

<b>Case Number:</b>	CM15-0187677		
<b>Date Assigned:</b>	10/09/2015	<b>Date of Injury:</b>	10/24/2008
<b>Decision Date:</b>	12/01/2015	<b>UR Denial Date:</b>	08/25/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/23/2015

### 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: Tennessee, Florida, Ohio  
 Certification(s)/Specialty: Surgery, Surgical Critical Care

### 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 is a 56 year old male, whose date of injury was October 24, 2008. On 7-1-2015 reported headaches with pain ratings from 4-7 on a 10-point scale, jaw pain rated 4-8 on a 10-point scale, popping in the bilateral jaws with movement of the jaw side-to-side, clenching and grinding of the teeth, bite alteration, broken and lost crown on tooth #19, loss of lower right molar (#30), dryness of the mouth, and sleep difficulties. He reports difficulty with activities of daily living such as brushing teeth, eating, facial numbness and sleep problems. He had tenderness to palpation over the bilateral transmandibular joint, bilateral superior trapezius muscles, bilateral rhomboid muscles, bilateral posterior cervical group, bilateral sternocleidomastoid muscle, bilateral suboccipital muscles, bilateral temporalis muscles, bilateral anterior and posterior diagastric muscles, bilateral lateral pterygoid region and bilateral medial pterygoid region. He had trigger point pain at the right and left masseter muscles to the right and left transmandibular joints, the right and left superior trapezius muscles to the right and left suboccipital areas and from the sternocleidomastoid muscles to the right and left suboccipital areas. He had a 2 mm deflection to the right and left upon opening and closing functions with a maximum opening of 32 mm with millimeter ruler. He had complaints of moderate pain. He had a bilateral lateral excursion of 10 mm and protrusion of 7 mm. He had no clicks, pops or crepitus noted in the bilateral transmandibular joints. The injured worker was diagnosed as having brusixm-clenching, fractured-lost teeth, chronic periodontitis, failed dentition and of of the transmandibular joint. A request for authorization was submitted on August 25, 2015 for the following: EMG bilateral cranial nerves 8 channel with cranial neuroscan, diagonal cast study model, myocentric

registration; home sleep study; oral sleep apnea appliance, appliance adjustment, night guard appliance, dental prophylaxis, oral hygiene instruction, and PerioGuard oral rinse; On August 25, 2015, the Utilization Review physician determined EMG bilateral cranial nerves 8 channel with cranial neuroscan, diag cast study model myocentric registration; home sleep study; oral sleep apnea appliance, appliance adjustment; night guard appliance; dental prophylaxis; oral hygiene instruction; and PerioGuard oral rinse were not medically necessary.

### **IMR ISSUES, DECISIONS AND RATIONALES**

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

**EMG bilateral cranial nerves 8 channel w/cranial neuroscan, diag cast study model, myocentric registration:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Aetna Dental Policy Bulletin #019: Temporomandibular Joint Syndrome (TMJ) and Temporomandibular Disorders (TMD).

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Chronic Pain, EMG/NCS.

**Decision rationale:** There is not sufficient clinical information provided to justify the medical necessity of EMG testing for this patient. The California MTUS guidelines and the ACOEM Guidelines do not address the topic of EMG testing. The Occupational Disability Guidelines (ODG) states that EMG is not recommended if radiculopathy is already clinically obvious. Additionally, the American Association of Neuromuscular & Electrodiagnostic Medicine (AANEM) recommends EMG testing only for medical indicated conditions; not for screening. EMG is further recommended after conservative therapy measures have failed. EMG of the head is only indicated for “traumatic brain injury”. In this case, EMG of the cranial nerves is being requested to diagnose TMJ. This is an experimental use of the test and is not indicated by ODG guidelines. The patient has already been diagnosed with TMJ and authorized to receive treatment. Therefore, based on the submitted medical documentation, the request for EMG testing is not medically necessary.

**TMJ myofacial release, therapeutic exercise, orthotic training, orthotic adjustments and TENS:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines-Treatment in Workers' Compensation (ODG-TWC), Head Procedure Summary, online version and Aetna Dental Policy Bulletin #019/028: Temporomandibular Joint Syndrome (TMJ) and Temporomandibular Disorders (TMD).

**MAXIMUS guideline:** Decision based on MTUS General Approaches 2004, Section(s): General Approach to Initial Assessment and Documentation.

**Decision rationale:** Records reviewed indicate that this patient has pain ratings from 4-7 on a 10-point scale, jaw pain rated 4-8 on a 10-point scale, popping in the bilateral jaws with movement of the jaw side-to-side, clenching and grinding of the teeth, bite alteration, broken and lost crown on tooth #19, loss of lower right molar (#30), dryness of the mouth, and sleep difficulties. Dentist is recommending TMJ myofascial release, therapeutic exercise, orthotic training, orthotic adjustments and TENS. However it's unclear to this reviewer the duration and/or quantity of this treatment 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 for this request. This reviewer finds this request to be not medically necessary.

