MAXIMUS Federal Services

Case Number:	CM15-0191759		
Date Assigned:	10/08/2015	Date of Injury:	04/06/2006
Decision Date:	11/16/2015	UR Denial Date:	09/10/2015
Priority:	Standard	Application Received:	09/29/2015

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 48 year old male, who sustained an industrial injury on 4-6-2006. A review of the medical records indicates that the injured worker is undergoing treatment for xerostomias-qualitative changes of the saliva, scalloping of the lateral borders of the tongue bilaterally, and objective findings from the overnight polysomnographic study indicating that the injured worker has obstructions of the airway at nighttime. On 7-2-2015, the injured worker reported dry mouth, sleep disturbances, occasional intermittent headaches in the bilateral temple areas, intermittent minimal fascial pain on the right side, occasional minimal fascial pain on the left side, clenching his teeth and bracing his fascial musculature in response to the industrially related pain and resultant emotional stressors, and increased pain in his fascial area when chewing. The Med-Legal report dated 7-2-2015, noted the injured worker was unable to tolerate continuous positive airway pressure (CPAP) treatments. The Physician noted that the injured worker required a highly specialized and more unique obstructive airway oral appliance to be used during sleep to not only protect the injured worker from ill effects of any bruxism with resultant headaches and facial-jaw pain but would also serve to bring the injured worker's mandible and tongue forward to open the airway and increase oxygenation of the blood while sleeping. The request for authorization dated 6-10-2015, requested Periodontal scaling (4 quadrants) every 3 months, treat teeth # 8 and 9 treat tooth #18 and emergency treatment of an obstructive airway oral appliance. The Utilization Review (UR) dated 9-10-2015, certified the request for Periodontal scaling (4 quadrants) every 3 months, treat teeth # 8 and 9 treat tooth #18 and non-certified emergency treatment of an obstructive airway oral appliance.

IMR ISSUES, DECISIONS AND RATIONALES

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

Emergency treatment of an 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 http://www.ncbi.nlm.nih.gov/pmc/articles/PMC1494626/.

MAXIMUS guideline: Decision based on MTUS General Approaches 2004, Section(s): General Approach to Initial Assessment and Documentation, Prevention, Initial Approaches to Treatment, Cornerstones of Disability Prevention and Management, and Chronic Pain Medical Treatment 2009, Section(s): Introduction. Decision based on Non-MTUS Citation Medscape Reference: Obstructive Sleep Apnea Differential Diagnoses. Author: Ralph Downey III, PhD; Chief Editor: Zab Mosenifar, MD.

Decision rationale: Records reviewed indicate that this patient is a 48 year old male, who sustained an industrial injury on 4-6-2006. Patient is undergoing treatment for xerostomias-qualitative changes of the saliva, scalloping of the lateral borders of the tongue bilaterally, and objective findings from the overnight polysomnographic study indicating that the injured worker has obstructions of the airway at nighttime. However, the actual nocturnal polysomnographic respiratory sleep study report (from a board certified specialist in sleep medicine) is missing. Also, there is insufficient rationale provided by the requesting dentist [redacted] to medically justify this request for Emergency treatment of an obstructive airway oral appliance. 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 for this request. This reviewer finds this request not medically necessary at this time.