

<b>Case Number:</b>	CM15-0192501		
<b>Date Assigned:</b>	10/06/2015	<b>Date of Injury:</b>	05/18/2009
<b>Decision Date:</b>	11/18/2015	<b>UR Denial Date:</b>	09/14/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/30/2015

### 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 56 year old female sustained an industrial injury on 5-18-08. Documentation indicated that the injured worker was receiving treatment for cervical disc displacement with degeneration of cervical disc and cervicgia and temporomandibular joint pain. Previous treatment included physical therapy, psychotherapy, cervical traction and medications. In an authorization request dated 8-18-15, the injured worker complained of jaw pain and grinding. Physical exam was remarkable for right temporomandibular joint popping, grinding and pain upon palpation. The remaining documentation was difficult to decipher. The physician recommended an occlusal orthotic device (hard) and a soft occlusal guard. On 9-14-15, Utilization Review noncertified a request for occlusal orthotic device - hard (purchase) and occlusal guard - soft.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Occlusal Orthotic Device- hard 1, purchase:** Overturned

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Otolaryngology; Head & Neck surgery; 4th ed, Mosby, Inc. pp. 1565-1568.

**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 indicate that this patient has TMJ pain and grinding and bruxism. Dentist is recommending 1 occlusal guard hard. Per reference mentioned above, "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 based on the records reviewed, along with the findings and reference mentioned above, as well as methods used in Dentistry, this reviewer finds this request medically necessary to properly treat this patient's TMJ pain and bruxism.

**Occlusal guard - soft 1, purchase:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Otolaryngology; Head & Neck surgery; 4th ed, Mosby, Inc. pp. 1565-1568.

**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 indicate that this patient has TMJ pain and grinding and bruxism. Dentist is recommending 1 occlusal guard soft in addition to the hard occlusal guard. However there are insufficient documentation in the records provided on why this patient needs both a hard and a soft occlusal guard. Absent further detailed documentation and clear rationale, the medical necessity for this additional soft occlusal guard request is not evident. Per reference mentioned above, "No determination has been made whether significant differences exist in terms of outcome between soft, hard, mandibular, or maxillary splints, but some clinicians feel that soft splints can increase clenching behavior in some patients." Therefore based on the records reviewed and the reference mentioned above, this reviewer finds this request for a soft occlusal guard not medically necessary.