**Dental prophylaxis:** Overturned

**Claims Administrator guideline:** The Claims Administrator 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 Periodontal 2011 Jul; 82(7): 943-9 (<http://www.guideline.gov/content.aspx?id=34760&search=periodontal+disease>).

**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 Periodontol 2011 Jul; 82 (7): 943-9. [133 references].

**Decision rationale:** Records reviewed indicate that this patient has been diagnosed with bruxism-clenching, fractured-lost teeth, chronic periodontitis, failed dentition and of the transmandibular joint. 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 been diagnosed with chronic periodontitis, this reviewer finds this request for 1 Dental prophylaxis medically necessary to prevent further teeth decay and gum disease in this patient.

**Oral hygiene instruction:** Overturned

**Claims Administrator guideline:** The Claims Administrator 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 Periodontal 2011 Jul; 82 (7): 943-9 (<http://www.guideline.gov/content.aspx?id=34760&search=periodontal+disease>).

**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 Periodontol 2011 Jul; 82 (7): 943-9. [133 references].

**Decision rationale:** Records reviewed indicate that this patient has been diagnosed with bruxism-clenching, fractured-lost teeth, chronic periodontitis, failed dentition and of the transmandibular joint. Per reference mentioned above, “When indicated, treatment should include Patient education, training in oral hygiene, and counseling on control of risk factors”. Since this patient has been diagnosed with chronic periodontitis and bruxism, this reviewer finds this request for Oral hygiene instruction to be medically necessary to prevent further teeth decay and gum disease in this patient.

**PerioGuard oral rinse:** Overturned

**Claims Administrator guideline:** The Claims Administrator 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 Periodontal 2011 Jul; 82(7): 943-9 (<http://www.guideline.gov/content.aspx?id=34760&search=periodontal+disease>).

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Journal of Periodontology, Parameter on Chronic Periodontitis With Slight to Moderate Loss of Periodontal Support Volume 71- Number 5- May 2000 (Supplement).

**Decision rationale:** Records reviewed indicate that this patient has been diagnosed with bruxism-clenching, fractured-lost teeth, chronic periodontitis, failed dentition and of the transmandibular joint. Per reference above from Journal of Periodontology, for initial therapy of periodontal disease should include: “Antimicrobial agents or devices may be used as adjuncts.” Since this patient has been diagnosed with chronic periodontitis, this reviewer finds 1 PerioGuard oral rinse is medically necessary for this patient to prevent further teeth decay and gum disease.

**Oral sleep apnea appliance, appliance adjustment:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Mild Obstructive Sleep Apnea Syndrome Should Not Be Treated. J Clin Sleep Med. 2007 April 15; 3(3): 263-264. PMID: PMC2564770.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Mental, Polysomnography.

**Decision rationale:** There is not sufficient clinical information provided to justify the medical necessity of this request for this patient. The California MTUS and ACOEM are silent on this issue. According to the Official Disability Guidelines (ODG), a sleep study is: Recommended after at least six months of an insomnia complaint (at least four nights a week), unresponsive to behavior intervention and sedative/sleep-promoting medications, and after psychiatric etiology has been excluded. This patient has not been demonstrated to have sleep apnea. A request for home sleep study is not authorized. A test in a sleep study center has not been performed to demonstrate sleep apnea. Without a clinical history of sleep apnea, an appliance is not indicated. Therefore, based on the submitted medical documentation, the request for sleep apnea appliance is not medically necessary.

**Night guard appliance:** 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. Topic: Occlusional Guard (D9940), 1/2003. Section: Adjunctive General Policy #59.

**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 has been diagnosed with bruxism-clenching, fractured-lost teeth, chronic periodontitis, failed dentition and of the transmandibular joint. 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.” Since this patient has been diagnosed with bruxism-clenching, fractured-lost teeth, chronic periodontitis, failed dentition and of the transmandibular joint, this reviewer finds this request for one Night guard appliance to be medically necessary to prevent further tooth wear from the clenching and grinding behavior in this patient.

**Home sleep study:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Aetna Dental Policy Bulletin #018: Obstructive Sleep Apnea (<http://www.aetna.com/cpb/dental/data/DCPB0018.html>).

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Polysomnography.

**Decision rationale:** There is not sufficient clinical information provided to justify the medical necessity of a sleep study for this patient. The California MTUS guidelines and the ACOEM Guidelines do not address this topic. According to the Official Disability Guidelines (ODG), a sleep study is: Recommended after at least six months of an insomnia complaint (at least four nights a week), unresponsive to behavior intervention and sedative/sleep-promoting medications, and after psychiatric etiology has been excluded. Additionally, ODG states that sleep studies are: Not recommended for the routine evaluation of transient insomnia, chronic insomnia, or insomnia associated with psychiatric disorders. Regarding this patient's case, there is no documentation of this patient's insomnia being unresponsive to behavioral intervention and sleep promoting medications. Therefore, based on the submitted medical documentation, the request for polysomnography is not medically necessary.