MAXIMUS Federal Services

Case Number:	CM15-0182748		
Date Assigned:	10/07/2015	Date of Injury:	09/22/2014
Decision Date:	11/16/2015	UR Denial Date:	08/20/2015
Priority:	Standard	Application Received:	09/17/2015

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:

This injured worker is a 35 year old male, who sustained an industrial injury on 09-22-2014. The injured worker was diagnosed as having parafunctional activities-bruxism-clenching, internal derangement right and left, problem with mastication, periapical abscess, capsulitis-inflammation, osteoarthritis, myalgia of facial muscle, aggravate periodontal disease and dental trauma to teeth. On medical records dated 07-20-2015, the subjective complaints were noted as jaw pain, clenching-bracing of facial muscle in response to pain, headaches, facial pain, TMJ noises, and bruxism. Objective findings were noted as mouth and facial exam as clicking on the right and left maximum interincisal opening was 50 mm with pain. Scalloping of tongue, buccal mucosa ridging, occlusal wear was noted on the right and left. Missing teeth were 8,18,19,30, and 31. No fractured teeth were noted. Current medications were not listed on 07-20-2015.The Utilization Review (UR) was dated 08-20-2015. A request for re-evaluation in 3 months later for placement of dental implants, bio stimulation of the muscles of mastication 4-6 visits, 4-6 follow up appts to monitor TMJ (temporomandibular jaw)-muscular response to therapy and intraoral splint-occlusal night was submitted. The UR submitted for this medical review indicated that the request for re-evaluation in 3 months later for placement of dental implants, bio stimulation of the muscles of mastication 4-6 visits, 4-6 follow up appts to monitor TMJ (temporomandibular jaw)-muscular response to therapy and intraoral splint-occlusal night guard were non-certified.

IMR ISSUES, DECISIONS AND RATIONALES

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

Re evaluation in 3 months later for placement of dental implants: 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 and the ADA dental practice parameters for fracture (cracked) teeth.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG Guidelines Office visits Recommended as determined to be medically necessary. Evaluation and management (E&M) outpatient visits to the offices of medical doctor(s) play a critical role in the proper diagnosis and return to function of an injured worker, and they should be encouraged.

Decision rationale: Records reviewed indicate that this patient was diagnosed as having parafunctional activities-bruxism-clenching, internal derangement right and left, problem with mastication, periapical abscess, capsulitis-inflammation, osteoarthritis, myalgia of facial muscle, aggravate periodontal disease and dental trauma to teeth. Dentist is recommending Re evaluation in 3 months later for placement of dental implants. Per reference mentioned above, "Evaluation and management (E&M) outpatient visits to the offices of medical doctor(s) play a critical role in the proper diagnosis and return to function of an injured worker, and they should be encouraged." Therefore based on the records reviewed, along with the reference and findings mentioned above, this reviewer finds this request for one re evaluation in 3 months is medically necessary to properly evaluate and monitor this patient's dental condition.

Biostimulation of the muscles of mastication 4-6 visits: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Aetna.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Transcutaneous electrotherapy.

Decision rationale: Records reviewed indicate that this patient was diagnosed as having parafunctional activities-bruxism-clenching, internal derangement right and left, problem with mastication, periapical abscess, capsulitis-inflammation, osteoarthritis, myalgia of facial muscle, aggravate periodontal disease and dental trauma to teeth. Dentist is recommending Biostimulation of the muscles of mastication 4-6 visits. However, per medical reference mentioned above, "Tens, chronic pain, not recommended as a primary treatment modality, but a one-month home based tens trial may be considered - evidence is lacking concerning effectiveness." This request is not for a home based tens treatment, therefore this reviewer finds this request to be not medically necessary.

Referral for physical therapy of the muscles of mastication: 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: Physical medicine treatment.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM Guidelines, Chapter 7, Page 127.

Decision rationale: Records reviewed indicate that this patient was diagnosed as having parafunctional activities-bruxism-clenching, internal derangement right and left, problem with mastication, periapical abscess, capsulitis-inflammation, osteoarthritis, myalgia of facial muscle, aggravate periodontal disease and dental trauma to teeth. Based on ACOEM Guidelines, Chapter 7, Page 127, the occupational health practitioner may refer to other specialists if a diagnosis is uncertain or extremely complex, when psychosocial factors are present, or when the plan or course of care may benefit from additional expertise. This reviewer finds this request for Referral for physical therapy of the muscles of mastication to be medically necessary to address this patient's dental injury. This patient may benefit from additional expertise.

4-6 follow-up appoints to monitor TMJ muscular response to therapy: 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: Follow-up visits.

MAXIMUS guideline: Decision based on MTUS General Approaches 2004, Section(s): Prevention, General Approach to Initial Assessment and Documentation, Initial Approaches to Treatment, Cornerstones of Disability Prevention and Management, and Chronic Pain Medical Treatment 2009, Section(s): Introduction.

Decision rationale: Records reviewed indicate that this patient was diagnosed as having parafunctional activities-bruxism-clenching, internal derangement right and left, problem with mastication, periapical abscess, capsulitis-inflammation, osteoarthritis, myalgia of facial muscle, aggravate periodontal disease and dental trauma to teeth. Dentist is recommending 4-6 follow- up appoints to monitor TMJ muscular response to therapy. However, there are insufficient documentation in the records provided to justify the medical necessity of this request. Absent further detailed documentation and clear rationale, the medical necessity for this request is not evident. Per medical reference mentioned 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" in order to evaluate a patient's needs. This reviewer does not believe this has been sufficiently documented in this case. This reviewer finds this request not medically necessary at this time.

Intraoral splint/occlusal night guard: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Aetna Clinical Policy Bulletin: Intra-oral Appliances for Headaches and Trigeminal Neuralgia, Policy number 0688.

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: Records reviewed indicate that this patient was diagnosed as having parafunctional activities-bruxism-clenching, internal derangement right and left, problem with mastication, periapical abscess, capsulitis-inflammation, osteoarthritis, myalgia of facial muscle, aggravate periodontal disease and dental trauma to teeth. Dentist is recommending Intraoral splint/occlusal night guard. Per medical reference mentioned above, "Occlusal splints are generally appreciated to prevent tooth wear and injury and perhaps reduce night time clenching or grinding behavior rather than altering a causative malocclusion. In addition, they are unlikely to significantly reducing nocturnal behavior. The type of appliance that has been studied and suggested as helpful in managing the consequences of nocturnal bruxism is the flat-planed stabilization splint, also called an occlusal bite guard, bruxism appliance, bite plate, and night guard." Therefore, this reviewer finds this request for occlusal guard to be medically necessary to prevent further tooth wear from the clenching and grinding behavior in this patient.