part of the treatment plan for periodontal therapy (J Periodontol 2011). Since this patient has bleeding gums and periodontal disease, this IMR reviewer finds this request for one root planning and scaling to be medically necessary. Also per Medical records reviewed and summarized above, this patient will benefit from this one time treatment of periodontal scaling.

Trigger point injections (1) a week for (6) weeks for myofascial pain: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Trigger point injections.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Trigger point injections Page(s): 122 of 127.

Decision rationale: There is lack of documentation to clearly justify the need for trigger point injections. Per reference mentioned above, trigger point injections "only for myofascial pain syndrome as indicated below, with limited lasting value. Not recommended for radicular pain. Trigger point injections with an anesthetic such as bupivacaine are recommended for non-resolving trigger points, but the addition of a corticosteroid is not generally recommended. Not recommended for radicular pain. A trigger point is a discrete focal tenderness located in a palpable taut band of skeletal muscle, which produces a local twitch in response to stimulus to the band. Trigger points may be present in up to 33-50% of the adult population. Myofascial pain syndrome is a regional painful muscle condition with a direct relationship between a specific trigger point and its associated pain region. These injections may occasionally be necessary to maintain function in those with myofascial problems when myofascial trigger points are present on examination. Not recommended for typical back pain or neck pain. (Graff-Radford, 2004) (Nelemans-Cochrane,2002) For fibromyalgia syndrome, trigger point injections have not been proven effective. (Goldenberg, 2004)" Therefore this IMR reviewer finds this request to be not necessary.